



during last FN episode. child had
prolonged neutropenia

↓
Started on Tab Voriconazole
on 18/8/25

But mother was taking ~~Pepto~~ levofloxacin

Voriconazole started on 26/8/25

CECT chest done on

11/7/25

when child was admitted

̄ hyperferritinemic sepsis

→ Single Nodule
̄ surrounding
990

↓
? could be fungal

NO consolidation

Repeat CECT chest during next FN episode

↳ 23/8/25 → NO consolidation

→ NO Nodules

→ Normal CT chest

Plan

① give 2nd dose of Kapizzi

② Stop Voriconazole

③ collect S. galactosum.

④ Inj Emset 4mg iv push

- Inj VCR 1.5mg iv slow push

due on

- Inj Preglunase 980 IU deep im

9/9/25

(09/9/25)

Inj methotrexate 150mg iv in 100ml NS over 1hr

to check CBC / LFT / RFT
BUN + creat

to do on 8/9/25

Dr. VISHAKHA VARSHNEY
SR, Paediatric Oncology
Dept. of Paediatrics
AIIMS, New Delhi

⑤ Next OPD on 13/9/25

• CBC / LFT / RFT

↓
to do on
12/9/25

Dr. VISHAKHA VARSHNEY
SR, Paediatric Oncology
Dept. of Paediatrics
AIIMS, New Delhi

3/9/25

40 BALZ | 1R | 1M | Capizzi
(1st dose 30/8/25)

NO fever

NO Pain abdomen

NO loose stool

NO oral mucositis

NO skin lesion on palm & sole

Not painful

Palm lesion resolving
28/9/25

Active alert

HR = 40/min

RR = 24/min

NO oral ulcers.

Pulses = WP

Peripheries = warm

chest = clear.

PIA - soft

CBC

2/9/25

9.6 } $\frac{2910}{1480}$ } 2.9

LFT/RFT

- (N)

next protocol

Try then
1 ml protocol

CMV
3020

re.

cm

CBI
TFT/PFT } smel
w

3/9/25

~~ITM ^{only} dated on 06/09/2025~~
~~1hr. Methotrexate on 06/09/2025~~

1 q day v CR

1-5mg.

1 q day IV methotrexate

100mg.

1 q day 1 ITM. 12mg.

SA [M2mg]

3/9/25

- BP: 110/71mmHg
- on septan
- nooscheles

30/8/25

BP: 111/72 nitrog
NO osalculas
Consolidation
Completed

no major complaints
- chronic secret
- some rales (+ rales)
- lateral apex ? fort.
- why ?
no hie dates
Lateral space
antifibrinolytics

BPleuWIE

50m	97	59
70m	108	72
95m	112	76
95m+12	124	88

44 9.5
70 4-13
82 218

over 0.28

27/8/4³

12

consolidation
only
complete 29/7/4
not dark vent
aple

galantoma
0.307

CT 23/8/4
galantou - m

BP needs monitoring
o o o

Dicarepl

19/8/25

BP: 107 / 74 mmHg

ct 12

csy

emv

panvo

ps / flow

Bldcls

PCT

20/8/25

FN review

@ Daycare.

mid afibie

on Zosyn/amikacin (D3)

voriconazole (D3)

CBC 18/6/25

4.8 / 1530 / 150

51,000

→ received PRBC Tx from

→ rpt Blood Ix not done.

curmalty

LT diff → 23/8/25.

ps flow

cmv

panvo

Blood Ix

PCT

} → sent.

Adv

- To (C) IV abs + voriconazole
- 7. cetirivine swg 1 tab HS X 5 days
- to do CBC 10 day

- (N/U) in OPD on 23/8/25.
- Daily FN r/w @ daycare

suman

Plan

① ER → Ambulance → PRBC transfusion
(205) @ Smiley. -
② aliquots

→ 1st VORICONAZOLE 200mg
IV BD → 200mg

IV BD

→ USG Abdomen → R/O disseminated
Candidiasis.

→ urine for fungal hyphae.

→ BMA + flow date in next
week.

