

Lok Nayak Hospital, Department of Orthopaedics  
Spine Discharge Summary

Unit: I (Dr Vinod Kumar/ Dr Tarun Suri/ Dr Pritish Singh)

Name of Patient: Aditi Sharma	Age: 17 Sex: Female	CR No.: 879473 MLC Status: MLC
Telephone No: 9711519861	Address: H.no. 4/2783 g no. 2 bihari colony shahdra new delhi india	
Date of Admission: 17/07/2021	Date of Surgery: 29/08/2021	Date of Discharge: 13/08/2021

**Diagnosis:** Unstable Burst fracture of D12 with B/L Calcaneal fracture with right sacral ala fracture with right inferior pubic rami fracture

**Chief Complaints:**

Alleged history of fall from height on 16/7/21 following which patient developed pain in lower back and weakness in bilateral lower limbs. H/o urinary incontinence +.

**Examination:**

Bilateral heel – Swelling, Deformity, No Tenderness  
Pulses palpable and bilateral comparable

Back - No deformity, Tenderness present over D12

**Neurological Examination**

Motor power 0/5 in both lower limbs

Plantars - B/L Absent

Knee and ankle jerks - B/L Absent

80% sensory loss in L1 and L2 and 100% below L2.

Bowel bladder involved, Catheterised.

BCR absent

**Imaging and Investigations:**

Xrays DL Spine - AP/Lat, NCCT DL Spine - S/o D12 Unstable Burst #

Xray Pelvis with B/L hips AP – S/o # Sacral ala Rt with Right superior and inferior pubic rami #

Bilateral foot AP/LAT – s/o Bilateral calcaneum

**Relevant Score:** ASIA B

**Condition during stay:**

Patient was admitted in LNH where supportive treatment was given, stabilised. Spine trauma protocols followed, including immobilisation, appropriate imaging. Preoperative workup including PAC was done and the patient planned for surgery. Hb was built up by preoperative blood transfusions. Informed Consent for surgery was taken, with detailed explanation of treatment options, nature of injury and surgery, risks and complications, in patient's local language

**OT Notes:**

Procedure: Pedicle screw fixation (T10 – L2), posterolateral decompression, posterior spinal fusion done under GA in prone position done in LNH OT-2 on 29/07/21.

Level: D10 to L2

Date of Surgery: 29/7/2021

Surgical Team: Dr Tarun Suri, Dr Nirup, Dr. Shashank

Anaesthetist - Dr Latika

Nurse - S/N Chanchal

OT Steps: Under general anaesthesia, Prone position. Appropriate level was marked under C-arm. Posterior midline approach. Pedicle screw fixation done from D10 to L2 on both sides. Posterolateral decompression at D11 level attempted from the left side, but significant bleeding was encountered. Hemostasis achieved with Floseal (gelatin matrix) Contoured rods captured on both sides. Posterior fusion added using local bone as graft. Wound closed in layers over drain. ASD done.

Implant - Technomed spine (Titanium). 8 pedicle screws with 2 connecting rods.  
Patient tolerated procedure well, shifted to postoperative ward for observation

**Postoperative Period and Condition on discharge:**

Postoperative neurology same as preop. Postop xray - satisfactory. B/L Calcaneum # was managed conservatively using creppe bandage application and limb elevation. At the time of discharge, patient is stable, symptomatically better and comfortable. Sutures removed, wound healed well. Chest, limb physiotherapy started. Patient made to gradually sit up with Taylor Brace in situ. Wheel chair mobilisation started. Foley's catheter clamping advised to continue. Patient started having bladder sensations on clamping.

**Discharge treatment and Instructions:**

1. Wheel chair Mobilisation and sitting with brace as advised.
2. Chest / Limb Physiotherapy.
3. Back care as advised.
4. Periodic side turning.
5. Tab Paracetamol 650 mg three times daily X 5 days followed by S.O.S (severe pain only)
6. Syp Lactulose 4tsp QID with half glass warm water
7. Tab Calcium/Vitamin D3, one tablet, twice daily, to continue.
8. Tab Nitrofurantoin 100mg once daily X 4 weeks.



