

Department of Pediatrics
Division of Pediatric Oncology
All India Institute of Medical Sciences, New Delhi

RSC : 15-49-22



शरीरमार्घं खलु घर्मसाधनम्

Patient Note Book

Name : Bindraj Yadav

UHID : 104563325

Diagnosis : B. ALL / IR → Relapse Bm. 5/6/25

15-49-22

B-Au late medullary relapse.

18/6/25:

- on steroids.
- fever: high grade multiple spikes since night.
- persisting bony pains.

O/E: - PR: 148/min. Bounding pulses.

- BP: 88/53 mmHg.

- RBS: _____

U/S: 15/15

- RR: 24/min.

→ SpO₂: 99%

→ chest clear. P/A: Soft.

→ diffuse bony pains (+)

? sepsis - with septic shock.

Advice:

1. Start O₂ @ 6L/min
- NS bolus 400ml IV over 20 min



Shift to ER in ambulance &
infect. resident.

2. Inj. PIPITAZ 4g iv TDS.

Inj. TELICOPANIN 400mg iv OD.

3. Reassess after bolus — for motility.

4. ~~SI Insulin~~

- Inj. HYDROCORTISONE 15mg iv bid (stress dose)

- Inj. PAM 500mg iv TDS.

- Inj. PANTOP 40mg iv OD.

- Inj. Emetet 8mg iv TDS.

5. Send CBC, VBG, RFT, U-T, Blood c/s, CXR.

6. Will review.

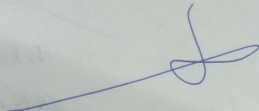
Pamjane
SR.

To

CANUIDS / CAPT.

→ kindly help patient c PICC line. 4FL
misfunction set

→ T-septon DS





25/6/25

To

CAPT /

kindly help arrange
Inj. PEYUNASE 1350 TO for
the patient.

Thank you,



16/7/25.

Δ: B-sx / Combined
relapse (BM + Testicular)
UK ALL R3.
| on reinduction

no action on
discharged yesterday on oral antibiotics

no chest pain x 1 day

↓
aggravates on breathing
no x/o smothering of breath

no fever

has not received mitoxantrone
↓

to give once repeat USG
x/o resolution of abscess

Bp: 106/63 mmHg

Adm.

① Referral to Casualty

- i) CXR / VBG
- ii) ECG
- iii) CXR - PA view
- iv) USG chest

✓ RDP Warfarin

② RedDino SR will review.

O2

P₀₂/2⁺

HR = 104/min

RR = 24/min

BP = 106/63 mmHg

R/S BLA⁺

no added sounds

P/A soft; AS⁺

~~To complete~~
~~kindly left~~

IM Lunase 13500 in IM - today

→ IV vincristine on 2mg slow push on

21/7/25

→ ~~#~~ Radiotherapy registration.

1/10 Testicular reloph

→ for 23/7/25 = CBC / RFT / LFT



Dr. REMANURADE
Senior Resident
DM Pediatric Oncology
Department of Pediatrics
AIIMS, New Delhi-110029

July

at all times - 67% (1702/2155)

Pmo - (62.8/88)

ONS - twice a day
(1800cp)

Pt feels gastric with
nausea at night.

Consulted for gne,
parotitis, chana, nankhane,
puni, murekhane.

Pratishtha

$$25 \overline{) 725}$$

Daycare

→ VSA form of section $\rightarrow 2s \mid 7 \mid 2s$

→

2mg Leunax 13,500 IU deep I

(NPO

come to A & vice
daycare and place

656

Shaw

DR. G. SHIVAKUMAR REDDY
Senior Resident
Paediatric Oncology
Dept. of Pediatrics
All India Institute of Medical Sciences
New Delhi-110029

26/7/25

Binding 1441 male

(2)

late combined 1 on UK Am R3
ssis: Relapse ↓ induction

[BM ⊕]
[reticular]

- 08/15 mito.

↓
[HPE not as baseline
brown as normal]

kept on hold in
ilvo BL epithel
orchino

Rud is Abx

complete resolution

• Still not acted on recent

major ³⁴ 2517 - 1 x 0.9 cm
walled testis

Adv.

- Take date for BMA + MRD. (19/8/25)
- R/U E reports on. 20/8/25 E CBC, LFT/R
- E MRD response.

Ad
Dr. ADAMCHAPATRA
MD, (Medical Oncology)

AMS, New Delhi

- Tab. Voriconazole.

18/8/25

MRD }
Oestroglist

no new complaint

B/M - remission N
complete Induction

T. Deca.

4mg 1-1

X 5 day

T. Pantoid 40mg OD Bgt X 5

18/8/25

13.2

124.0
2.9 (0.92)

Lty vcr. 2mg.

D₃

24/8/25
CSC (R)

MRD - re

cont Syt^h

Next opel on 27/8/25

ALL

→

27! 2/9/25

BP - 115/70 mmHg
Du pulse - 125 b/min
St SpO_2 - 95%.

Dengue fever / No warning signs

* Fever last spike @ 6am

Headache

* No % abdominal pain / vomiting /

diarrhoea

bleeding manifestations

% $\rightarrow$ Afebrile

Chest - clear, NRS.

Pallor (+).

P/A - soft, non-tender.

