

**TAX BENEFITS**

**URGENT SUPPORT**



**ROSHNI (7 YEARS OLD)**

**UHID - 108341826**

**B-ALL Blood Cancer**

[www.savioursfoundation.org](http://www.savioursfoundation.org)

25/9/28

Vitals

T - N

PR - 94/mb

RR - 20/mb.

BP - 85/55 mmHg

SpO<sub>2</sub> - 97 %

B/c - 1<sup>st</sup> cl - Enterococcus faecalis (+)  
(13/9)

2<sup>nd</sup> cl - Sterile (18/9)

-9.9)  $\frac{2280}{150}$  (244 x 10<sup>3</sup>) (22/9)



24 sept

- 500gm wet gain.
- eggs, dairy, nuts powder.
- no c/o nausea & vomiting.
- cont with same diet as adv.

Pratishtha

24/9/25:

B-ALL | HR.

consolidation

- Repeat blood c/s: Sterile.
- on iv Abx D11 today.
- AIA-C Block ✓.
- Afebrile. No focus.

9.9  
150  
2.4 lakhs.

Advice:

1. Continue Piptaz / Amikacine for 4 more days and stop. (Stop after ~~28~~ 27/9/25).
2. Dargol signs explained.
3. N/V in DPD on 27/9/2025 E CBC.

Anjann  
SR.

16/9/25

Vitals

FN review (Day 3) @ MCB/Daycare

T - N

✓ 0 Afebrile > 48hrs

PR - 82/min

RR - 24/min

0 No new clinical focus

BP - 88/58 mmHg

0 CBC (ANC) ——— awaited

SpO2 - 95%

- C/o cough, cold.

0 Blood CBS ——— awaited

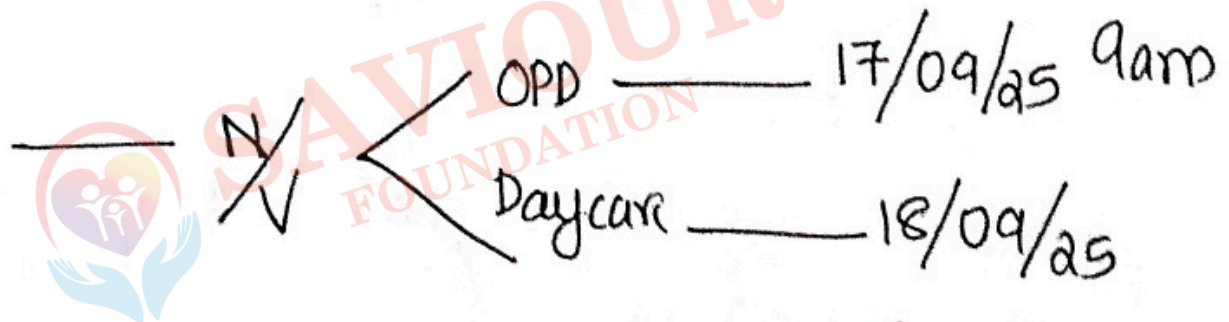
- B/c - @ awaiting (13/9)

- Dengue - Negative (13/9)

- PCT - to be send, ABU/ ——— Danger signs explained.

———— Continue I Vanhtuohu.

———— Collect ——— CBC, Blood CBS



  
 DR. NIKSHANA SIDHIQUE P.R.  
 DM Resident  
 Pediatric Oncology  
 AIIMS, New Delhi

15/9/25:

FN review.

Afevile x 24h.

No focus.

ANC: 650.

Blood cfs: awaited.

Advice:

1. Rpt CBC today
2. Rfw i CBC and Blood cfs tomo in Day care.  
if ANC  $\uparrow$  and cfs sterile: to stop iv Abx  
and resume chemo.

Sanjona

SR.

01/09/25

8.9 > 2900 < 438 P103

Not following up as per protocol.  
VCR due on 28/08/25 - missed appointment  
No complaints

Adv: CBC/UFT/UFT - sheet ad.

- Tj VCR 1.1mg slow IV push
- Continue supportive care
- Flu on 3/9/25 = report

Done

03/09/25

10.2 | 3.33 | 474

N=750

LFT/RFT=W.  
ALK P=356

DMF J

& Mesma.

(8/9/25)

Emscet / Dexa  
pre chemo

Child well:

- Inj Cyclophosphamide 780mg IV over 1hr.
- Inj Cytarabine 60mg IV ~~over 1hr.~~ x 4d push
- Tab 6MP (50) 1 tab OD x 14d.
- Inj Methotrexate 12mg intrathecal ~~stat~~ stat.
- Septan to continue.
- Syr Emscet 5ml Aditya Gupta  
PO TDS x 3d



18/08/25

Consolidation cycle Day 11.

Asc-c 2nd block D4 today

No complaint.

Adv :- CBC/KFT/KF7.

→ Continue 6MP/Septer/Betnchi gagle/sik bak

24/8/25 - ITM dete euan due on 15/8/25

Ij Biotraccete 15mg/3ml (1)

N/A Sem  
MUS/Dayan - N/V

20/08/25 = CBC/KFT/KF7

Dr. Amitabh  
DM Resident  
Pediatric Cardiology  
All India Institute of Medical Sciences  
New Delhi

20/8/25

do B-AU/HR/ consolidation Day 14

ITM only due on 24/8/25. → 21/08/2025

Adv

3400  
103 / 1060  
KFT/KFT (N)  
1.05 value  
from MUS DC

Ij. VINCRISTINE 1.1mg IV  
slow push on 22/8/25

Ij. Peglunase 780 IU deep IM  
on 22/8/25

Ij. Biotraccete  
(15mg/3ml) (1)

- ITM only on 24/8/25. → to report to Daycare at 8am fasting

- (N/V) on 27/8/25  
= CBC/KFT/KF7  
24

Dr. Shreshtha Koushik  
Senior Resident  
DM, Pediatric Oncology  
Department of Pediatrics  
All India Institute of Medical Sciences  
New Delhi-110029

01/07/25

B-ALL / High risk (PPR) / End of induction assessment.

↓  
Due

— No fresh complaints

— CBC, LFT, RFT → awaited.

→ %E → Afebrile

chest — clear NVBS

No paller

%A — soft non tender

liver, spleen — not palpable.

Adv/ → INJ · BIOTREXATE (15mg/3ml) — (1 vial)

→ collect — CBC, LFT, RFT

→ EOS — BMA + MRI + ITM — 22/07/25

→ N/V — 26/07/25 Saturday 9am

with CBC, LFT, RFT

BMA-PS, MRI report

