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अ० भा० आ० सं० अ... / बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

एकक/Unit

विभाग/Dept.

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
Nandini.		F.	18y	

निदान/Diagnosis FRTS / GATM & variant / severe Ⓡ rickets

दिनांक/Date	उपचार/Treatment
23/1/2025	

Sukanya
Rare disease program

CBC
KFT
VitD
PTH

f/u in 3 months ē reports

- T Emeset (4mg) 4 mg SOS
- T PAN-20 tab daily SOS.

× 3 month

- Tab Calcium Carbonate 500 QID 2 tablets each.
  2 00 — 2 00 — 2 00 — 2 00
- Sachet Addphos 1½ — 1½ — 1½ — 1½.
- Cap ~~Calcitriol~~ ROCALTROL (0.25µg) 2 tab thrice
  00 2 — 00 2 — 00 2
- Syr K citrate 40 - 40 - 40 - 40.
- Tab Nodosis (500) 1 — 1 — 1 — 1.

Sukanya
Rare Disease Program

डॉ. अदिति सिन्हा
Dr. ADITI SINHA
अपर आचार्य /Additional Professor
... विभाग / Department of P...
A.I.I.M.S., New Delhi

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20/1/25

Ht =

Wt = 15 kg

BP = 80/50 mmHg.

19/1/25. Came to casualty c̄ tetany!

Urea	15	14.3
creat	0.7	0.51
Ca	9.5	6.5
P	1.4	1.4
UA	1.8	1.1
Na	141	142
K	3.3	4.4

Rx

- Better after [KPR (VBG)].

(MCE).

- Continue same Rx.

- 4C ward 9 am

Ds: GATM diagn. Shown to be 'de novo' (parents' Sanger done).

Fanconi RTS/GATM

Had vomiting yesterday

Loose stools 3 episodes

Refer to Peds casualty — ECG

Give IV KCl @ 1 meq/kg if ≤ 2.5 or.

>2.5 + ECG day.

VBGA.

pH – 7.162

pCO_2 – 32.7

Na^+ – 132.8

K^+ – 2.56

Cl^- – 127.5

- ↑ Kcit

40 ml — 40 ml — 40 ml — 40 ml.

Wt – 15 kg.

23/1/25

Please make OPD card

ORS 500 ml over next 4 hr. Rest continue same Rx.

ORS as 150 ml after each loose stools.

Tab Emeset (4 mg) ½ tab PO SOS.

Tab Pantop 20 mg OD e/s × 3 days

R/A on Thursday in OPD

Dr. KANIKA KAPOOR
DM Senior Resident
Pediatric Nephrology
AIIMS, New Delhi-29

Dr. KANIKA KAPOOR
DM Senior Resident
Pediatric Nephrology
AIIMS, New Delhi-29

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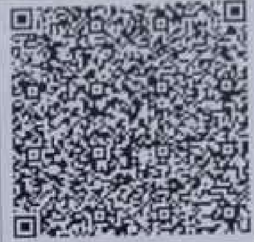
GST INVOICE

AMRIT PHARMACY- SAFDARJUNG ENCLAVE
(A DIVISION OF HLL LIFECARE LTD)
PROPERTY NO-B-6/9, 1ST FLOOR,,COMMERCIAL COMPLEX,
SAFDARJUNG ENCLAVENEW DELHI-110017
Ph : 9667080402,9810846760
E-mail : amrithll141@gmail.com

DL No.: : WLF20B2023DL000547 ,WLF21B2023DL000544
GSTIN : 07AAACH5598K1Z3 **State** : DELHI(07)



Cust. Name : NANDANI KUMARI (17Y) F HMDG
DR.SAURAV DAS UHID-20130217557,41/22-23

PO No :
DL.NO. :
GSTIN : 07DELS71442A1DD **State :** DELHI(07)

Inv No : 24255830011488
Date : 27-01-2025 (01:48 PM)
Pay Type : Credit Invoice

S.Man : LP2
User : LP2

S.NO	PACK QTY	PACKING	PARTICULARS	HSN CODE	BATCH / LOT EXPIRY	MRP	DIS %	DIS AMT	GST %	Net Amount
1	370	1X30	ADDPHOS POWDER 3.2 GM	30049099	SMSG-24029@ 11-26	24.50	26.00	2354.98	12.00	6697.35
2	5	1X30	ADDPHOS POWDER 3.2 GM	30049099	SMSG-24017@ 06-26	24.50	26.00	31.82	12.00	90.49
3	25	1X1	K-CIT SYRUP 450 ML	30049099	KCT24029@ 07-26	252.00	26.00	1638.00	12.00	4662.00
4	15	1X1	NODOSIS 500 MG TAB 15S	30049099	SM2T-24027@ 09-26	54.00	26.00	210.60	12.00	599.40
5	20	1X10	ROCALTROL 0.25 MCG CAP 10S	30045036	RCA24004A@ 12-26	343.67	26.00	1787.08	12.00	5086.17
6	10	1X10	ROCALTROL 0.25 MCG CAP 10S	30045036	RCA24004C@ 12-26	343.67	26.00	893.54	12.00	2543.08