(विकिरण विभाग)

Dr. Ram Manohar Lohia Hospital  
(Department of Radiology)

एक्सरे/अल्ट्रासाउंड की जांच के लिए मांग-पत्र  
X-RAY/ULTRASOUND REQUISITION

यूनिट का नाम  
Name of Unit **S4**

तारीख  
Date **13/3/23** नाम  
Name

आयु/लिंग  
Age/Sex

रोगी का नाम  
Name of Patient **Aditi**

आयु/लिंग  
Age/Sex **19 yr / F**

भेजने वाले डॉ. का नाम  
Referred by

के.एस.एच. कार्ड से  
C.G.H.S. Card No.

वार्ड/आर.पी.डी.  
Ward/O.P.D. **GE-12**

रिपोर्ट सं.  
Report No.

**181055**

संक्षिप्त नैदानिक टिप्पणी  
Brief Clinical Notes

**Retentia of Foley's Catheter**

बिस्तर सं.  
Bed No.

दिनांक  
Date

अपेक्षित जांच  
Examination Required

**USG to locate the Bulb of foleys.**

अवधि निदान  
Provisional Diagnosis

चिकित्सक के हस्ताक्षर  
Signature of Clinicians

विकिरण विज्ञानी के हस्ताक्षर  
Signature of Radiologist

*Foley's bulb  
- Foley's bulb located  
in the bladder  
Jermen  
- USG empty*

*Dr. Arun (AM)  
Dr. Prithvi (PR)  
Dr. Anurag (AN)*

PATIENT: Mrs. 143 ADITI 879473

PHYSICIAN:

ID: 207876

ID:

ADDRESS: \*\*\*\*\*De

ADDRESS:

BIRTH DATE:

COMMENTS:

AGE:

SEX: F

ROOM: ORTHO EM

SAMPLE ID: 207876

PRIORITY: \*\*ROUTINE\*\*

COLLECTED ON: 9/8/2021 12:41:59

FLUID: Serum

TEST START DATE/TIME: 9/8/2021 13:42:08

HEMOLYSIS (H): 16

ICTERUS (I): <2

TURBIDITY (T): <20

ASSAY	RESULT	H I T	RANGES
Total Bilirubin	0.63 mg/dL		0.20-1.30
Direct Bilirubin	0.32 mg/dL	HI	0.00-0.30
ALT	19 U/L		0-900000000
Alkaline Phosphatase	67 U/L		38-126
AST	25 U/L		14-36
Total Protein	6.6 g/dL		6.3-8.2
Albumin	3.5 g/dL		3.5-5.0
Urea Nitrogen	39 mg/dL	HI	14-34
Creatinine	0.6 mg/dL		0.5-1.0
Unconj. Bilirubin	0.31 mg/dL		0.00-1.10

End of Report

PAGE 1

PRINT DATE/TIME: 9/8/2021 14:10:19

राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार  
Govt. of National Capital Territory of Delhi

गुरु तेग बहादुर अस्पताल

GURU TEG BAHADUR HOSPITAL, DILSHAD GARDEN, DELHI-110095

EMERGENCY-REGISTRATION CARD

आपातकालीन पंजीकरण कार्ड



UHID No. ....85185.....

IPD No. ....

Emergency Regn. No. GTBE-18331

Date / Time 20/01/2024 03:54AM

MLC No. 30/1/24

आपातकालीन पंजीकरण सं०

तिथि व समय 20-01-2024

Name/ नाम ADITI

Age आयु 20

Sex लिंग FEMALE

Religion (धर्म)

Father/Husband Name

Deptt. CASUALTY

पिता व पति का नाम

Address

पता BHOLA NATH NAGAR SHD, NEW DELHI - DELHI - INDIA

Contact no

Date

History / Clinical Findings / Reports

Treatment / Instructions

Brought By:-

C/O (C) comes chest pain radiating to shoulders today

no similar complaints x 2 days

no theophylline tab v. par

GA Srij Pantop 40mg  
All med (53)

01/21  
HR - 118 / 80 mmHg  
PR - 86 bpm  
SpO2 - 98% RA



# GURU TEG BAHADUR HOSPITAL

## वा. रो. वि. कार्ड (O.P.D. CARD)

GTBO:- 78594  
 OPD Regn No. वा. रो. वि. कार्ड नं. ....  
 ICD 10 Code .....  
 Diagnosis (To be retained by the attending doctor) .....  
 Remarks ..... (Provisional / Final)

वा. रो. वि. कार्ड  
 OUTPATIENT REGISTRATION CARD  
**गुरु तेग बहादुर अस्पताल**  
 GURU TEG BAHADUR HOSPITAL, DILSHAD GARDEN, DELHI-110095  
 राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार  
 Govt. of National Capital Territory of Delhi

