



Sir Ganga Ram Hospital

SGRH/OPD-W/F-087

21

Accumulating trust for over fifty years
Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi-110060
Tel: (011) 25750000, 42254000. Fax: +91 11 25861002 Website : www.sgrh.com

OUT PATIENT DEPARTMENT

Please do not write in the margin

JHANVI, Female
11Y
09/12/2023 11:12 OP13195872
PAEDIATRIC NEPHROLOGY
Wed, Sat Wed (11-12 noon), Sat (12 - 1:00 pm)
Room : G10
Dr. P. K. Pruthi
Dr. Kanav Anand

Registration No: 2358221 Rs. 20

wt - 29.9 kg
B.P - 102/60 mmHg

F/U/cb .SRMS (FSA) - post xae in
partial remission & constipation

exam: - fair abdomen and soft
peri umbilical ..

- urine protein +2, constipation
shepherd.

LFT - 26/10/23

total protein - 7.39 g/dl
Alb - 4.29 g/dl
Glob - 3.10 g/dl
Alkaline - 1.35
T. Bil - 0.24
conj Bil - 0.22

SCOT - 37
SCPT - 23
ALP - 275
CrT - 110/l

ECG

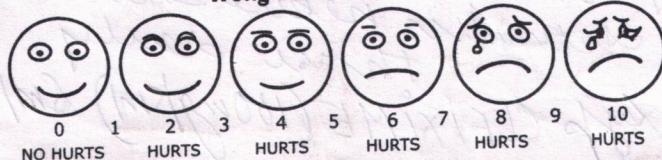
HR - 82 bpm
RR - 20 cpm
B.P -

SLT

US: - size 0
R - Blc clear
PLA - soft, non tender.
CRS - clear

Pain Score :

Wong Baker Face Scale



C/o:- cough x 1 day
 ↳ dry
 Vomitus x 1 day
 ↳ 1 episode
 ↳ Headache ⊕
 Fever x (99.7°F) x 1 day.

⊖ no burning
 micturition
 ⊖ no Hematuria

Please do not write in the margin

Q&A:
 Vital stable

Rx: R/o chest clear

P/A: soft

stool chart:
 type 6.

CVS: - S1 ⊕

CVS: active, alert.

F/U after 7 day or sos in ER.

16/12/23
 11:31 AM

① Symp Maxtra 5ml thrice daily for 5 days

Adv: ② ~~T.PCM~~ (500mg) sos tabs

- ③ T. ENVAS (2.5mg) 1 — 1
- ④ Cap. GEMCAL 1 cap once daily
- ⑤ T. NODOSIS (500mg) 1 — 1.
- ⑥ Mu-out powder 2 scoops thrice daily
- ⑦ F/U CBC, RFT, Bicarbonate levels after ~~2 months~~ 1 month
- ⑧ T. LANZOL JUNIOR (30mg) 1 tab once daily empty stomach
- ⑨ T. EMJET 5mg 1 tab sos
- ⑩ Asthalin nebulization (2.5mg) 1 respule thrice daily
- ⑪ Symp CEFIXIME (100mg/5ml) 6ml — 6ml x 7 days

do not write in the margin

HANVI, Female

2/03/2024 11:10 OP13445648

PAEDIATRIC NEPHROLOGY

Wed, Sat Wed (11-12 noon), Sat (12 - 1:00 pm)

Room: G10

Dr. P. K. Pruthi

Dr. Kanav Anand

Registration No: 2358221 Rs. 20

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OUT PATIENT DEPARTMENT

wt - 29 kg -
BP - 92/60 mmHg

start to follow up since
14/10/23

sup steroid resistant nephrotic syndrome

(post Janomimus - 3/7/19 - 4/2/22)

renal biopsy - PAS & full house
(26/2/19) on IF

lysis serology negative

urine protein ± 1
 ± 2

no edema

none of cough ± 6 day
cough

fever ± 6 day
non-afebrile $\rightarrow 1$ day

O/S HR = 88/min BP = 92/60 mmHg
RR = 22/min

CHE = S1S2 ⊕

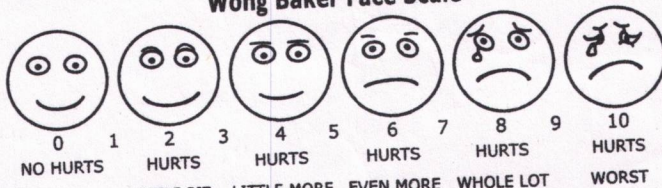
CNS = normal

PIA = normal

Urn = B/G AOB
clear

Pain Score :

