

L. No: AIMS/MSW/2023/14/1/01

Date: 14/01/2023

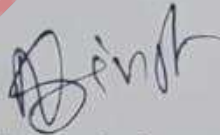
To Whomsoever It May Concern

This is to certify that, **Baby of Ruchira Sakorkar** (F/O Sarvesh Sakorkar) Neonatal female baby is admitted at Asian Institute of Medical Sciences, Dombivli since 28/11/2022 under Dr. Abhijeet Singh. Patient case No.3040528. Patient is diagnosed with extreme preterm 26 week /ELBW 660 grams/ hyaline membrane disease/ respiratory distress grade 3/ acyanotic congenital heart disease.

She is admitted in NICU with critical medical management (Multiple critical life saving medication with ventilatory support). They may be required 1.5 months to 2 months in NICU Stay. Approximate cost of treatment is Rs. 20,00,000/- (Amount may vary depending upon patient's medical Condition and treatment. Patient current bill amount is Rs.12,21,586/- Asian Institute of Medical Sciences is register in MJPJAY only for dialysis.

Requesting you to consider the case sympathetically and sanction the maximum amount for the further treatment. The cheque for the amount if sanctioned, may be issued in the name of Asian Institute of Medical Sciences Pvt Ltd. or a/c: 01758270000025, IFSC code :HDFC0000175, Dombivli (East)

Kindly requesting you to help them in financial aspects in best possible way.



Dr. Abhijeet Singh

(Consultant Paediatrician and Neonatal Intensivist)

Dr. Abhijeet Singh

MBBS, D.C.H., D.N.B (Paediatric)

Consulting Child Specialist & Neonatologist

Reg.No.: 2012/05/1146

AIMS Hospital, Dombivli (E)



Asian Institute of Medical Sciences

MIDC, Dombivli (E), Tel.: 0251-6185000, Cardiac Ambulance: 7506274959
enquiry@aimshospital.co.in • www.aimshospital.co.in

CASE SUMMARY

IP No.	3040528	Ptn. No.	1132207
Patient Name	SAKORKAR B/O RUCHIRA SARVESH	Admission Date	28/11/2022 03:11 PM
Sex	Female	Discharge Date	06/01/2023 02:07:58PM
Age		Discharge Status	Not Discharged
Address	LAXMI NARAYAN MANDIR, TILAK CHOWK, KALYAN (W) 421301	Admitting Doctor	Dr. SINGH ABHIJEET V.
Treating Doctor	Dr. SINGH ABHIJEET V.	Treating Doctor2	

• History

DIAGNOSIS: Extreme Preterm 26 week/ ELBW 660 grams/ Hyaline membrane disease/ respiratory distress grade 3 / acyanotic congenital heart disease / Anemia of prematurity / recent onset pericardial effusion (? Cardiac tamponade) / Clinical Necrotizing enterocolitis (stage 1)

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CHIEF COMPLAINTS:

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Primi with 26 weeks GA with PIH delivered a female child shifted in NICU with c/o extreme preterm with low birth weight with respiratory distress.

PAST HISTORY:

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Natal history: Extreme Preterm 26 week/ BCIAB/ ELBW 660 grams.

Birth date: 28/11/2022

Birth time: 07:51 pm

Sex: Female

APGAR 6/10 at 1 Min and 6/10 at Min.

Bag mask resuscitation required. Intubated with 2.5 tube and baby shifted to NICU for further management .

COURSE IN HOSPITAL:

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Neonatal baby shifted to NICU and kept on ventilator support. Umbilical catheterisation done under AAP. Inj Survanta (3cc) given under AAP on 28/11/2022. Baby tolerate procedure well. Investigations sent and started on first line of IV antibiotic. Chest x-ray s/o Haziness in right upper lung zone. Patient's clinical condition and high risk possibilities explained to relatives.

DOL 2 - Baby continued on CMV mode with PIP 12, PEEP 5, FiO2 40%, Freq 30. Minimal distress present. Activity good. HGT monitoring done. ET suctioning done as required. Chest x-ray done showed Haziness in right upper lung zone.