ICD 10 Code ..... UHID No. 103821  
 OPD Regn No. GTBO:- 78,594  
 Date / Time 25-01-2024 11:14AM  
 तिथि / समय 25-01-2024  
 Deptt./Unit MEDICINE Unit Days Mon,Thu Room No. कमरा नं. 224 Token No. टिकट नं. 359  
 Name / नाम ADITI Age आयु 27 Sex लिंग Female Religion धर्म  
 Father / Husband Name पति / पति का नाम  
 Address BHOLA NATH, AGAR, NEW DELHI - DELHI - INDIA  
 पता Category : General/BPL/ EWS/DGEHS/Sr Citizen / Others GENERAL

Provisional Diagnosis ..... Mob.No.:- 9873476663 Referral to Deptt 103,821

Date ..... Investigations History/Clinical/Findings/Reports Treatment / Instructions

खसरा-खसला टीकाकरण अभियान में 9 माह से 5 साल के बच्चों को टीका लगाया जायेगा,  
 6 फरवरी 2023 से 6 मार्च 2023 तक...  
 दो बीमारियों को हराएंगे.. खसरा का टीका लगवायेंगे।

*port op minimal sx*  
*flw / up*  
*fly (N)*  
*CXN NAD*  
*⊙ sided chest pain*  
*Cint- flw pleural based*  
*diaphragm /*  
*hepatic*  
*non radiating*  
*2 weeks*  
*→ T. Diclofenac 50mg so*  
*→ J. Pantop 40mg qd*  
*flw in MON*

शराब बीमारी को लाईलाज बना देती है। अस्पताल परिसर में घूमपान निषेध व दण्डनीय अपराध है।  
 मास्क पहने। हाथ धोयें। सामाजिक दूरी का ध्यान रखें।  
 Dr ANMOL GUPTA  
 Post Graduate Resident  
 UCMS & GTM Delhi-9







# LOK NAYAK HOSPITAL, NEW DELHI

## ANAESTHESIA RECORD

A982805

TOURNIQUET		VENTILATOR SETTINGS		I.V. FLUIDS	BLOOD LOSS	URINE OUTPUT
SBP	mmHg	Tidal Vol		H <sub>1</sub> = 830ml		
UP at	am/pm	Resp. Rate		H <sub>2</sub> = 420ml + blood loss	650ml	
Down at	am/pm	PAW		H <sub>3</sub> = 420ml + blood loss		
Total Time	min	PEEP/CPAP		Total IVF = 300ml		

**POST OF ORDERS**

- 1) O<sub>2</sub> if SpO<sub>2</sub> < 94%
- 2) Routine Obsv'n
- 3) Acute Pain Service
- 4) CXR required
- 5) Transfer Post Op-Ward
- 6) Transfer ICU
- 7) IV Fluids @ 85 ml/hr DNS/Dc
- 8) Analgesia inj. PCM 1gm TDS
- 9) Antibiotics given NPO till further orders

**Post-op vitals**

PR  
BP  
SpO<sub>2</sub>

o Post-op Hemogram

**COMMENTS**

26/1/21 RPAC

Aditi Shamma 17y. old  
 D: D<sub>12</sub> burst @ infranilla - R/L calcaneum +  
 # Alu significant part w/o.  
 w/o RTA on 16/7/21 - LOC @ (ear bleed @) /  
 retrograde amnesia @  
 → Neurosurgery Referral done: - No active  
 intervention required.  
 Neurosurgery clearance obtained

CXR - WNL  
 Neck head - WNL

w/o pmaplegia @  
 Power 4/5 - tone - @

Shoulder } 5/5  
 Elbow }  
 Wrist }  
 Lower limb }  
 Hip } 5/5  
 Knee } 5/5

RIRI @, no sensory loss  
 Sensory loss - 100% below L2  
 100% loss below L1

PATIENT HANDOVER TO: L1

Bladder - Catheterized  
 Bowel works -> passed stool 2 days  
 back  
 flatus @  
 DTR @ m LL.