Wong Baker Face Scale



• pediatric gastro review done (i/v, same) Anusplare
 Adm
 to Lemping scult
 to Rynab S. Anusplare
 upase (not done)
 & pain abdomen
 m & of

Please do not write in the margin

- Adm
 cinnocoff
- ① Syp ~~maxka~~ 7.5 ml TDS
 - ② Lemping scult 1 - scult BD
 - ③ Tab Envas (2.5 mg) 1 - BD
 - ④ Cap Gemcal 1 cap OD
 - ⑤ Tab Modosis (500 mg) 1 - BD
 - ⑥ RFT (LFT), ureclis, as on ut D, CRP, CKMB
 c Bicarbonate
 - ⑦ Syp Augmentin DRS 5ml TDS
 (5ml = 400mg) L Day. S. Anusplare
 S. upase
 - ⑧ Syp Crocods 8.5 ml SQE
 (5ml = 250 mg)
 - ⑨ To review c sports after 1 week

w/m R/M
 1/3/24

pt 3+
 NBC = 78/upt
 Bsmid = present
 Gme = neg

Handwritten signature

Department of Pediatrics
 Institute of Child Health,
 Sir Ganga Ram Hospital,
 Rajinder Nagar,
 New Delhi-110060



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OUT PATIENT DEPARTMENT

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JHANVI,
11Y Female



09/03/2024 11:36 OP13468390
PAEDIATRIC NEPHROLOGY
Wed, Sat Wed (11-12 noon), Sat (12 - 1:00 pm)
Room: G10
Dr. P. K. Pruthi
Dr. Kanav Anand

Registration No: 2358221 Rs. 20

History of steroid resistant nephrotic syndrome
(post Incurimus - 3/1/19 - 4/2/22)

Renal biopsy - FSGS = full house on IF
(ab/2/19) Lupus serology negative

Current issues -

Cough x 7 days
productive, white/yellow sputum
No fever

Temp - BP - 90/60 mmHg
HR - 100/min

RS - B/L VBS

DA - soft

CNS - SIS 2 (+)
CNS - No focal deficit

Investigations (05/03/24)

BUN - 7.5 mg/dL

Creat - 1.8 mg/dL

Uric acid - 10.2 mg/dL

Ca - 9.3 mg/dL

Po4 - 6.4 mg/dL

Na - 132

Bicarb - 22

K - 4.7

Ue - 99

Vit D - 23.8 ng/mL

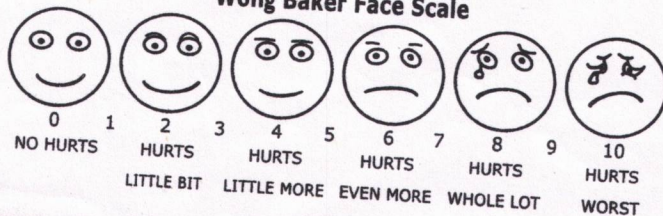
CRP < 0.3 mg/L

Amylase - 236 (↑)

Lipase - 350 (↑)

Pain Score :

Wong Baker Face Scale



FOR INTERNAL USE ONLY FOR HOSPITAL

13/3/2024
at 11 AM

Hb - 13.1
TLC - 4.59 X 10³
(N 35 L 60)
Pt - 2.09L

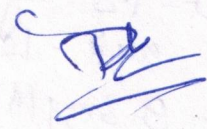
X Ray Chest - 2 opacities seen (RT) (FT) upper lobe of liver

