









INTENSIVE CARE UNIT  
2005

**Information-cum-consent form regarding non-availability of beds in Pediatric Emergency, Pediatric Intensive Care Unit (PICU) and Neonatal Intensive Care Unit (NICU)**

I have been advised that:

1. The entire Pediatric Emergency room has a capacity of 22 beds (both for children and neonates). Currently, there are \_\_\_\_\_ patients in this ward.
2. Pediatric Intensive Care Unit (PICU) has a capacity of 15 beds. Currently, there are \_\_\_\_\_ sick children in the Pediatric Emergency room besides those waiting for a bed in the PICU.
3. Neonatal Intensive Care Unit (NICU) has a capacity of 16 beds. Currently, there are \_\_\_\_\_ neonates in the delivery room and other areas waiting for a bed in the NICU.
4. My child requires care in the PICU/NICU, but currently there is no vacant bed in the PICU / NICU at PGIMER and there is no reasonable possibility of my child getting a bed in those areas within the next 24 hours to 48 hours.
5. In the absence of a bed in the PICU/NICU, my child will be taken care of in the emergency or wards or the NUPE area in the emergency room.
6. The resources that can be provided in those areas will be less than that in the PICU/NICU as it does not have the space, equipment and manpower required for ICU care. Whatever is the best possible care under these circumstances will be provided to my child in the emergency.
7. I have the option of transferring my child to another PICU/NICU of any other hospital.
8. If I wish to transfer my child to another hospital, I will be provided a list of PICUs/NICUs with contact details listed in alphabetical order.
9. Staff in PGIMER does not recommend the name of any particular hospital to which my child can be transferred and do not have any link with any other hospital.
10. If my decision is to transfer my child to another hospital:
  - a. I will find out the cost of treatment at the other hospital on my own.
  - b. I will make my own transport arrangement & transfer my child at my own risk.
11. If my decision is not to transfer my child to another hospital after being told about the non-availability of PICU/NICU beds in PGIMER:
  - a. I will be doing so at my own risk & will not hold PGIMER or any employee of PGIMER responsible for any worsening or adverse event that may occur to my child owing to non-availability of PICU/NICU care.
  - b. I understand that if a bed in the PICU/NICU falls vacant, the doctors will decide which child in the emergency or ward will be shifted to that bed, based upon the sickness level of each child & there is no guarantee that my child will be shifted to that vacant bed.
  - c. I understand that if a ventilator bed falls vacant in the NUPE area in the emergency room, the ventilation facility will be prioritized by the treating team based upon the relative sickness level of each neonate & there is no guarantee that my baby would get the ventilation facility.
12. I have read myself or have been read out this information-cum-consent form in a language that I can understand & I am signing this information-cum-consent form on my free will.
13. I understand that in the current circumstances of the COVID-19 pandemic and the prevailing extreme overcrowding in the emergency area and NUPE may pose a risk of contracting SARS CoV-2 infection in the hospital.

Tick one of the following boxes and clearly cancel the unselected option

I have decided to transfer my child to another hospital  I have decided to keep my child in PGIMER

*RANBIR SINGH*  
(Signature of parent)

(NAME IN BLOCK LETTERS)

Date & Time

(Signature of witness) (NAME IN BLOCK LETTERS) (Date & Time) Place : PGI, Chandigarh



Pediatric Emergency Unit  
Advanced Pediatrics Centre, PGIMER, Chandigarh  
PATIENT CASE RECORD



DATE: 15/6/21  
NAME: B/O Archana

TIME: \_\_\_\_\_  
AGE/SEX: \_\_\_\_\_

PRESENTING COMPLAINTS:

Referred SVO - Cyanotic congenital heart disease.

FINAL PHYSIOLOGICAL CATEGORISATION:

- Stable  Respiratory distress  Respiratory failure  Cardiostatic shock  Hypotensive shock  
 Primary Brain/systemic dysfunction  Cardiorespiratory failure  Cardiorespiratory arrest

WORKING DIAGNOSIS AT ADMISSION

INITIAL RESUSCITATION AND STABILISATION MEASURES: (Initial 3-6 hours)

- AIRWAY:  Stable  Secretions cleared  Oral airway inserted  Intubated  Tracheostomy  
BREATHING:  Spontaneous, room air  Oxygen \_\_\_\_\_ % FIO2  CPAP \_\_\_\_\_ cm H2O  
 Bag and mask ventilation  Bag and tube ventilation  
 Nebulisation - \_\_\_\_\_