PR - 92/1  
 BP - 104/70 mmHg  
 Chut - Clear AB/L ACC  
 Cos - SIS heard  
 → No w/o vomiting, nausea, stool passed - 2 days  
 1 @ PCV already transfused  
 post transfusion Hb - 9.4, Plt - 1.45  
 1 @ PCV transfusion ongoing

Surgery Referral done w/o clearance of a/c  
 → follow up (w/o Abdomen)  
 Adm @ Surgery Referral to be followed up w/o abdominal  
 @ RT PCR w/in 48 hrs of SV  
 @ w/i consent  
 @ Arrange blood & blood products  
 @ Post transfusion Hb to be done; Hb  
 @ NPO < 2 hrs - clear fluids  
 @ T. Alprax 0.25mg HS  
 @ Review @ above





20/1/2024

90: chest pain x 1 day SOB

BP - 105/68 mmHg  
PR - 109/min  
RBS - 120 mg/dL  
SpO2 - 97% ↓ RA

Aner ⊖ H/O similar x 10d  
TBC ⊖ epi back  
H/O spinal cord 2/2yr paraplegia ⊕  
diff accident  
Adv

R/S = chest clear ⊕

AM 4:15

Adv Transadol 50mg iv

Adv Clonset 4mg iv

Nes - Jfr

bed

RPT ECG

CXR

Pt symp better

Adv

- T. Ajiltus 500mg OD
- T. Pharylen 625mg OD
- T. Pan 50mg OD
- ~~T. ADL - 50mg OD~~
- T. Pan 40mg OD
- R/j in med
- OPD

18 (MBL) / PDSAP / G / 10

PAT 26

Pt not possible  
mount h/h &  
handing  
of work to do so

SHIVANI SHAH  
PG Resident  
Department of Medicine  
MS & STAB, Delhi-95





# LOK NAYAK HOSPITAL, NEW DELHI

26/7/21

## Pre Anaesthetic Evaluation 879473

<input type="checkbox"/> Name: <b>Aditi Shyama</b>	Age: <b>17</b> Sex: <b>M/F F</b>	C.R. No.	Surgery
<input type="checkbox"/> History	<input checked="" type="checkbox"/> Patient <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Language Barrier <input type="checkbox"/> Medical Records	Date: <b>22/7/21</b>	Unit: <b>Dr. V. Kumar</b>
SURGICAL DIAGNOSIS: <b>012 # 2 (L) sup. Rami # 2 Bl Calcaneum #</b> PROPOSED SURGERY: <b>Elective / Emergency</b>		ALERTS: 1. Allergies <b>None</b> 2. HIV/HBsAg 3. 4.	
<input type="checkbox"/> PREVIOUS ANESTHESIA / SURGERY / EVENTS: Yes / No (If yes, Details) <b>No / No Previous Surgery / Anaesthesia</b>			
<input type="checkbox"/> CURRENT MEDICATION(S): <b>no / no URTI at (+) not on any chronic medication. no / no Asthma / Seizures / DM no / no COVID in past</b>		<b>A / no RTA on 16/7/2021 h / no LOC / Ear bleed (+) / Retrograde amnesia.</b>	
<input type="checkbox"/> AIRWAY	<input type="checkbox"/> MP1 <input type="checkbox"/> MP2 <input type="checkbox"/> MP3 <input checked="" type="checkbox"/> MP4	T-M distance = <b>&gt; 6.5 cm</b> Mouth Opening <b>u 1.5 cm</b> Neck ROM: <b>Full / Limited / None</b>	<input type="checkbox"/> Morbid obesity <input type="checkbox"/> H/o difficult airway <input type="checkbox"/> Teeth poor repair/loose <input type="checkbox"/> Micrognathia
<input type="checkbox"/> GENERAL PHYSICAL EXAMINATION: Pulse Rate <b>94/min</b> Temperature <b>100.4 on RA</b>		Blood Pressure <b>110/80 mmHg</b> Edema <b>(+)</b>	<input type="checkbox"/> Edentulous <input type="checkbox"/> Beard <input type="checkbox"/> Short muscular neck <input type="checkbox"/> Prominent incisors
<input type="checkbox"/> WNL Cough <input type="checkbox"/> Dry <input type="checkbox"/> Productive Asthma COPD	RESPIRATORY Recurrent tonsillitis Recent URI / LRTI TB Pneumonia	Dyspnea OSA	EXAMINATION FINDINGS & COMMENTS Pulmonary Examination <b>B/LA/G (+) &amp; Equal No added sound</b>
<input checked="" type="checkbox"/> WNL Hypertension Rheumatic fever CAD / Angina / MI DZ/MVP	CARDIOVASCULAR CHF/DOE Orthopnea / PND Exercise Tolerance METs: <b>&gt;4</b> <4	Pacemaker AICD	Cardiovascular Examination <b>S1, S2 heard No added sound</b>
<input checked="" type="checkbox"/> WNL Vomiting Diarrhoea	HEPATO/GASTROINTESTINAL Cirrhosis GERD	Gallbladder Ds	Abdominal examination: <b>Soft, Non tender</b>
<input checked="" type="checkbox"/> WNL Rh Arthritis / GOUT Backache Headache <b>La. Paraplegia (+)</b>	NEURO/MUSCULOSKELETAL Scoliosis / Kyphosis Paresthesia LOC / Unconscious Muscle weakness	Seizures CVATIA Head injury Paralysis Psych Disorder	Neuro-muscular examination:
<input checked="" type="checkbox"/> WNL UTI Haematuria	RENAL / ENDOCRINE Renal Insufficiency Aorenocortical Insuff.	Thyroid DZ Pituitary disorder Diabetes malitus	Spine Examination
Haemat. Disorder Pregnant	Radiotherapy Chemotherapy	OTHERS Immunosuppressed Steroid use	