C19/E/25)

Dayone

- Cmv / Ebr / Pamo
- PS / Flow IRCH
- galactomannan.
- CT date

19/8/25

~~to~~
~~ortho~~

kindly help arrange

Tab. voriconazole 200mg 1 tab BD
x 2 weeks

Thank You,

Suman
on



Dr. Shreshika Kaushik
Senior Resident
Department of
AIMS, New Delhi-110029

19/8/25

BP: 107/7

CxR

CSG

cmv

ps 1/10

ps 1/10

PCR

20/8/25

@ Dr

4.8/15

18/8/25

Name: Bhasik

B-ALL / IR consolidation phase

consolidation completed → 29/7/25

lepis / FN → 6/8 - 10/8/25.

16/8/25

5:1 } 1430 / 35K
 } 60

N4.2 L76.2

margin = 11.2%

PS → No atypical
Chemat }

not in cert

IR

proteksi paku menteng

G

→ fungal - cure 1 kg
 - US 2 ct.
 - galatka

CT date

1 cm r r paku
new byre rent nyhet

date dr B/M - rent new

9/8/25FN review:

Afebrile X-rays.

No focus of infection

Procal: Negative

Blood c/s: Awaited.

7.5 ————— 9.00
290

No evidence of maternal sepsis.

Advice:

1. Continue iv Abx.
2. To go to ER for RDP transfusions
3. FN review in Daycase on 11/8 E CBC and Blood c/s.

Shajmo
SR.

8/8/25

FN review

Vitals

on D3 zosyn/ amikacin

child age 1 mile

T - N

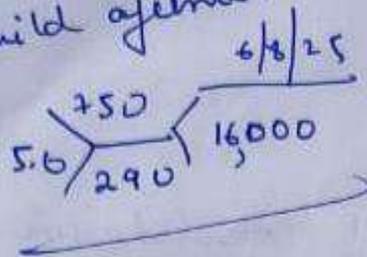
PR - 136/mt

RR - 22/mt

BP - 99/67 mmHg

SPO2 - 98%

- B/C } to be send.
- PCT }
- CBC }
- No fresh complaints.



→ RDP Tc give v.
PRBC Tc

Adv

- to send CBC / PCT / Blot

- to ct in abs.

- N/V in OAD on 6/8/25

- CBC

Signature

23/7/25

Zj ACSF 300 mg

29/7/25

inj ARA-C (1mg/100mg) - 2

Shruti SR PD

4/8/25

IR-BALL / Consolidation (file n/a)

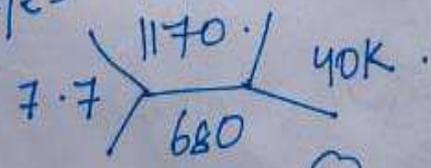
Admitted 11/7 - 29/7/25.

Prolonged/profound FN / septic shock / hyperferritinemic sepsis / oral candidiasis / perianal cellulitis / purpura fulminans → ? 4N sepsis / viral exanthem → Bring d/s copy for file.

currently no virus

Consolidation completed 1/8/24.

2/8/25



LFT/RFT - N

MONO = 5%

plan

wt low ? 4kg ⊕
NK visit

→ but baseline wts 25 kg. ? Alex induced w/ gain in induction.

① Dietician Advise.

② N/V 11/8/25 = CBC/LFT/RFT -

TO, ICS.

① 4Fr Groshong

PICC line - ①

② Heplock

- ①

Shruti SR PD

DR. G. SHRAVANI REDDY
 Resident
 Hematology & Oncology
 Dept. of Hematology
 All India Institute of Medical Sciences
 New Delhi - 110029

23/7/25

29/7/25

4/8/25

18/7/25

To, ICS, Please help - Bhavika ĩ

- 1) SDP kit - ① - 10400
ĩ anticoagulant
- 2) Granulocyte kit - 10310
①

Shan

Dr. Praveen Kumar / Dr. Neeraj Kumar S
MD Paediatrics / MD Paediatrics
Senior Resident / Senior Resident
All India Institute of Medical Sciences, New Delhi

20/07/2025

Inj GCSF 300 ug - 1 vial

Shan

Dr. ALPANA DAS
MD Paediatrics
Senior Resident
All India Institute of Medical Sciences, New Delhi

21/7/2025

To, ICS.

