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*Handwritten notes:*  
12/12/24  
18/7/24


*Handwritten:* DSA ↓ GA = 18/7/24 PAC=11

*Handwritten:* Come to 16/7/24

**Neurosurgery Admission Date**  
 (Admn No).....  
 ASAF (Red)..... Priority (Blue).....  
 Routine (Green)..... DSA (Black).....  
 Blood (No. Of Units).....  
 Package Amount Rs. 5,000  
 Investigations: Hb, TLC, DLC, Blood Group, APTT, PT, Platelets, Na+, K+,  
 Urea, Creatinine, FBS, ECG, CXR, Urine R/E  
 Residents Signature.....  
 Attend PAC (Wed-Thurs-Sat) Before Admission 9 AM TO 11 AM

*Handwritten:*  
@ 5pm  
NSB  
18/7/24

LB080724272 107645261  
 LH0807241770 107645261  
 ARFANA07  
 LC0807242349 107645261  
 URN-090724206 107645261  
 ARFANA07

NS 2024/017/0008894 Neuro Surgery-I  
 UHID: 107645261 Neuro Surgery  
 Date 08/07/2024 MON, THU Gen  
 Name ARFA NAAZ 2Y 5M /Female  
 D/O AKHTAR ALI  
 Phone No.   
 Consultant Room 16 Dr. Satish Verma Neuro  
 SR Room: Surgeon

ARFANA07  
 LC0807242820-F  
 107645261

निदान  
Diagnosis

*Handwritten:* 107645261

*Handwritten:*  
led 29/9/24  
08/09/24

*Handwritten notes:*  
Bites - x 6 mo age  
5-6 ep/d. Post-ictal LOC  
Last episode 15 d ago.

- Feme - intermittent x 2y.
- Vomiting - subsided 15 d
- Altered sensorium x 2y

*Handwritten:*  
Birth - PTND.  
Neonatal  
Jaundice ⊕

*Handwritten:*  
Pupils - B/L N/A  
non-reactive.  
Ⓛ > Ⓡ

*Watermark:* www.jeevancaresetrust.org

Neck veins

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र  
ब० रो० वि०

अ० भा० आ० सं०, नई दिल्ली-110029  
Cardiothoracic & Neurosciences Centre, O.P.D.  
A.I.I.M.S., New Delhi-110029

दिनांक/Date

9/9/24

विभाग  
Deptt.

NS  
8894/24

नाम  
Name

Arfa

उम्र  
Age 24

यू०एच०आई०डी०सं०  
UHID No.

67645261

निदान  
Diagnosis

पुत्र/पुत्री/पत्नी  
S/D/W

Arfa Waqar

लिंग  
Sex F

R16 (22)  
9/9/24

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हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र  
CARDIO-THORACIC & NEURO-SCIENCES CENTRE

अखिल भारतीय आयुर्विज्ञान संस्थान

A. I. I. M. S. Hospital

नाम

Name AKPA WAAZ

एक्स-रे नम्बर

तिथि

23/7/2024

X-Ray No.

Date

19/8/24

हस्पताल यू.एच.आई.डी. नं.

वार्ड/ओ. पी. डी.

Hosp. UHID No.

107645261

Indoor/ Outdoor

NS3/TA

एक्सरे-फार्म

X-RAY REQUISITION FORM

आयु

लिंग

आय

Age 2

Sex M

Income

चिकित्सक विभाग

Referring Unit I

रोगी स्थिति

Ambulatory/Non

एक्सरे जांच के लिए अंग

Examination Required

चिकित्सक की जांच रिपोर्ट :

Clinical Information :

DSA L. GRA

clo GITB -> x burou ag  
5-6 episode

- fever Intermittent x 2yr

- vomiting x 15 da

- Altered sensor x 2yr

ku US me

AV fistula under  
dilation of aorta  
No cephalic vein

Mish  
चिकित्सक के हस्ताक्षर

SIGNATURE OF MEDICAL OFFICER

रेडियोग्राफर के लिए

FOR RADIOGRAPHERS USE

किसी दवा का बुरा प्रभाव

Any History of Allergy

अन्तिम माहवारी तिथि

LMP

कोई पुराने एक्स-रे

Any Previous X-Rays

पहचान चिन्ह

Identification Mark

अंगूठा निम्बान

Thumb Impression

कमरा नं.

Room No.

फिल्म साइज

Size & No. of Films

के. वी.

KV

एम.ए.एस.

