



SAVIOUR FOUNDATION



ADMISSION FORM

AF - I

UHD APD1.0011450040	DATE OF ADMN 22-Jul-2022	TIME OF ADMN 11:38:27 PM	WARD Neonatal ICU	Category/BedNo 3327 / NEONATAL ICU	IPNO DELIP386495
NAME OF THE CONSULTANT: Dr. SAROJ BALAN NEONATAL GROUP			SPECIALITY: PAEDIATRICS AND NEONATOLOGY		
SECONDARY CONSULTANT:			SPECIALITY:		
Name of the Patient: Baby Of PRATIBHA			Referred By: SELF		
Age: 0 years 0 months 1 days			Phone/Mobile No:		
Sex: Male			Email ID:		
Address(Permanent): B-899, GREEN FIELD COLONY, Faridabad, Faridabad, Haryana, India.			Blood Group:		
Spouse/Guardian: DR DHARMANDER			Nationality: India		
Local Address:			Expected Length Of Stay: 0		
Local Contact No: - DR. RAHEENA - FATHER					
Reason for admission/Diagnosis: TERWAGA/NVD/PDA/PPHN					
Name of next of Kin: DR DHARMANDER			Relationship: Father		
Informed Ward:			MLC No: MLC Type:		
Informed HK:			Mode of payment: Cash		
INPATIENT HISTORY: Total IP Episodes					
IP NO	ADMITTING DOCTOR	LOS	IP NO	ADMITTING DOCTOR	LOS

I HAVE CHECKED MY ADDRESS AND CERTIFY THAT IT IS CORRECT

Signature: *[Handwritten Signature]*

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Consent Form

I hereby grant consent to examine, conduct non-invasive diagnostic tests and provide routine medication and treatment including IV, IM and subcutaneous injection while in the hospital for Baby Of PRATIBHA (state relationship _____). I am aware that a separate informed consent will be obtained for all invasive tests and procedures, except when performed to save life, limb or sight. During hospitalisation, I understand that trainees / students may participate in my care under the supervision of my treating team. All disputes shall be governed by the laws of India and shall be subject to the jurisdiction of Courts at New Delhi, India only.

Witness _____
Name _____
Address _____
Date _____

Signature _____
Name: DR. RAHEENA GARG
Relation: FRIEND BROTHER
Address: VIKAS BHARATI HOSPITAL
Date: _____

CONSENT TAKEN BY: *[Handwritten Signature]*

PROPOSED CARE & OUTCOME EXPLAINED
EXPECTED COST EXPLAINED

APD1.0011450040

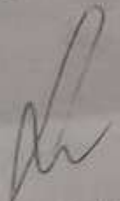
DELIP386496

Baby Of PRATIBHA .

CT SCAN CHEST WITH CONTRAST

IMPRESSION:

- TAPERED NARROWING OF RIGHT UPPER LOBE BRONCHUS AND BRONCHUS INTERMEDIUS WITH NON-VISUALIZATION OF DISTAL BRONCHI IN UPPER AND MIDDLE LOBE AND SEGMENTAL BRONCHUS OF LEFT LOWER LOBE.
 - NON-ENHANCING BRANCHING AREAS IN COLLAPSED UPPER LOBE LIKELY MUCOID IMPACTION IN SUBSEGMENTAL BRONCHI.
 - COMPLETE COLLAPSE OF RIGHT UPPER AND MIDDLE LOBE AND SUPERIOR SEGMENT OF RIGHT LOWER LOBE WITH FEW SUBSEGMENTAL ATELECTATIC CHANGES IN RIGHT LOWER LOBE.
- PLEASE CORRELATE CLINICALLY.




Dr. PRERANA SARASWAT
Attending Consultant

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--- END OF THE REPORT ---

DEPARTMENT OF RADIOLOGY

Patient Details : Baby Of PRATIBHA . | Male | 0Yr 1Mth 2Days
UHID : APD1.0011450040 Patient Location: Neonatal ICU/3327
Patient Identifier: DELIP386496 
DRN : 322538598 Completed on : 23-AUG-2022 08:35
Ref Doctor : Dr. SAROJ BALAN - NEONATAL GROUP

CT SCAN CHEST WITH CONTRAST

Provisional Diagnosis/Clinical Data :

Contrast enhanced volume scanning through chest were performed in 160 slice MDCT and images evaluated in PACS workstation.

Report ::

There is complete collapse of right upper and middle lobe with volume loss with right hemithorax. The trachea and mediastinum are shifted to right.

There is tapered narrowing of right upper lobe bronchus and bronchus intermedius with few mottled foci within. Few hypoenhancing linear branching structures are seen in right upper lobe, likely mucoid impacted sub segmental bronchi.

The right lower lobe superior segmental bronchus also shows narrowing with collapsed superior segment. Subsegmental atelectatic changes seen in right lower lobe. Mild right sided pleural effusion seen.

Left lower lobe show hyperinflation with areas of mosaic attenuation. No left sided pleural effusion is noted.

Trachea and bilateral main bronchi appear normal.

No significant mediastinal or hilar lymphadenopathy.

Mediastinum reveals normal heart and great vessels. The main pulmonary artery and its right and left branches appear normal in calibre and enhancement. No pericardial effusion seen.

Rest of the chest wall reveals normal bony cage and soft tissue.

Keep the records carefully and bring them along during your next visit to our h

For enquiry & appointments contact - 011-26925801 / 26925858

B/O PRATIBHA, 34 days male baby got admitted in or hospital at 36 hrs of life.