- 1) SDP kit ĩ anticoagulant - 10400

Shan

Shanmukh Reddy

13/4/25

- ① Zytee gel - ①
- ② Syp. atarax - ①
- ③ mucine gel - ①

1 caladyl lotia
puncta
ST

To ICS

→ kindly rearrange

INT Aztreonam 1g/ial → 30 ials

- INT ceftriaxone 2g/ial

→ 20 ials ..

Tender

→ IVIG 449m - 5 ials
(10%)

du-

tr
usually

PCT.

albs to

II @ M]


Dr. Renuka
R. Pedonc



17/7/2025

To ICS

Please help:

- 1g Aztreonam - 1g - ⑬ ials

- 1g Ceftriaxone - 2g - ⑫ ials

- IVIG - 10g - ④
5g - ①

17



ANASEE DEKA
Resident
Pediatric Oncology
New Delhi-110029

LIFE
4 hrs se

60

10/7/25

Vitals

T - N
PR - 126/mt
RR - 24/mt
BP - 106/76 mmHg
SpO₂ - 97+

CBC } to be sent
PCT }

HR - 126/min
RR - 24/min

CRT < 3s PP - 9v
BP - 106/76 mmHg
SpO₂ - 97.

Chest - clear
CVS - S₁, S₂ ⊕
P/A - soft; non tender
CVS - WNL

A dx -
- Refer to Pediatric Casualty

Review for transfusion ← [- CBC, Blood C_s, PCT.
PT/APTT/INR
- Upgrade i.v abx to
TEICoplanin
[grade II OM]

- ct inj. PIPTAZ/
TEICoplanin

Manish
Dr. MANASEE DEKA
Senior Resident
D.M. Pediatric Oncology
AIIMS, New Delhi

9/7/25

2-1 Betadine gargle

- sitz bath

- on Septan 500/1000

- c/o not eating well.

- on IV antibiotics.

D B AM / R / Casohdelos

D PN

on PIPTAZ + AMIKACIN

Since 8/11/25

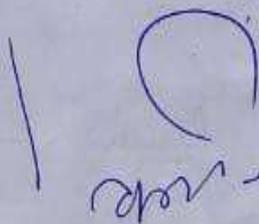
ADV

o to cont w antibiotics

o PCR, Blood UA

in 12/8/25

CBC



FN Review at MCH-DC.

on D3 PIPTAZ / AMIKA.

c/o 1 c/o blood in vomitus yesterday.

No fever.

Oral grade II Mucositis
Poor oral Acceptance.

O/E:-

10/07/25.

Δ B-ALT / IR candidates

D-13

28/6/25

on Gap

Cyelo (37m)

2/7/2

CSE - cytoparms

(1085)

Mantoux test (205)

Reading on 30/6/25 10:00 AM

Own

no fresh urine

(27/06/25) → 7.70 $\frac{5730}{3880}$ (160 x 10³)

PS (23/06/25) → (N)

CSE (23/6/25) → Atellula

S BIL, O.P, OT/PS - 115/205

one for DIS

Adv:

o 1g cyclorhosphamide 920 mg in 100 ml NS over 20 min (DIS)

o 100 ARA-C 68 mg w x 4 days (D16 to D19)

o 1T METHOTREXATE 12 mg (DIS)

to cont 6-mp

TE SCORRAN (SAT/SUN) / sitz bath

Next visit → 9/7/2025

CBC, LFT, KFT

Atellula

21/6/25

Δ B-ALL | R | 1e1cLG | Consolidation

- 2% Betadine gargles
- Sitz Bath.
- Dated for 5m + cef 23/6/25
- Septan sat/scun.
- 6mp.
- NO fresh complaint

NO fresh line

CBC - 20/6/25

LFT/KFT - (N)

$$9.50) \frac{4670}{2440} \left(\frac{207 \times 10^3}{\quad} \right)$$

Adv:

o IV ARAC 68 mg w slow push x 4 days (D9 - D12)

o IT METNOTREXATE 12 mg (D8) 28/06/25

o TAB 6-mp 50 mg 1 tab OD to cont

• to cont SCORRAN / Betadine gargles / Sitz bath

• Next visit - 28/6/25

Signature

SEE DEKA
Oncology
Delhi-110029

ays

3 days
Haly