MAS

हस्ताक्षर / Signature

रिपोर्ट

REPORT

एक्स रे-चिकित्सक

RADIOLOGIST



हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र  
ब० रो० वि०

अ० भा० आ० सं०, नई दिल्ली-110029  
Cardiothoracic & Neurosciences Centre, O.P.D.  
A.I.I.M.S., New Delhi-110029

दिनांक/Date

15/7/24

विभाग  
Deptt.

MS  
8894/24

नाम

Name

Anjana Naaz

उम्र

Age

24y

यू०एच०आई०डी०सं०  
UHID No.

107645261

पुत्र/पुत्री/पत्नी  
S/D/W

लिंग  
Sex

F

निदान  
Diagnosis

2/15/24  
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R-16 (18)  
15/7/24

Ref to FI for

urgent DSA. to be done

~~urgent DSA~~

URGENT DSA. to be done



PAC 2024/PAC/1615 Neuro Anesthesia.  
 UHID: 107645261 Pre-Anaesthesia  
 Date 13/07/2024 WED,THU,SAT

NEUROSCIENCES CENTRE,  
 NEW DELHI-110029.

PAC Regn. N Name ARFA NAAZ  
 NAME  
 Referring cor D/O AKHTAR ALI  
 Proposed Op Phone No.  
 Address Consultant Room 11  
 SR Room:

2Y 5M 5D  
 Female

Date  
 NS OPD No./ C.R. No.  
 Diagnosis  
 Contact Tel. No.

**HISTORY**

**CARDIO-VASCULAR SYSTEM**  
 (Hypertension, Chest pain, Palpitations,  
 Dyspnoea (on exertion/ on lying down  
 or at night + T/t)

**RESPIRATORY SYSTEM**  
 Asthma, PTB, Chronic/ Recent cough/ URI, Sputum/  
 Hemoptysis Sleep apnoea or other resp. disease + Tt)

**ENDOCRINE SYSTEM**  
 (Diabetes, Thyroid-  
 unexplained weight gain/weight loss  
 excessive heat/ cold + T/t)

**NERVOUS SYSTEM**  
 (Seizure/ Headache/ Unconsciousness/  
 Limb weakness/ speech difficulty + T/t)

**GASTRO-INTESTINAL SYSTEM**  
 (Jaundice, Indigestion or heartburn + T/t)

**URO-GENITAL SYSTEM**  
 (Kidney or urinary trouble + T/t)

**BRUISING OR BLEEDING PROBLEM**  
 (+ T/t)

**OTHERS** (Motion sickness, any hospital admission,  
 blood transfusion, recent/ Chronic fever, any allergy,  
 Pacemaker or any implants, LMP)

**SMOKING, ALCOHOL CONSUMPTION**

Any previous operations/ Procedures under anaesthesia

- 1) ..... Under LA/GA/SAB on ..... Hospital, any Complications? .....
- 2) ..... Under LA/GA/SAB on ..... at ..... Hospital, any Complications? .....

**PRESENTING COMPLAINTS & DURATION**

**PHYSICAL EXAMINATION**

Body Weight 10 Kgs. Height ..... cms.  
 Pallor ..... Cyanosis ..... Clubbing ..... Oedema ..... Ascites .....  
 Temperature ..... Pulse ..... beats/ min. BP ..... / ..... mm Hg SpO<sub>2</sub> ..... %  
 Venous Access ..... Eyes: (Ptosis/ Proptosis) Yes/ No Any abnormal movements

**AIRWAY ASSESSMENT**

Mouth Opening: Normal/ Restricted *pediatric* Uvula: Central/ Deviated Mallampati Score  
 Teeth: Loose / Buck/ Dentures/ Edentulous/ Missing Teeth Receding Mandible: Yes/ No  
 Neck: Normal/ Short/ Swelling Neck Movemnets: Normal/ Restricted  
 Thyromental Distance: ..... cms. Mentohyoid Distance: ..... cms.

DIFFICULT AIRWAY ANTICIPATED: Yes/ No

**CARDIO-RESPIRATORY SYSTEM**

RR: ..... breaths/min Accessory muscles (At rest): Normal/Active Chest expansion: Equal/ Unequal Breath Holding Time.....Seconds  
 Auscultation: Breath sounds Murmur/s, if any Air entry Any abnormal sound/s  
 Heart sounds: Neck veins Any other finding/s

4 - AV fistula dilatation of median  
 - Non-comm. MCP *procephalic vein*  
 - multiple focal peroneurium &  
 sub-ependymal  
 calcification.