Mother

insipine

La. Paraplegia (+)





T/ER

C/S/B ~~8~~ / Surgeon Plz

4/c/o Diz burst # c Spinal shock  
c contencos pelvic exam # c B/L  
Calcaneal #

→ C/o :- Not passon flake  
Feces x 1 days.

→ No w/o vomette athu tam  
oral diet

→ No w/o passon abdomen

O/E: Conscia. Oriented

R = 100/men

P/A: - Soft, Non distended

- BS = sluggish

- Tendr (+)  $\leftarrow$  IT?

X-ray: Gas shade (+) + all recter  
detubed bowel loop c fecoliths  
No ascites level

NOTE : ALL ENTRIES MUST BE INITIALED

Adh

MGIPRRND-05 LNH/20 - 5000 Pads.

f/u/o - USG report

→ Dulcolax Suppa (B)

Syr. Lacta 2st TBS



Delu  
SG Abdomen  
(SIF)

Delu  
Plz





GOVT. OF N.C.T. OF DELHI  
राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार

लोक नायक अस्पताल

जवाहर लाल नेहरू मार्ग, नई दिल्ली-110 002

**LOK NAYAK HOSPITAL**

Jawahar Lal Nehru Marg, New Delhi-110 002

**PATIENT CASE RECORD SHEET**

Name: \_\_\_\_\_ Age/Sex: \_\_\_\_\_ Ward: \_\_\_\_\_

R. No.: \_\_\_\_\_ Unit: \_\_\_\_\_ Consultant: \_\_\_\_\_

DATE/TIME

1st  
DPM

Surgery Referral

To,  
Senior Resident,  
Dept of gen. surg.,  
LNH

Respected Sir/ madam,

Amely referring a M/F, 40 D<sub>12</sub> Burst # 8 spinal shock  
and @ injury pubic ram # 8 SL calcaneus #.  
Patient is currently complaining of acute abdomen  
since 1 Day and inability to pass stools and flatus.  
@ tenderness @ in @ R/L iliac, @ sup and umbilical areas  
Guarding @ Rigidity @

Embushed. Bowel sounds.  
Pt was administered 4HP TSS and received 80.  
Amely evaluate the patient and opine regarding the  
further management.

Thank you.