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Vicky Kumar

TAX%	TAXABLE AMT	SGST%	SGST AMT	CGST%	CGST AMT
0%	0.00	0%	0.00	0%	0.00
5%	0.00	2.5%	0.00	2.5%	0.00
12.0%	17570.12	6.0%	1054.18	6.0%	1054.18
18.0%	0.00	9.0%	0.00	9.0%	0.00
28.0%	0.00	14.0%	0.00	14.0%	0.00

TOTAL MRP	:	26600.10
DISCOUNT AMT.	:	6916.03
TOTAL TAX AMT	:	2108.36
TAXABLE AMT	:	17570.12
ROUND OFF	:	-0.48
TCS AMT.	:	
INV TOTAL	:	**19678.00**

NO OF ITEMS : 6

Amt In Words : Nineteen Thousand Six Hundred Seventy Eight Rupees only

MULTI PAY:

Terms & Conditions:

1. Subject to Delhi Jurisdiction only.
2. Goods can be returned back within 15 days from the date of billing.
3. Temperature sensitive products used or tampered products can't be returned back.

E & O E

Receiver's Signature :

(Common Seal)

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बहिरंग रोगी विभाग / Out Patient Department

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एकक / Unit I
विभाग / Dept Ped

OPR-6
20130217552

ब०रो०वि० पंजीकृत सं० / O.P.D. Regn. No.

नाम / Name	पिता / पुत्र / पत्नी / पुत्री F / S / W / D of	लिंग Sex	आयु Age	पता / Address
Nandini				#

निदान / Diagnosis

दिनांक / Date	उपचार / Treatment
27/4/23 Urea/Creat - 14/0.8 UA - 1.9 Ca/PO4 - 11.2/1.4 Na/K - 14/3.5 Cl - 112 28-11-2024 (Sam) Dr Sukanya ... + sample ... well pay QR code ek media.	- Father's sample → Dr Sukanya. - [VDG/15, Ca] - T. ... 500 - ... - 500 - T Addphos - Rx as adv. by Dr Sukanya. 1) ROCALTROL 0.25 µg - 0.25 - 0.25 - 2tab TDS 2) Shelcal (1) 2 - 2 - 2 empty stomach. 3) Addphos (500) 1½ - 1½ - 1½ - 1½. 4) Kcit 35 - 35 - 35 - 35 5) . Nodosis 500 - 500 - 500 Review end January 2024

डॉ. अदिति सिन्हा / DR. ADITI SINHA, Additional Professor, Department of Pediatrics, AIIMS, New Delhi

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अंगदान - जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360,26593444,www.orbo.org Helpline - 1060 (24 hrs service)

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प्रधानमंत्री जन आरोग्य योजना (pmjay.gov.in)

LC2707241213 20130217557

NANDANIKUMARI

Patient copy.

DEPARTMENT OF ENDOCRINOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
NEW DELHI-110029

****

UHID NO: 20130217557
PATIENT NAME: NANDINI KUMARI
ADDRESS-DIST-SIWAN BIHAR, INDIA
D.O.A.: 9-4-2024
D.O.D.: 4-5-2024

WARD: AB6 **BED NO:** 6
AGE: 17Y **SEX:** F
PHONE NO:
CR NO: H-588442-24

CONSULTANT: DR YASHDEEP GUPTA/ PROF DR NIKHIL TANDON
SR: DR. ARNAV KALRA/ DR RAKESH GARG

DIAGNOSIS:

- **PROXIMAL RTA (FANCONI SYNDROME)**
- **RICKETS**
- **SEVERE SHORT STATURE**
- **DELAYED PUBERTY**
- **UNDERNOURISHED**

ADMITTED FOR C/O MULTIPLE EPISODE OF TETANY

GENE MUTATION: GATM (-) AT EXON 7, HETEROZYGOUS AUTOSOMAL DOMINANT, FANCONI RENOTUBULAR SYNDROME 1: AD (PATHOGENIC)

HISTORY:

F/U/C/O PROXIMAL RTA (SYMPTOMATIC SINCE 3 YEARS AGE AND DIAGNOSED IN 20[illegible] AT AGE OF 7 YEARS)

IN OCT 2020 WHEN SHE UNDERWENT UGIE WHICH SHOWED HIATUS HERNIA, MUCOSAL NODULARITY IN STOMACH AND BIOPSY S/O H PYLORI. TRIPLE THERAPY GIVEN THEN.