Adv
USG W/A

Rx

- ① Symp CHERICOF 4.0ml TDS
- ② LAXOPRY sachet 1 sachet BD
- ③ Tab ENVAS 2.0mg 1 BD
- ④ Cap NEMCAL 1 cap OD
- ⑤ Tab NODOSIS 500mg 1 BD
- ⑥ Paedo gastroenterology
ref. ip/o pancreatitis.
- ⑦ Advised admission

Department of Pediatrics
Institute of Child Health,
Sir Ganga Ram Hospital,
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New Delhi-110060


(Reddy)



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OUT PATIENT DEPARTMENT

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JHANVI,
11Y Female



13/03/2024 11:17 OP13481382

PAEDIATRIC NEPHROLOGY

Wed, Sat Wed (11-12 noon), Sat (12 - 1:00 pm)

Room : G10

Dr. P. K. Pruthi
Dr. Kanav Anand

Registration No: 2358221 Rs. 20

Home proxy visit

Fluc of SRMS (post Translucens
3/1/19 - 4/2/22)

Renal biopsy - FSHS & full house on IF
(26/1/19).
Hypertension negative

causes:- No issues.

11/3/24

MCTT whole abdomen

- few foci of calcification in liver
slightly bulky pancreas with out obvious
surrounding inflammatory changes.
- small bilateral kidney

Adv

Acetaminophen 150mg BD
T. ENVA 5 2.5mg 1 tab BD
Cap Gemmal 1 cap OP.

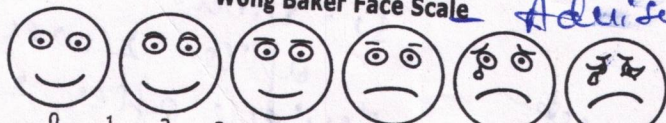
Department of Pediatrics
Institute of Child Health,
Sir Ganga Ram Hospital,
Rajinder Nagar,
New Delhi-110060

T. Nodose 500mg 1 tab BD
- paediatric gastroenterology.
referred P/LO.

Advised to review after
3 weeks

Pain Score :

Wong Baker Face Scale



0 NO HURTS
1 HURTS
2 HURTS
3 HURTS
4 HURTS
5 HURTS
6 HURTS
7 HURTS
8 HURTS
9 HURTS
10 HURTS

LITTLE BIT LITTLE MORE EVEN MORE WHOLE LOT WORST

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JHANVI
11Y Female
6/03/2024 13:21 OP13494101
PEDIATRIC NEPHROLOGY
Wed, Sat Wed(11-12 noon), Sat(12 - 1:00 pm)
Room : G10
Dr. P. K. Pruthi
Dr. Kanav Anand

9971140506

family visit

File of SRMS (post-translucens
3/2/19 - 4/2/22)

renal biopsy - f. cells \bar{c} full house on IF
Lupus serology negative
issues - no issues.

involvement of amylase & lipase pediatric.
gastric enterology opinion was taken
and was advised to stop ENVAS.

30/3/2024

at 11:30 AM

Adv.

- Stop Tab ENVAS.
- Hexopyrrolone (Lactulose)
Cap Central (Cap OD)
T. nodosis 500mg 1 tab BD
- Maintain B.P recording at home.
- If B.P centile \rightarrow 90th or more than
2 recording \rightarrow (118/74 mmHg) received 301 at
emergency
- Advised to do urine R/m,
RFT, sr. Bicarbonate,
sr. amylase, sr. lipase
sr. Albumin & sr. cholesterol
after 2 weeks
- Review after 2 weeks
with reports

Pruthi



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OUT PATIENT DEPARTMENT

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JHANSVI
11Y Female



30/03/2024 11:14 OP13536972
PEDIATRIC NEPHROLOGY
Wed, Sat Wed (11-12 noon), Sat (12 - 1:00 pm)
Room: G10
Dr. P. K. Pruthi
Dr. Karan Anand

Registration No: 2358221 Rs. 20

Stole of SANS (post-transcatheter)
3/7/19 - 4/1/22

Renal biopsy - FSGS + full necrosis on WF
Immunohistochemistry Negative

disorder - NO diabetes.

