8/3/25
counselling done
→ Oral hygiene
- Sitz bath
→ personal hygiene

C/o cold and cough since 2 days
- On septran susp.

CBC LFT RFT } smart lab

B-ALL/HR/Interim maintenance

(Post I dose HD Methotrexate — 27/2/25)

No fresh complaints. Except (Occasional cough).

O/E — Afebrile. No pallor.

HR-98/min Chest — clear, NVBS

RR-28/m CVS — S1S2 heard, No S3 gallop

CFT-2s.

Peripheral-warm

CRT ++

Adv — Danger Signs explained.

— Continue 6MP

— Added to waiting list for next HDMTX (~~Schedule~~ Date 13/3/25)

— Syp. Hamstone 3ml PO TDS x5days

— N/V → 15/03/25 with CBC, LFT, RFT

Dr. Rubsana Sidique PR
DM Resident
Pediatric Oncology
AIIMS, New Delhi

Scanned with CamScanner

22/3/25

Counselling done
- oral hygiene
- sitz bath
- personal hygiene
- stop septran
- c/o cough

Balwant
27 mo/male

Dx: B-ALL / HR / EOI MRD -ve / on IM phase
[R/O steroid intake]
- due for 2nd course.

[on HDI therapy
↓ 25/2/25
well controlled]

- no gd 3 hemat toxicity or mucositis c course I

- occ. cough c coryza ⊕ - no chest signs

- counts 21/3 B.2 \ 2600 / 960 \ 1120
no HSM / LAP / testicular enlargement
CSF - few ANN cells 27/2
RAT (COVID) 18/3 - ⊖

22/2/25

Symptom - passive

No fever / occasional cough.

Drugs ✓

Septran - 15/2

CBC/LFT/KFT - 18/2/25 - (N)

O/E

Chest - Clear.

Adv: To admit for HDMTx.

- Continue Septran/Betnesol gargle/Sitz bath

Dr. Ami[illegible]
DM [illegible]
AIIMS - New Delhi

25/2/25

No active complaints

O/E.

HE BLNE(T)
no added sounds

RS) NAD

Adv

- 7.7 / 7590 / 3370 / 1.69L

RFT/LFT - (N)

A

- can admit for HD MTx

[signature]

8/2/25
Δ B-ALL / HR / Completed consolidation / due for Interim maintenance

07/02/25 -
10.9 ⟩ 3560 / 1C-400 ⟨ 1.01

No fresh complaints
O/E Afebrile, No pallor
Chest - clear, NVBS.

Adv
- Repeat CBC (11/02/25)
- R/V —— 12/02/25, with CBC, LFT, RFT

Dr. RUKSANA SIDHIQUE P.R.
DM Resident
Pediatric Oncology
AIIMS, New Delhi

12/2/25

10 ⟩ 5690 / 1870 ⟨ 105

Ca^{++} / PO_4^{--} - 8.4 / 4.2
U. acid - 3.3
ALT / AST - 48/67

IM 1st HDMTx due
No complaints at present

Adv - Tab 6MP 50mg
1/4 tab OD (1 hour before or after meals)

168

On Amoxyclav / PCM
Afebrile now
No RD

9.2 $\frac{1770}{520}$ < 61000

(Last chemo - 28/4 - 1/5)

Adv. Contra Amoxyclav / PCM 501
→ Viral respiratory panel - 6th floor.
- R/V on 14/05/25 - submit old files for RC
- PET/CT dated 22/05/25

Dr. ... DM Resident Pediatric ... AIIMS - New Delhi

14/5/2025 Dx: Refractory HR NB / Post TVD cycle (6 cycle of OPEC-OJEC 1 cycle of TVD)

13/5/2025
3080 / 3.4 / 9.2 / 1680

PTA: (R) Profound HL
(L) mild SNHL

Post ... BMBx: Inadequate (1/4/2025)
Post 4th PET: metastatic Ep Primary PR

Adv:
→ PET-CT dated on 22/5/2025
→ CECT chest + abdomen - to discuss in RC
→ ENT follow up for hearing rehabilitation
→ Cont. supp.
→ B/L BMBx + BMA date - Daycare (22/5/25)
→ F/U in OPD on 27/05/2025 c̄ CBC/RFT/LFT

P ...H23853581183 187838583
...23853581883 187838583
...

Sign
SR / PG