Baby was born at term gestation, b. wt. 3.1 kg, to G1P1L1 mother on 21/7/22 at 1:27 pm through normal a vaginal delivery in some pvt hospital in Faridabad. Baby cried immediately after birth but was admitted in nicu i/v/o respiratory distress. baby was initially kept on CPAP support but was intubated at 26 hrs of life i/v/o deterioration . inotropic support was stated i/v/o shock and decision to transfer baby to Indraprastha Apollo hospital was made.

While transporting to Apollo hospital baby had cardiac arrest and was revived with CPR and single dose of adr . after reaching the Apollo hospital baby had 2nd episode of cardiac arrest and was revived with CPR and another dose of adr. Baby was started on dopamine, dobutamine, vasopressin and adr. Infusion and antibiotic cover with meropenam and amikacin were started. on day of admission ECHO was done which suggestive of PPHN. So baby was started with HFOV with sildenafil infusion. baby was in AKI so antibiotics were given in renal adjusted doses and i/v/o coagulopathy platelets and FFP were given. blood culture showed candida growth for which ampho b was started After 5 days baby was shifted on conventional ventilation and was extubated after 2 days of conventional ventilation to HFNC support @ 6L/min . chest x-ray was suggestive of left lower lobe collapse which opened up after good physiotherapy. On day14 of admission baby had rt upper lobe collapse for which good physiotherapy was started along with positional changes. but after 4days it progressed and now it was complete right lung collapse On 10/8/22 teicoplanin was added as secretions showed kleibsella which was sensitive to it. antibiotics were stopped on 16/8/22 but after. call for endoscopy was taken and done on 13/8/22 which showed thick secretions and mucus plug which was cleared and BAL was sent which showed growth of klebsiella so amikacin was started again according to sensitivity. post bronchoscopy x-ray was normal. so baby was kept on room air as baby was comfortable at room air but after 48 hrs baby had respiratory distress and was shifted back to HFNC and x ray was repeated which revealed complete right sided collapse and after discussion bronchoscopy was repeated on 20/8/22 which had 2 mucus plug. post bronchoscopy there was still rt upper lobe collapse and BAL showed pseudomonas growth, ceftazidime was added and CT scan was done to look for any anatomical variation and was reintubated on 23/7/22. CT revealed complete collapse of right upper and middle lobe with volume loss with right hemithorax trachea and mediastinum shifted to right. Tapered narrowing of right upper lobe bronchus and bronchus intermedius with few mottled foci within. Presently baby is on A/C VC mode : fio2 21% , VT 14 , ti 0.40 PEEP 6.5 . INJ AMIKACIN (D30) , INJ CEFTAZIDIME (D1) , INJ MORPHINE INF , NEBULISATION (WITH MUCOMYX, 3%NS, DUOLIN, COLISTIN) .

GSTIN: 07AAAC12388N1Z4 From Date: 22-Jul-2022
 Interim Bill - Bill of Supply ToDate: 23-Aug-2022

Name: Baby Of PRATIBHA Age: 0Yr 1Mth 20Days
Sex: Male
 UHID: APD1.0011450040

 Father Name: DR DHARMINDER
 Address: B-898, GREEN FIELD COLONY Faridabad, Haryana, India.
 Cell No: [REDACTED]
 IP Number: DELIP3085406


Doctor Name: Dr. SAROJ BALAN - NEONATAL GROUP
 Speciality: PAEDIATRICS AND NEONATOLOGY
 Bill No: IN11457326
 Date: 23-Aug-2022 Time: 10:09:38
 Ward Name: Neonatal ICU
 Bed No: 3327 (NEONATAL ICU)


Billing Account Type: CASH Admission Date: 22-Jul-2022 11:38:27 pm
(TVA Corporate)

Sl. No	Service	Amount(INR)
1	Consultation(999311)	35,550.00
2	Hospital services (others)(999311)	11,320.00
3	Investigations(999311)	23,470.00
4	Medical Administration(999311)	350.00
5	Non Invasive Procedure(999311)	7,150.00
6	Nursing and Hospitals Utilities(999311)	19,250.00
7	Package Charges(999311)	886,300.00
8	Ward Consumables(999311)	6,543.00
9	Ward Pharmacy(999311)	16.00
Drain not Final		
Total Interim Bill Amount Till Date		991,999.00

Deposit	(11581635,11548558,11544392,11622547,11544396,11634883,11613332,11563144,1158487)	789,750.00
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Payment Details:
 Interim Bill amount in words: Rupees: Ninetynine Ninety One Thousand Nine Hundred Ninety Nine Only
No Tax is Payable on Reverse Charge Basis
 Amount Paid: 789,750.00
 Outstanding Amount: 202,249.00

Generated By: **MR. ASHWANI KATARIYA** Mr. ASHWANI KATARIYA
 Cashier/Manager

Disclaimer: This Interim Bill generated as requested by Patient for information purpose only and does not have any financial implications.
 The Final Bill amount may vary depending on actual consumption of services and medicines at the time of discharge.





भारत सरकार

Government of India

धर्मदेर

Dharmender



जन्म तिथि / DOB: 25/09/1990

पुरुष / Male



आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: आत्मज: ईश्वर सिंह, 140
वॉर्ड न 5, श्याम बस्ती, होडल, होडल
होडल, पलवल, हरियाणा, 121106

Address: S/O: Ishwar Singh,
140, ward no 5, shyam
colony, hodal, Hodal, Hodal,
Palwal, Haryana, 121106



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1800 300 1947



help@uidai.gov.in

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