NCCIT (11/3/24) → slightly bulky pancreas
22/3/24

OLP

HR - 72 bpm
RR - 20 cpm
BP - 108/70 mmHg
pulserat - good

STP

WBC - 5.0
Hb - 16 AEP
PLA - soft BAP
euv - valent

Tot chcl - 189

Amylase - 256

lipase - 130

BUN - 20

creat - 1.3

U.A - 5.5

Ca - 9.4

P - 5.4

Na - 140 T.P - 6.6

K - 5 Alb - 3.6

Cl - 111 Bicarb - 24

urine K/m

pH - 7

urine protein - 2+

pus cells 1-2

RBC - Neg.

Pain Score :

Wong Baker Face Scale



0 NO HURTS 1 HURTS 2 HURTS 3 HURTS 4 HURTS 5 HURTS 6 HURTS 7 HURTS 8 HURTS 9 HURTS 10 HURTS

LITTLE BIT LITTLE MORE EVEN MORE WHOLE LOT WORST

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27/4/2024

at 11:30

Please do not write in the margin

Adi

- hexopreg sachet 1 sachet BD
- cap leucinal 1 cap OD
- T. Modosis 500mg 1 tab BD
- Patient air B. Pseudoping at home

- Review in Cardiology OPD
- Review after 4 weeks with RFT (Full profile) report

Pranetha

Department of Pediatrics
Institute of Child Health,
Sir Ganga Ram Hospital,
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OUT PATIENT DEPARTMENT

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JHANVI,
11Y

Female



27/04/2024 11:03 OP13630077

PAEDIATRIC NEPHROLOGY

Wed, Sat Wed (11-12 noon), Sat (12 - 1:00 pm)

Room : G10

Dr. P. K. Pruthi

Dr. Kahav Anand

Registration No: 2358221 Rs. 20

37.5 kg
BP = 100/70

F/C of SIRS (post tacrolimus 3/7/19 - 4/2/22) with elevated amylase/lipase
Renal biopsy → FSGS, lupus serology negative.

O/E: vitals stable.

WS
Chest
PIA } NAD

MRCP (13 Apr 24)

pancreas diverticulum without demonstrable inflammatory changes in the pancreas.

ADN 14/24

Amylase = 231 (30-110)

TG = 275 mg/dl (<150)

VLDL = 55 (5-40)

LDL/HDL ratio = 1.47 (1.5-3.5)

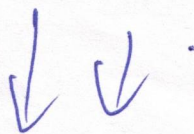
Blood urea = 50 (13-36)

BUN = 23.36 (7-17)

Creatinine = 1.4 (0.5-1.04)

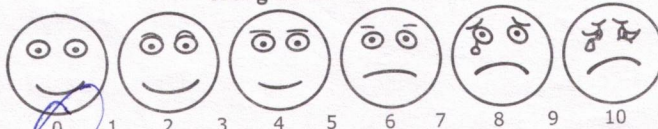
uric acid = 6.4 (2.5-6.2)

Adv :-



Pain Score :

Wong Baker Face Scale



0 NO HURTS 1 HURTS 2 HURTS 3 HURTS 4 HURTS 5 HURTS 6 HURTS 7 HURTS 8 HURTS 9 HURTS 10 HURTS

LITTLE BIT LITTLE MORE EVEN MORE WHOLE LOT WORST

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35 days

1/6/2024
at 11:30 AM

Rx:-

- 1) Tab. Atorvastatin, 5mg PO OD
- 2) Tab. ^{Cilnidipine} ~~Amlodipine~~ 5mg, 1tab PO ~~BD~~ when

~~BP is 112/72~~ 112 mmHg (m)

> Laxepeg sachet 1 sachet PO BD. Mix in 100ml water

> Cap Gemcal 1 cap OD

> Tab. Nodosis 500mg 1tab PO BD (5ST)

> BP monitoring at home

> Continue Gastro meds

> Flu after 2 months with RFT & lipid profile & also Flu in gastro (Foshy)