DOL 4 - Baby continued on CMV mode. Distress and retraction reduced. Baby had desaturation with bradycardia with hypotension , Chest x-ray s/o left lung collapsed. ET repositioned. Sepsis workup repeated. Repeat blood culture sent. Investigation done were within normal limit. Pt required Iv NS bolus. BP normalised and saturation improved.

DOL 5 & 6- Baby continued on IV antibiotic, IV fluid and CMV ventilator support. Chest xray done showed improved lung field. 2D Echo s/o 4mm ostium secundum ASD left to right shunt , 1-2 mm midvascular VSD left to right shunt with normal biventricular function.

DOL 7 & 8 - Blood culture showed no growth. CMV support continued and IV antibiotic continued. Minimal ET secretion noted. Distress reduced.

Consultant's Signature

Dr. SINGH ABHIJEET V.

Treating Doctor

Dr. SINGH ABHIJEET V.

CASE SUMMARY

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Patient Name	SAKORKAR B/O RUCHIRA SARVESH	Admission Date	28/11/2022 03:11 PM
Sex	Female	Discharge Date	06/01/2023 01:53:43PM
Age		Discharge Status	Not Discharged
Address	LAXMI NARAYAN MANDIR, TILAK CHOWK, KALYAN (W) 421301	Admitting Doctor	Dr. SINGH ABHIJEET V.
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DOL 10- Pt started on minimal enteral feeds (1cc/ 6hrly) which were gradually increased as tolerated by pt. Pt continued on ventilator support .

DOL 12- Pt was given extubation trial but had distress & desaturation so reintubated & shifted on CMV ventilation. Feeds withheld.

DOL 13th - Pt received 1unit PRBC transfusion i/v/o anemia of prematurity .

DOL 15th- Distress gradually reduced. Pt extubated & shifted on NIV support with PIP 9, PEEP 5, FIO2 40%. pt tolerating NIV support well.

DOL 16th :- Umbilical venous line removed. Central line inserted in left cubital vein in all aseptic precaution, pt tolerated procedure well. Total parenteral nutrition continued with Aminovein 3gm/kg/day, SMOF 3gm/kg/day, Inj Calcium 2ml/kg/day, 3% NACL 3Meq/kg/day, KCL 2 Meq/kg/day , GDR 4-6mg/kg/min

DOL 17th :- Sepsis workup repeated showed positive CRP , antibiotic upgraded. Repeat blood Culture sent . Feeds continued (1cc/6hrly).

DOL 18th :- Neurosonogram done was normal. Feeds increased . NIV ventilation continued with FIO2 30%.

DOL 21st:- Pt had intolerance to feeds with aspirates, kept NBM for 48hrs . Syp Perinorm started . Xray abdomen & chest done s/o no significant abnormality.

DOL 23rd :- Feeds restarted . sepsis workup done was normal. NIV ventilation continued with FIO2 25%. pt received 1unit of PRBC Transfusion i/v/o anemia of prematurity.

DOL 24th :- Pt Central line removed . PICC line inserted in right cubital vein in all aseptic precaution, Pt tolerated procedure well.

DOL 26th :- Pt is on NIV support with PIP 8, PEEP 4.5, FiO2 25. Tolerating RT feeds 5cc/6hrly well. Today weight 750gms. TFI 200ml/kg/day.

• PROCEDURE

DOL 26th to 32nd :- Pt continued on RT feed as per tolerance (gradual feed increased).

DOL 38th :- Pt went into bradycardia with desaturation, required CPR . Pt intubated & shifted on ventilation support . Started on Inj Dobutamine drip . USG skull done s/o no bleed or any other changes . USG abdomen s/o increased cortical echogenicity of both kidney with loss of CMD with moderate ascities. Pt Sepsis workup done was negative . Pt continued on ventilation support. Received 2 unit of FFP in all aseptic precaution i/v/o GI bleed . Pt had Greenish aspirate , Inj Metrogl along with inj meropenem & Inj vancomycin continued.

DOL 39th :- 2D echo done s/o pericardial effusion (? cardiac tamponade) . Paediatric cardiologist

Consultant's Signature

Dr. SINGH ABHIJEET V.

Treating Doctor

Dr. SINGH ABHIJEET V.