NO WEIGHT GAIN OR PUBERTAL PROGRESSION ON ABOVE TREATMENT.

PATIENT REMAINS UNDERNOURISHED, DESPITE DOCUMENTED INCREASED CALORIE INTAKE IN HOSPITAL, THERE IS NO WEIGHT GAIN.

THERE WAS NO IMPROVEMENT IN SKELETAL DISEASE OR BONE PAINS OR MUSCLE WEAKNESS. PT IS UNABLE TO WALK AND PATIENT IS DEPENDENT ON FAMILY MEMBERS FOR ACTIVITIES OF DAILY LIVING. BIOCHEMICALLY NO IMPROVEMENT IN ALP. PT HAD PATHOLOGICAL FRACTURE RT NOF AFTER MARCH 2021 FOR WHICH SHE WAS CONSERVATIVELY MANAGED WITH HIP SPICA.

SHE THEN HAD A PATHOLOGICAL FRACTURE OF LEFT FEMUR BY FALL ON ROAD IN JUNE 2022.

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AN ATTEMPT WAS MADE TO GIVE CALORIE AND PROTEIN DENSE FOOD IN HOSPITAL IN JUNE, HOWEVER THERE WAS GI INTOLERANCE AND NO WEIGHT GAIN ON SAME.

DR. BAGGA'S CONSULTATION (CONSULTANT PEDIATRIC NEPHROLOGY) WAS TAKEN, WHO ADVISED NASOJEJUNAL OR GASTROSTOMY FEEDING TO FACILITATE NUTRION REHABILITATION AND BETTER COMPLIANCE AND GI AVAILABILITY TO MEDICATIONS.

DR. ROHAN MALLIKS (CONSULTANT PED GASTRO) CONSULT WAS TAKEN FOR SAME, WHO ADVISED TRIAL OF NASOJEJUNAL FEEDING PRIOR TO PEG-JEJUNOSTOMY TO SEE RESOLUTION OF VOMITING AND NAUSEA ON NJ FEEDS

CHILD'S NJ FEEDS WERE GIVEN AS CONTINUOUS CURD AND MILK BASED FEEDS FORTIFIED WITH PRE-DIGESTED PROTEIN FEED - GRADUALLY UPTITRATED TO 40 ML/HOUR (960 ML/DAY - TOTAL CALORIES- 1[illegible]0 KCAL AND PROTEIN-40 G/DAY)-TO 80 ML 2 HOURLY.

UGI ENDOSCOPY REPEATED ON 21-9-22 SHOWED GASTRIC MUCOSA APPEARED HEALTHIER AS COMPARED TO PREVIOUSLY.

PEDIATRIC SURGEON DR. ANJAN DUA WAS CONSULTED AND THEY OPINED FOR FEEDING JEJUNOSTOMY TUBE AND INSERTED ON 24/9/2022. LATER SHE WAS PUT ON CONITNUOUS FEED AND MEDICATIONS THROUGH FEEDING JEJUNOSTOMY TUBE. AFTER TOLERATING 40ML /HR FEED THORUGH FJ TUBE ORAL DIET WERE ALLOWED. SHE IS TOLERATING 1600KCAL OF DIET THROUGH MOUTH AND 400 KCAL DIET IS PLANNED THORUGH FJ TUBE ALONG WITH MEDICATIONS.

PATIENT PRESENTED WITH COMPLAINTS OF VOMITING AND ACUTE GASTROENTERITIS FOR WHICH SHE WAS BEING ADMITTED IN OCTOBER 2023 UNDER PEDIATRICS. PATIENT WAS AGAIN ADMITTED IN NOVEMBER 2023 WITH C/O OF FEVER, PAIN ABDOMEN, VOMITING, LOOSE STOOL IN PEDIATRIC DEPARTMENT. READMISSION WAS DONE IN NOVEMBER 2023 AND WAS MANAGED WITH PATIENT WAS DOING FINE FROM PAST 1 MONTH, NOT TOLERATING FJ FEED AND DOING FINE ON ORAL FEED.

PATIENT WAS AGAIN ADMITTED IN ENDOCRINOLOGY IN JANUARY 2024 FOR C/O MULTIPLE EPISODES OF VOMITING.