GCS - Gmths.  
 Delayed milestones.  
 BLK - FT *(R) hemiparesis*  
 NVD, CIAB, neonatal jaundice (+)

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AIIMS CARDIO  
N882 Arfa Miss  
107645261  
Jul-09-2024  
Acq Tm: 10:35 AM

1426430  
CHEST\CHEST AP\Type\_P+  
P344

R

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W: 14810 L: 1344

197 X 1311  
N882 Arfa Miss 107645261 1426430 CHEST\CHEST AP\Type\_P+ Jul-09-2024 10:34 AM  
CARDIO-THORACIC & NEURO SCIENCES CENTRE (AIIMS DELHI)



हृदय-वक्ष एवं तंत्रिका केन्द्र  
 CARDIO-THORACIC & NEURO-SCIENCES CENTRE  
 अ.मा.आ.सं. नई दिल्ली-110029 / AIIMS, New Delhi - 110029

एम. आर.-3 जनरल हिस्ट्री  
 M.R. - 3 General History

नाम Name  
 उम्र Age  
 सर्विस Service  
 दिनांक Date  
 यू. एच.आई. डी. नं. UHID No.  
 प्रोफेसर इंचार्ज Proefssor I/C

Notes written by .....

CLINICAL NOTES

CL/13 Nso SR

Clonus x 6 months of age  
 5-6 episodes/day  
 Post ictal LOC - 25m  
 Last episode 15 days ago

Riz 1/2 Mepon  
 Bk pupile Bk ROSK

NCET -> ? AV fistula

Come on Thursday  
 -> 25/7/24

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Come on 29/7/24

Adh  
 -> prep prep pa  
 - shift to OSU  
 on call

\_\_\_\_\_y



दिनांक  
Date

NCC -

? AV fistula involving dilatation  
of median Proencephalic vein  
of Meckel's C

Non - comm - HCP

C/S/B Ar. SV.

8/7/24

Pharmakol for  
3 week,  
X 14 days

Adm

① T. Diamox 1/2 tab TDS

② Peds Neuro

③ Neuro rad. option

④ ~~urgent DSA VGA~~

⑤

dr  
SR NCL

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Came to NSG  
25/8/24  
AMM:

(✓) MEDICINE RECEIVED  
NAME: \_\_\_\_\_  
DATE: 9/7/24  
SIGN: \_\_\_\_\_

Senior Resident / SENIOR RESIDENT  
Dept. Neurosurgery  
G.H. Centre



**CARDIO-THORACIC & NEURO-SCIENCES CENTRE  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES**

**Ansari Nagar, New Delhi - 110029**

**CONSENT FORM**

C.R. NO. / O.P.D. NO. 107645261  
NAME: Aja Naaz SEX: 2 AGE: M  
SON/DAUGHTER/WIFE OF \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT NO. \_\_\_\_\_

**INFORMED CONSENT**

**AUTHORISATION FOR MEDICAL TREATMENT, ADMINISTRATION OF ANAESTHESIA AND PERFORMANCE OF SURGICAL OPERATION AND / OR DIAGNOSTIC / THERAPEUTIC PROCEDURE / R.T.**

1. I hereby authorise the A.I.I.M.S. and those the Institute may designate as staff to perform upon my patient the following medical treatment, surgical operation and / or diagnostic / therapeutic procedures DSA ↓ 94

2. It has been explained to me that during the course of the operation / procedure, unforeseen conditions may be revealed or encountered which necessitate surgical or other emergency procedures in addition to or different from those contemplated at the time of initial diagnosis. I, therefore, further authorise the above designated staff to perform such additional surgical or other procedures as they deem necessary or desirable.

3. I consent to the administration of anaesthesia and to the use of anaesthetics as may be deemed necessary or desirable, except to the following exceptions:

**(Indicate exception or 'None')**

4. I state that I am / am not suffering from Hypertension / Diabetes / Bleeding disorders / Heart disease or \_\_\_\_\_

5. I also state that I am not suffering from any known allergies or drug reactions.

6. I further consent to the administration of such drugs, infusions, plasma or blood transfusions or any other treatment or procedures deemed necessary.

7. The nature and purpose of the operation and / or procedures, the necessity thereof, the possible alternative methods, treatment, prognosis, the risks involved and the possibility of complication in the investigative procedures / investigations and treatment of my condition / diagnosis have been fully explained to me and I understand the same.

8. I have been given an opportunity to ask all / any questions and I have also been given option to ask for any second opinion.

9. I acknowledge that no guarantee and promises have been made to me concerning the result of any procedure / treatment.