ASIAN INSTITUTE OF MEDICAL SCIENCES

NABH & ISO ACCREDITED

MIDC, DOMBIVLI. Tel. 0251-6185000 Emergency : 7506274959
www.aimshospital.co.in | enquiry@aimshospital.co.in**CASE SUMMARY**

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opinion taken advised for conservative treatment as patient is stable .

PRESENTLY CLINICAL STATUS:

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G.C.: poor

Pink, Euthermic

PP felt

HR: 194 /min

RR: 64/Min

SPO2: 98% on support PIP 8, PEEP 8 , FiO2 40%

RS: AEBE Clear

CVS: S1, S2

CNS : CTA : moderate

P/A: distended , Greensih aspirate +

NBM

On Ventilation (PIP 8, PEEP 8, FiO2 40%)

on Inj Meropenum

on Inj vancomycin

on Inj Metrogyl

on inj Flucon

INJ CAPNEA IV 1-0-1

IV D10% (5mg/kg/min) +INJ CALCIUM (2ml/kg/day) + 3%NS (3Meq/kg/day) + KCL (2MEq/kg/day)@
6 ML/HR'Signature of patient/relatives: S. B. Sakorkar (Name) Sarvesh Sakorkar

I have been explained in detail and I have understood the discharge medications, care to be provided post-discharge (or at home) and follow up details

For Emergency, Please contact Accident & Emergency (Casualty) 0251-2475000 (Ext-600) or 07506274959

Documented By 262

Asian Institute of Medical Sciences
Plot No. P-72, Midc, Dombivli (E),
Dombivli (E), Phone No. 0251-6185000

Consultant's Signature

Dr. SINGH ABHIJEET V.

Treating Doctor

Dr. SINGH ABHIJEET V.

R.C 50263 9295

अनुक्रमांक
SD

No. 0545906

कौटुंबिक पुरवठापत्रिका/शिधापत्रिका
शिधावाटप क्षेत्र/ कल्याण जिल्हा

कोड क्रमांक 2000/KU03

अर्ज क्रमांक 05222L

नागरिकत्व भारतीय

कुटुंब प्रमुखाचे नाव साकारका सुधीर त्रिंबक

वय 22

श्री लक्ष्मी नारायण देवस्थान
पोस्ट ऑफिस तपख रिवर
कोड पुण्या 411 001

नमूद

वापरत असल्यात नापसंदीत

ग्राहक क्रमांक / मिटर क्रमांक

2019212 सिलंडर

गॅस वितरकाचे नाव व ठिकाण

46000

कुटुंब प्रमुखाची सही किंवा डाव्या

हाताच्या आंगठ्याचा ठसा

युनिटांची संख्या			निरीक्षक / शिधावाटप	पुरवठापत्रिका / शिधापत्रिका दिल्याची तारीख
प्रॉढ	मुले	युनिटे	अधिकाऱ्याची सही	
2	0	2		निरीक्षक / पुरवठा अधिकाऱ्याची सही
2	0	2		जिल्हाधिकारी
2	0	2	(5/10)	निरीक्षक, शिधावाटप, मुंबई

अन्न, नागरी पुरवठा व ग्राहक संरक्षण विभाग, महाराष्ट्र शासन.

मार्त दिना 9292254

दिनांक
 जुना पुरवठा / शिधापत्रिका क्रमांक
 सस्तभाव / अ. शि. दुकान क्रमांक 32430 संदर्भ क्रमांक

पुरवठापत्रिकेत / शिधापत्रिकेत समाविष्ट असलेली नावे

अनु क्रमांक	नाव	वय	कुटुंब प्रमुखाशी नाते	निरीक्षक / शिधावाटप अधिकार्याची स्त
1	सुधीर स्वामी	६३	स्वामी	
2	सधराम	५४	पत्नी	१०/०३/२०२०
3	सतीश	५४	पत्नी	२५/११/२०१९
4	सतीश	३०	पत्नी	
	रुचिरा	२५	सुन	११/११/२०१९ २३/१०/२०२०

शुल्क. -- मूळ पत्रिकेस पाच रुपये, दुय्यम पत्रिकेस दहा रुपये.