NOW PATIENT PRESENTED FOR FOLLOW UP VISIT, PATIENT MISSED MEDICATION DURING TRAVEL AND DEVELOPED TETANY REQUIRING MULTIPLE VISITS TO EMERGENCY DEPARTMENT FOR HYPOCALCEMIA. PATIENT WAS ADMITTED UNDER ENDOCRINOLOGY FOR FURTHER EVALUATION AND MANAGEMENT.

MEDICATION HISTORY:

SYP KCIT 20 ML 5 TIMES A DAY (12 MEQ/KG/DAY)
SACHET ADDPHOS 1 SACHET 4 TIMES A DAY
T. SHELCAL 500 MG OD
CALCIROL SACHET 60 K ONCE PER MONTH WITH MILK
Tab DOMPERIDONE 10 MG 1/3 TDS
TAB PANTOP 40 MG OD (EMPTY STOMACH)

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CONDITION AT DISCHARGE:
VITALS STABLE

TREATMENT ADVICE:

DIET CHART GIVEN- 1600 KCAL
SYRUP KCIT 25 ML 4 TIMES A DAY (12 MEQ/KG/DAY)
SACHET ADDPHOS QID 9AM-3PM-6PM-12PM
TAB SHELCAL 500MG 2TAB TDS 6AM-1PM-9PM
TAB ROCALCITRIOL 0.5 MCG TDS OR TAB ALPHA CALCIDIOL 1 MCG TDS
CALCIROL SACHET 60 K ONCE PER MONTH WITH MILK
SYRUP DOMPERIDONE 5ML SOS
TAB PANTOP 20 MG OD/BBF SOS (EMPTY STOMACH)

DONOT MISS MEDICATIONS
REPORT TO EMERGENCY IN CASE OF EMERGENCY

FOLLOW UP:

- IN PAEC CLINIC ON MONDAY AT ROOM C318 AT 2PM UNDER PROF DR. RAJESH KHADGAWAT WITH **VBG AND RENAL FUNCTION TEST.**
- FOLLOW UP IN PEDIATRIC NEPHROLOGY OPD UNDER DR ADITI SINHA MAM
- PEDIATRIC GASTRO OPD UNDER DR. ROHAN MALLIK

NOTE:

- CASE WAS DISCUSSED WITH CONSULTANT ON ROUNDS REGARDING RISK FACTORS FOR RECURRENT HYPOCALCEMIA. PATIENT WAS FOUND TO DEVELOP LOOSE STOOLS AND MISS MEDICATIONS DURING TRAVEL FOR FOLLOW UP VISIT. PATIENT AND HER RELATIVES HAVE BEEN ADVISED REGARDING MONITORING OF ELECTROLYTES AT A NEARBY CENTRE AND DOSE TITRATION. PATIENT IS PLANNED FOR FOLLOW UP AFTER 6 MONTHS TO REDUCE RISK OF HYPOCALCEMIC EPISODE.

SIGNATURE

IN CASE OF EMERGENCY AND PRIOR TO FOLLOW UP PLEASE CONTACT:9868397608

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- BP-102/64

SMR- B/L B2 P1 A1 M0

CVS: S1 S2 + NO MURMUR
RESPIRATORY SYSTEM: B/L AE PRESENT, NVBS HEARD
PER ABDOMEN: SOFT, NON TENDER, HEPATOSPLEENOMEGALY +
CNS: HMF WNL
NO SENSORY DEFICIT
DETAILED MOTOR EXAMINATION NOT DONE IN VIEW OF OLD FRACTURE

INVESTIGATIONS

	09/04/24	15/04/24	20/04/24	30/04/24	2/5/24
HB	12.6	11.4	9.7	9.7	11.6
TLC	7260	5220	10210	5400	6390
Platelet	260,000	116,000	354,000	366,000	444000
NA/K	140/5	137/3.7	142/3.8	135/4	138/5
U/CREAT	4/0.3	16/0.4	6/0.3	7/0.3	9/0.3
CA/PO4	6.6/5.3	8/2.2	10.2/2.7	8.7/5.9	9.1/3.3
ALP	1390	883	746	1183	
T. PROTEIN/ALB	6.8/3.8	5.8/3.3	7.1/3.4	6.9/3.[illegible]	
S Magnesium	1.8				

INTACT PTH	31.34	• 15 - 65 pg/mL
T4	9.3	
TSH	3.43	
25 OH VitD	64 ng/mL	

Blood C/S - Sterile
Urine RM - PROTEIN 2+, SUGAR 3+, REST WNL
Urine C/S - Sterile