- CIRCULATION:  Did not require intervention  Orally allowed  Nil oral

I.V. fluids - \_\_\_\_\_

Fluid bolus:

Crystalloid \_\_\_\_\_ ml/kg

Colloid \_\_\_\_\_ ml/kg

Vasoactives/Inotropes: (maximum dose required in initial 3-6 hours)

Dopamine \_\_\_\_\_ µg/kg/min

Epinephrine \_\_\_\_\_ µg/kg/min

Norepinephrine \_\_\_\_\_ µg/kg/min

Dobutamine \_\_\_\_\_ µg/kg/min

Milrinone \_\_\_\_\_ µg/kg/min

Vasopressin \_\_\_\_\_ µg/kg/min

Others \_\_\_\_\_

IV furosemide -  Bolus \_\_\_\_\_ mg/kg

Infusion \_\_\_\_\_ mg/kg/hr

Chest compressions: No. of cycles \_\_\_\_\_

Epinephrine \_\_\_\_\_ No. of doses

DISABILITY: Anti raised ICP measures:

Fis line measure

Hyperventilation \_\_\_\_\_ min

Sedation - \_\_\_\_\_ Bolus \_\_\_\_\_ mg/kg-infusion dose \_\_\_\_\_

Analgesia \_\_\_\_\_ Bolus \_\_\_\_\_ mg/kg-infusion dose \_\_\_\_\_

3% NaCl \_\_\_\_\_ ml/kg Bolus  Infusion \_\_\_\_\_ ml/kg/hr

SUPPORTIVE CARE: IV Dextrose:  Bolus \_\_\_\_\_ % D \_\_\_\_\_ ml/kg  G.I.R. \_\_\_\_\_ mg/kg/min

Antimicrobials: \_\_\_\_\_

Antiepileptics: \_\_\_\_\_ Bolus \_\_\_\_\_ mg/kg Maintenance \_\_\_\_\_ mg/kg/day

(if multiple AEDs)

Sedo-analgesia \_\_\_\_\_ Blood products \_\_\_\_\_

Electrolyte disturbances corrected: \_\_\_\_\_

Dehydration correction: \_\_\_\_\_

Other measures: \_\_\_\_\_

If CPR Done; Return of spont. circulation -  Yes  No If Shock Present: End points achieved  Yes  No



CR. No.

PROGRESS SHEET

16/8/21 c/s/B CTUS SREKANTH

c/o C-S TAPVC

ES-ASD

large PDA

Will discuss with consultant & review

Yamashita

At reviewed, currently on room air  
Maintaining SpO<sub>2</sub> ~ 85-90%.  
no signs of resp. distress  
TLC :- 16000  
CXR :- clear

c/d/w Dr Javed, Consultant

- Home / Proca / CRP
- Review with experts
- To be planned for surgery

Yamashita  
JR.

FOCUSSED EXAMINATION:

ANTHROPOMETRY:

Weight 27.6 kg 2 years Length/height 90 2 years  
OFC      cm 2 years Weight/height      2 years  
MIAC      cm

HEAD TO TOE EXAMINATION: (POSITIVE FINDINGS)

JTR - 160  
RR - 45  
CP/PP ++/++  
SpO<sub>2</sub> 84%

- JTR
- RR
- Cyanosis
- Clubbing
- Pleura
- Splenomegaly
- Ribs/ribs
- NC markers

CARDIOVASCULAR SYSTEM:

S<sub>1</sub> S<sub>2</sub>  
~~no~~ MURMUR → left Parasternal 2<sup>nd</sup> ICS - continuous

RESPIRATORY SYSTEM:

B/L AEC  
B/L NVB  
no added sound



PER ABDOMEN:

Soft  
no organomegaly  
BSG)

FOCUSED HISTORY OF PRESENTING ILLNESS:

Antenatal - no h/o fever / rash / drug / radiation exposure  
- no h/o DM / HTN / thyroid issues.