ABx/

____ CBC.

____ Danger signs explained.

____ Discharge


Dr. Rakshana Subramanyam
DM Resident
Pediatric Oncology
AIMS, New Delhi

3/9/25

- BP $\rightarrow$ 105/70 mmHg
- HR $\rightarrow$ 130 b/min
- $\rightarrow$ No mouth ulcers
- 2x betadine gargle
- Sit's bath
- c/o pain
- On Amoxycillin
- stop septon.
- Hygiene maintained.

no new complaint

O/E

Phase II Consolidation surgery

CP Grade 1 microsites observed

Adv: Zylar oral gel application
3-4 times/day as deep

- continue betadine
mouth rinse
twice a day.

DR PRUTHI.

ly. Deypre
+
ofebinte
x 29 hrs

felile x 29

felilex monloy

CB L

to shake film
may add on
chew

ll

26/9/25

13.7

8.14

103.

5.9

NR1

470

16/09/24

TO CANKIDS

Adv

kindly arrange.

TAB. VORICONAZOLE 200mg PO BD x 1 month

Thanking you



20/9/25

no BAZZ / Late (combined
relapse (medullary & testicular) /
~~Consolidation~~ Post Induction phase /

End of Induction MRD - neg / On Consolidate
Phase II /

Dengue shock syndrome.

6/9/24 - 11/9/25

Pro consolidation → Desce = (P)
(23/8 - 27/8/25)

VCR = 25/8/25

awaiting HDMTx.

22/10/25

ch late worsened relapse / End of
(BM + + + + +) ^{remission}
MKB - VC

end of Phase II consolidation

remed cycle + chop → 15/10 - 19/10.
lunatic → 16/10

21/10/25

10.6 880 400 1.27 later

No fever
oral cavity → healthy

Adv

(N/v) in OPD on 29/10/25
CBC/KFT/UT

(D/c) explained, risk of FN
explained

(T/c) von Willebrand
sepsis

1
Jyoti
S

③ RLV ② next ovd visit on
18/10/25

T COCIAPY LPT

1st visit
SA
11/10/25

Grade 2 mucositis observed.
with ulceration over
upper buccal vestibule and
lower left and right buccal
vestibular region.

Abv, Cyte gel application (TDS)
candid nistatin paint (BD) Sakya
Dr Prishu

15/10 6.30 PM

trij. levnase to be given

② 13,500 units on 16/10/25
deep IM "currently
stat not available"

⑥ Tab. VORICONAZOLE ① tab BD
(200mg)

10/11/25

Yo

CANHDS

Hi ARAC 1gm - (12)

Nikita

Dr. NIKITA SINGH
SR Pediatrics Oncology
Dept. of Pediatric Oncology
AIIMS, New Delhi

11/11/25

Hi VINCRISTINE (1mg/1ml) - (2)

EW in OPD on 15/11/25
with CBC/UT/RT

Dr. SHARAN SHANUBHOGUE
Senior Resident-DM
Pediatric Oncology
Department of Pediatrics
AIIMS, New Delhi-28

Shiv

Dr. RISHIKA DOTHARAJU
Senior Resident
Department of Pediatrics
AIIMS, New Delhi-110029

LC141125250 104563325



LH14112501752 104563325



Mr Bindraj Yadav

15/11/25

40 Late continued relapse/
End of induction MRD neg
In phase III ~~late~~ intensification

- No acute issues

- Next cytarabine block dated on 24/11/25

- Septin & varicoverole to continue

$$\text{CBC} = 11.6 \left\{ \begin{array}{l} 5740 \\ 5610 \end{array} \right\} 1.98$$

TDM varicoverole = 1.154 ug/ml
(in range)

LF7/RF7 = (u)

Plan
① to do Betadine gargles & Sitz
Baths

② to repeat CBC on 21/11/25

③ N/V 22/11/25
on



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department
अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



भारतीय

एकक /

विभाग,

बाल चिकित्सा विभाग

UHD:104563325



Dept No: 20190030018532

बिन्दुराज यादव / Bindraj Yadav

S/O ram naresh yadav

14Y 10M 14D / M (पुंराज)

kapli vastu, Pin.0, Nepal

Follow Up Patient

General Rs. 0

कमरा / Room

C 216

Queue /

संख्या

F51

Unit-III, Paediatric.

OPR-6

रोगी संज्ञीकृत सं०/O.P.D. Regn. No.

आयु

Age

पता/Address

डु.रा.नि. वेद.से.



Reporting: 08:14:49

15/11/2025

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

5/11/25

NIV on 22/11/25

C CBC / PT / RFT

Dr. VISHAKHA VASUDEVA
Senior Resident
Dept. of Paediatrics
AIIMS, New Delhi

शरीरमाद्यं खलु धर्मसाधनम्



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अ० भा० आ० सं० अस्पताल / A.I.I.M.S.

बाल चिकित्सा विभाग
UHID: 104563325



Dept No: 2019030018532

बिनदरज यादव / BINDRAJ YADAV

S/O ram naresh yadav
15Y 3M 26D / M (पुरुष)
kapil vastu, CHHATISGARH, Pin.0, Nepal

General Rs. 0

Follow Up Patient

कमरा / Room
C 218
Queue /
संख्या
F59
Unit-III, Paediatric.



Reporting: 08/29/20

11/10/2023

सुप. यंत्रि, West Set

ब०/रो/वि० पंजीकृत सं०/O.P.D. Regn. No.

आयु
Age

पता / Address

LC2110250171 104563325

LH21102500046 104563325



Mr Bindraj Yadav

LC2110250171 104563325



Mr Bindraj Yadav

निदान / Diagnosis

दिनांक / Date

32

उपचार / Treatment

Riv on 28/10/23
BCIRAR 2H

2/10/23
SR

Testical on
Biopsy
C085/1069/1075



Mr AL TAFALTAF



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