	09/04	10/04	15/04	17/04	23/04	25/04	26/04	27/04	29/04	30/04	01/05
PH	7.25	7.26	7.2	7.34	7.35	7.23	7.34	7.33	7.32	7.31	7.31
HCO3	15.1	12.9	14	19	20.5	15.5	19.9	20.6	18.8	17.7	18.5
Calcium	6.6	10.4	8	7	8.7	8.6	9.5	10.3	9.4	8.7	8.7
Potassium	5	4.6	3.7	4.8	3	4.7	5.6	4.2	5	4	4
IV Ca infusion rate (mg/hr)	50	50	30	40	30	25	20	10	8	5	Stopped

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HOSPITAL COURSE: CURRENT PROBLEM:

- PATIENT HAS H/O CHRONIC VOMITING AND NAUSEA AND FEELING OF EPIGASTRIC FULLNESS ON ABOVE MEDICATIONS, DUE TO WHICH HER DIET INTAKE IS LOW AND ACCOMPANIED 1-2 EPISODES POST PRANDIAL VOMITING EVERY DAY. PATIENT WAS EVALUATED FOR SAME SYMPTOMS FOR WHICH CONSERVATIVE MANAGEMENT WAS GIVEN. VOMITING RESOLVED AND PATIENT STARTED TO ACCEPT ORAL FEED ADEQUATELY. IN VIEW OF SYMPTOMATIC HYPOCALCEMIA, CALCIUM INFUSION WAS STARTED @50MG/HR WHICH WAS GRADUALLY TAPERED AND STOPPED.
- PATIENT DEVELOPED MULTIPLE EPISODES OF FEVER. INFECTIOUS DISEASE CONSULTATION WAS TAKEN, FJ WAS CONSIDERED PROBABLE SOURCE OF INFECTION. PAEDIATRIC SURGERY OPINION WAS TAKEN UNDER DR ANJAN DUA AND IT WAS REMOVED ON 17/04/2024. IV ANTIBIOTICS WERE STARTED (MEROPENEM, TEICOPLANIN AND AZITHROMYCIN) AS ADVISED BY ID TEAM. PATIENT BECAME AFEBRILE AND CULTURES WERE STERILE SO IT WAS STOPPED.
- PEDIATRIC NEPHROLOGY CONSULTATION WAS ALSO TAKEN UNDER DR ADITI MAM AND SHE WAS ALSO IN THE OPINION THAT IT IS VERY RARE TO HAVE SUCH A SEVERE HYPOCALCEMIA IN FANCONI SYNDROME AND PLAN WAS MADE TO SLOWLY TAPER CALCIUM INFUSION. ALSO TO CORRECT SEVERE METABOLIC ACIDOSIS 50MEQ OF NAHCO3 WAS GIVEN IV OVER 24 HR AND SYP K CIT WAS THEN INCREASED TO 20ML 5 TIMES A DAY.
- DAILY MONITORING OF PATIENT WAS DONE WITH SERUM CALCIUM, PH, HCO3, POTASSIUM. SPACING OF MEDICTAIONS SPECIALLY ADDPHOS AND TAB SHELCAL WAS DONE MAXIMISE THE ABSORPTION. CALCIUM INFUSION WAS TAPERED AND STOPPED. PATIENT STARTED TO HAVE NORMAL SERUM ELECTROLYTE AND SERUM CALCIUM AND WAS DOING FINE ON ORAL THERAPY WITH NO FRESH EPISODE OF VOMITING OR CARPOPEDAL SPASM.
- CASE WAS DISCUSSED WITH CONSULTANT ON ROUNDS REGARDING RISK FACTORS FOR RECURRENT HYPOCALCEMIA. PATIENT WAS FOUND TO DEVELOP LOOSE STOOLS AND MISS MEDICATIONS DURING TRAVEL FOR FOLLOW UP VISIT. PATIENT AND HER RELATIVES HAVE BEEN ADVISED REGARDING MONITORING OF ELECTROLYTES AT A NEARBY CENTRE AND DOSE TITRATION. PATIENT IS PLANNED FOR FOLLOW UP AFTER 6 MONTHS TO REDUCE RISK OF HYPOCALCEMIC EPISODE.

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EXAMINATION:

SIGNS OF ACTIVE RICKETS +- WINDSWEPT DEFORMITY OF LOWER LIMB, PECTUS CARINATUM +, RACHITIC ROSARY +, , B/L WRIST WIDENING +,
RIGHT FEMUR DEFORMITY
PROXIMAL MYOPATHY+

- WEIGHT-16 KG
- HEIGHT- 112 CM (CORRECTED)
- BMI-12.7 KG.M2