Intravaginal - decs - 0 / breech  
did not cry at birth

Postnatal - died after stimulation & suction  
↓  
had persistent hypoxemia  
↓  
Echo showed Imm ASD / RA & RV dilated  
Apgar - 5 & 10

TREATMENT HISTORY: (Details of treatment received before reaching PGI)

↓  
was on nasal prongs  
↓  
referred to PGI M ER

PAST MEDICAL HISTORY: Any chronic illness  Yes  No

Previous hospital admission:  Yes  No

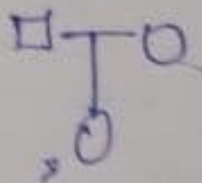
On any chronic medication:  Yes  No

Other details: \_\_\_\_\_

ANTENATAL & BIRTH DETAILS: (Only if relevant)

LSC1 - ? breech  
did not cry @ birth  
Birth wt - 2.6 kg

FAMILY/DIETARY/ENVIRONMENTAL HISTORY (Where relevant) (Pedigree-only if relevant)



IMMUNIZATION HISTORY (Fill the no. of doses in the blank provided)

BCG /  OPV \_\_\_ /  IPV \_\_\_ /  DPT \_\_\_  Booster \_\_\_ /  Hib \_\_\_  Booster \_\_\_  
 Hep B \_\_\_ /  Measles \_\_\_ /  MMR \_\_\_ /  Other- \_\_\_\_\_

DEVELOPMENTAL HISTORY:

Normal /  Delayed if delayed:  Global /  Sectoral  
Sectoral: Predominantly  Motor /  Language and cognition /  Social

Specify developmental age: \_\_\_\_\_



16/08/2021

## 2D - Echo by Prof Rink

- SS, LC
- RA/RV - enlarged
- Aorta - 5mm
- PA - 8mm
- AoFv - 1.3m/sec
- Coronary sinus TAPVC
- LA - small.
- OS - ASD  $\bar{c}$  R  $\rightarrow$  L shunt (4mm)
- Large PDA 3mm
- No COA

- Imp:
- Coronary sinus TAPVC.
  - OS - ASD
  - Large PDA

Adv: Surgery

~~Insured~~  
16/08/2021



**POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH, CHANDIGARH**  
**MEDICAL RECORD DEPARTMENT**



**ADMISSION RECORD OF ADVANCED PEDIATRICS CENTRE (EMERGENCY)**

C.R. No. \_\_\_\_\_ ADMISSION No. \_\_\_\_\_

NAME \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M/F/MCH/FCH GROUP \_\_\_\_\_

SON/DAUGHTER \_\_\_\_\_ ADDRESS \_\_\_\_\_

Teh : \_\_\_\_\_ CR No : 202102632758 Adm No : 2021043503  
State : \_\_\_\_\_ Name : B/O Archana

Age/Sex : 4 D/F  
Father/Spouse : Deep Kumar/ \_\_\_\_\_  
Address : Teh Khundian, Vill Hatehad, Kangra Himachal Pradesh  
Department : Pediatric Medicine

INCOME IN Rs. \_\_\_\_\_  
NAME \_\_\_\_\_ Ward : N/A  
Consultant : Praveen Kumar

WARD \_\_\_\_\_ Adm Date/Time : 15-Aug-2021 07:03:01  
Adv. Sec. Depn. Rs 0.00 Receipt No : 4210093309/1 Date : 15-Aug-2021

Date of Admission \_\_\_\_\_ Time \_\_\_\_\_ AM/PM \_\_\_\_\_  
Date of Disch/Death \_\_\_\_\_ Time \_\_\_\_\_ AM/PM \_\_\_\_\_

**FINAL DIAGNOSE'S** : COMPULSORY BEFORE DISPATCHING RECORD TO MRD  
(Please don't use Abbreviation and Mention diagnose / disease in capital letters)

ICD CODE NUMBER  
(To be given by MRD)

COMPLICATION IF ANY :

SURGICAL PROCEDURES:

Name of the Surgeon \_\_\_\_\_

Date of Operation \_\_\_\_\_

What was the outcome of Admission? (Please Encircle)  
RECOVERED, IMPROVED, UNCHANGED, LAMA, ABSCOND, WORSE, DIED :(< 48 Hrs >48 Hrs)

CAUSE OF DEATH Direct \_\_\_\_\_  
Underlying \_\_\_\_\_

Autopsy No. \_\_\_\_\_  
Partial/Complete \_\_\_\_\_

Junior Resident Sign \_\_\_\_\_  
Name \_\_\_\_\_

Senior Resident Sign \_\_\_\_\_  
Resident Name \_\_\_\_\_



Handwritten text on the left side of the image, partially obscured by the rib cage.