A/L & Bicarbonate

Dr. H. Agli

Department of Pediatrics
Institute of Child Health,
Sir Ganga Ram Hospital,
Rajinder Nagar,
New Delhi-110000

Please do not write in the margin



OUT PATIENT DEPARTMENT

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JHANVI
11Y Female

07/06/2024 11:10 OP13750488

PAEDIATRIC NEPHROLOGY
Wed, Sat Wed (11-12 noon), Sat (12 - 1:00 p)
Room: G10
Dr. P. K. Pruthi
Dr. Kanav Anand

Registration No: 2358221 Rs. 20

els/b paed nephrology

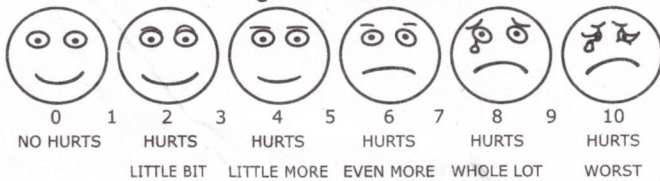
Fluc SRNS (post Tacrolimus
31/7/19 - 4/2/22)

in partial remission

- CKD
- pancreatic division / chronic Pancreatitis
- No compliance complaints.

o/e - BP - 110/70 CR - S, S 2 ⊕
- HR - 100 RIS - BK A ⊕, chest clear
- RR - 20 P/A - soft, NT

WE - 33.2 kg. 27/5/24 - S. Amylase - 212 (30 - 110)
S. Lipase - 163 (23 - 300)
Hb - 10.5 (32 - 3)
TLC - 8,220 (N 50/43)
Plt - 304
RBS - Fatty - 91 (Urea - 14)
T₄ - 172
Total Protein - 6.4
Albumin - 3.5
T.Bil - 0.19
SSG7/SSP7 - 34/19
BUN/Creat - 21.03/1.4
Ca²⁺ - 9.2 / P₄ - 5.2 / Nat 139 / K⁺ 3.9 /
Mg²⁺ - 2.2

Pain Score :**Wong Baker Face Scale**

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15/6/24
11:30 AM

Rm.

- Tab Atorvastatin 5mg po od
- Tab cilnidipine 5mg 1 tab od
- Tab Envas 2.5mg bid
- Lamoprog. 1 sachet po bid
- cap Omepral 1 cap od
- Tab Nodocin 500mg 1 tab bid

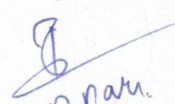
- ~~exampl~~
- BP monitoring
- Envas 2.5mg od
- protein diary

Complete Eye Examination
with comment
on cataract,
Ocular conj. &
hypertensive
change.

After 2 weeks
24 hr urine protein
urine RM, IgG levels
Serum Cholesterol
Sr. Amylase & Sr. lipase
Sr. creatinine & Sr. potassium

Plan Inv.
Re. minimal after
reports.

Review after 2 weeks


P. Paru.

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OUT PATIENT DEPARTMENT

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HANVI, Female
 1Y
 15/06/2024 11:30 OP13797155
 PAEDIATRIC NEPHROLOGY
 Wed, Sat Wed(11-12 noon), Sat(12 - 1:00 pm)
 Room : G10
 Dr. P. K. Pruthi
 Dr. Kanav Anand

wt - 32.8 kg
 ht - 148 cm
cel by paid nephrology
 floc SRMS (post transplante
 3/7/19 - 4/2/22)
 chronic CKD. in partial remission
 paracetamol. (Excessive deficiency)
 NO complaints

11/June/2024.