R. 100

CR 150

PP 40

Chest

No

H. 100

100/100

100/100



बाहरी रोगी कार्ड OUT PATIENT CARD

FES No. : 2021 0263 2758 Date : 15-08-2021 06:47

Room No : 8/0 ARCHANA  
 Age/Sex : 4 D/F Category : GENERAL  
 Patient Name: DEEP KUMAR  
 Address : TEH KHUNDIAN VILL HATEHAD  
 Kangra Himachal Pradesh India  
 Department : Pediatric Medicine (E M G P M D)  
 Ref/Consult:

सामयिक निदान/संभावित निदान  
 PROVISIONAL DIAGNOSIS

तारीख व हस्ताक्षर  
 DATE & INITIALS

बताई गई जांचें व उपचार  
 TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR  
 EQUIVALENT GENERIC DRUGS

Admit in NUPE ↓  
 Dr. Proveen

Blade

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।  
 सी.जी.आई में हुए जन्म तथा मृत्यु के प्रमाण पत्र एम.आर.डी. विभाग में उपलब्ध।

INSTITUTE OF MEDICAL EDUCATION  
CHANDIGARH  
DEPARTMENT  
ADVANCE RECEIPT



140.0

Other Advance Tariff's Availed  
D.

NO. : 4210093309/1

: 202102632758

: B/O ARCHANA

DATE & TIME : 15/08/2021 06:53:50

CATEGORY : MCCI

WARD : PEDIATRIC MEDICINE

AGE/SEX : 4 D/FEMALE

DESCRIPTION

AMOUNT (RS.)

0.00

TOTAL AMOUNT

0.00

(IN WORD) : Zero Rupee Only

MODE / AMOUNT : CASH/0 RUPEES

JOGINDER (NA)

MR

EN  
ven

**PRIMARY SYSTEM OF INVOLVEMENT:**  
 RESPIRATORY  GIT/HEPATOBIILIARY  RENAL  ENDOCRINE  NERVOUS- CNS/ PNS  
 HEMATOLOGICAL  RETICULOENDOTHELIAL  METABOLIC  OTHER (Specify) Specify

MULTISYSTEM INVOLVEMENT:  YES  NO

**PROBABLE PATHOPHYSIOLOGY**  
 CONGENITAL/GENETIC  INRECTIVE  INFLAMMATORY / AUTOIMMUNE  
 MALIGNANCY  METABOLIC  OTHERS

MLC NOTIFICATION:  YES  NO      NOTIFIABLE DISEASE:  YES  NO

PROVISIONAL CLINICAL DIAGNOSIS / DIFFERENTIAL DIAGNOSES:

Term | AGA | 2.6Kg  
 12/8/21 | 10:32 Am | F

Term | AGA | CHD - ?TAPVC.

**DIAGNOSTIC WORKUP PLANNED:** (tick if sent)

CBC  
 MP  
 CXR  
 VBG

**COSULTATIONS PLANNED**

- PICU
- NUROLOGY
- HEMATO - ONCOLOGY
- ALLERGY-IMMUNOLOGY
- NEPHROLOGY
- PULMONOLOGY
- CARDIOLOGY
- GASTROENTEROLOGY
- GENETICS & METABOLIC
- PED. SURGERY
- NEUROSURGERY
- ORTHOPEDICS
- ENT
- OPHTHALMOLOGY
- DERMATOLOGY
- OTHERS (Specify)

**PROCEDURES PERFORMED:** (In first 12 hours)

DIAGNOSTIC  THERAPEUTIC  
PROCEDURE DETAILS:

**ANTICIPATED PROBLEM & MONITORING REQU**



प्राथमिक पत्र

सेवा में,

श्री गान संस्थापक महोदय जी,  
Children Care Foundation  
I-74, G/F हरकेश नगर  
औखला नई दिल्ली

महोदय,

मेरा नाम अर्चना है मेरी बच्ची अभी 7 दिन की  
नवजात शिशु है मेरी बेटी का दिल सही तरीके से  
कार्य नहीं कर रहा है जिसके कारण वह सांस नहीं  
ले पा रही है, मेरी बेटी का इलाज Postgraduate  
Institute of Medical Education and Research,  
Chandigarh (PGI) के हस्तपल्ल में चल रहा है,  
मेरी बेटी के हार्ट ऑपरेशन के लिए 1,500,000 का  
खर्चा डॉक्टर ने बताया है।

मैं अपनी बेटी के इलाज के लिए असमर्थ हूँ, क्योंकि  
मेरा परिवार आर्थिक स्थिति से बहुत कमजोर है!

कृपया मेरी बेटी के हार्ट ऑपरेशन में मेरी आर्थिक सहायता करें!

आपकी आभारी रहूँगी।

प्राची  
अर्चना