Creat - 1.7
 T. cholesterol - 144
 K - 5

Amylase - 285
 Lipase - 203
uric acid

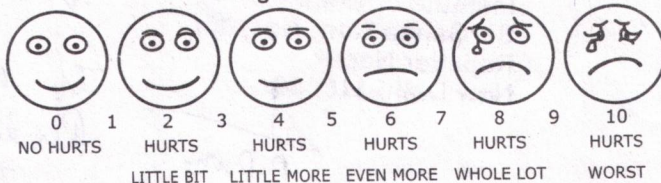
PH - 6.0
 U.P - 3+
 Pus cell - 1-2/HPF

U.P - 175 mg/dl
 Total vol - 1150 ml
 24 hr U.P - 2012 mg/day

IgG - 1357

Pain Score :

Wong Baker Face Scale



6/7/2024

at 11:30 AM

Obs

PR - 72 bpm

PR - 20 bpm

B.P - 100/60 mmHg

pulse vol - good

IS

ur:- ISL ⊕

B- B/L AE ⊕

ICA - soft

crs - alert

Rx

Tab amlodipine 5mg 1 tab od

↓ Tab Envas 2.5mg od

cap ~~Gems~~ Gemcal 1 cap od

Tab nodosis 500mg 1 tab bid

Zanopy 1 sachet bid

Plan to
do Renal
Biopsy &
inj Rituximal

BP monitoring
protein assay

Advised admission
in General ward.

If not admitted
Review after 1 month
7 RFL (7F)

Department of Pediatrics
Institute of Child Health,
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P. Panu



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OUT PATIENT DEPARTMENT

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JHANVI,
11Y Female

06/07/2024 11:10 OP13865777
PAEDIATRIC NEPHROLOGY
Wed, Sat Wed (11-12 noon), Sat (12 - 1:00 pm)
Room : G10
Dr. P. K. Pruthi
Dr. Kanav Anand

Registration No: 2358221 Rs. 20

follow SRMS (post transdermal
3/1/19 - 4/2/22)

CKD.
chronic pancreatitis (enzyme deficiency)

no complaints

V.P - 24
wt - 34 kg.

10/7/2024

at 10:30 AM

OLP

PR - 72 bpm
HR - 20 cpm.
B.P - 110/60 mmHg
pulsus vol - good

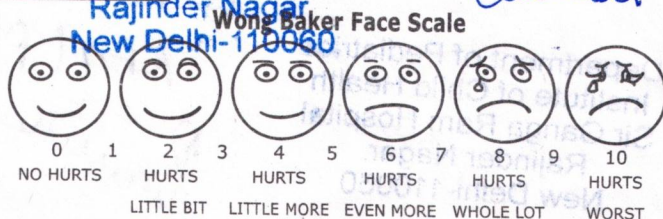
SLP

ves! - 2L @
R - B/L A @
PIA - soft

Adv

T. clindamycin 5mg
1 tab OD
T. EMVAS 2.5mg OP
cap Cenal 1 cap OD
T. Nodose 500mg 1 tab BD
hexopig 1 sachet BD.
Advised admission in
Cenal ward & plan for
renal biopsy in return
RFT (AFP) review
after 3 days
Panu

Department of Pediatrics
Institute of Child Health
Sir Ganga Ram Hospital
Rajinder Nagar
New Delhi-110060



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JHANVI,
11Y Female
10/07/2024 10:22 OP13878657
PAEDIATRIC NEPHROLOGY
Wed, Sat Wed (11-12 noon), Sat (12 - 1:00 pm)
Room: G10
Dr. P. K. Pruthi
Dr. Kanav Anand
Registration No: 2358221 Rs. 0

ck Hypertension nephrology + em
 A/c 3000 (post-Tacrolimus)
 3/2/19 - 4/2/22

Chronic ^{CKD} pancreatitis

follow up visit

10/8/2024
 at 11:30 AM

7/7/24
 Wt - 61
 Bwt - 28.5 (↑)
 Creatinine - 1.5 (↑)
 U.A - 5.6
 Ca - 9.6
 P - 5.1
 Mg - 1.39
 K - 5.1
 Cl - 111
 Bicarb - 19

Amylase - 239 (285)
 Lipase - 201 (203)

Adv
 P. clonidine 5mg 1 tab OD
 P. ENVAS 2.5mg OD
 P. Trap Calcium 1 cap OD
 P. Nodosis 500mg 1 tab BP
 Advised admission in
 renal ward & plan for
 renal biopsy in actual nab
 Review after 1 month
 RFT (F/P) reports
 Parents