[Signature]  
Dr. Nagaraj Rajase

T/PR

NOTE : ALL ENTRIES MUST BE INITIALED

Noted





# SCAN AND DONATE NOW

BANK NAME - HDFC BANK

AC/NO - 50200071477575

IFSC CODE - HDFC0000709

SCAN & DONATE

BRANCH NAME - KRISHNA NAGAR, NEW DELHI



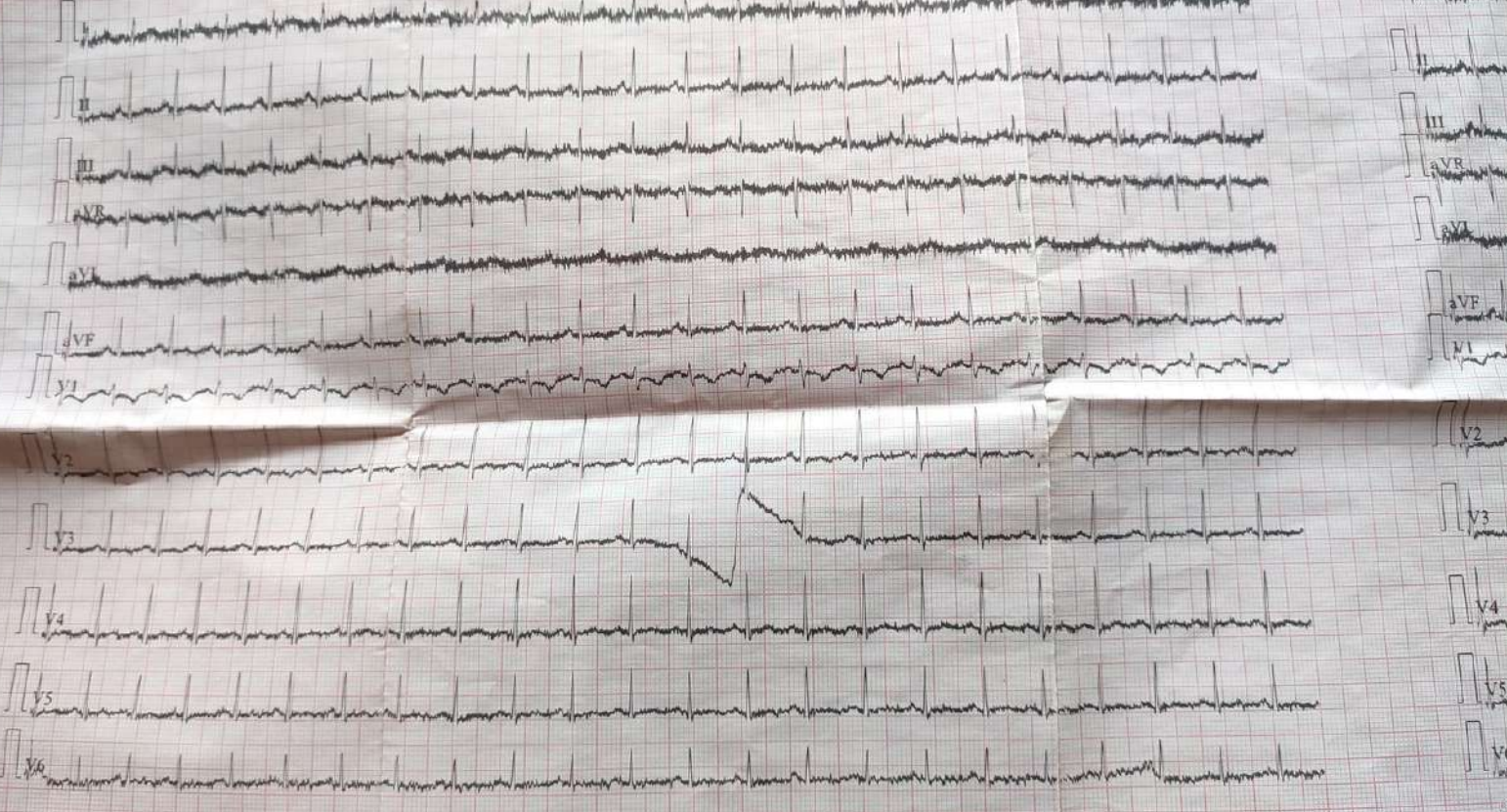


ID: 3060

20-01-2024 05:16:00 PM

Male Years

Aditi



Hematology, Pathology, LOK NAYAK HOSPITAL, NEW DELHI

Lab No.

Patient's Name **Aditi** Age **17/18** C.R. No. **879473** Ward/Bed No. **Ortho-Post Em** Dr. **Dr Vinod Kumar**

Date **9/8/21**

Clinical Indication & History

**Hgm Rec & Co**

Test	Normal	Results	Test	Normal	Results
Hemoglobin	12-15.5 gm	11.1	Sedimentation Rate	Men 0-9	
Hematocrit	35-45%	33.6	ESR (Westergren)	Women 0-20	
W.B.C.	5-10 Thou.	7120	Coag. Tim (Lec-White)	8-12 min.	
Different			Bleeding Time (Duke's)	1-5 min.	
Polymorphs	60-75%	71	R.B.C. Count	4.5-5.5 M	
Lymphocyte	20-40%	22	Platelets Count	125-350000	3.43
Monocytes	2-6%	3	Reticulocyte	0.2-1.5%	
Eosinophil	1-3%	5	Note:		
Sasophil	0-1%				
Abnormal Cells	None				

Morphology

Date of Report..... Technician..... Pathologist.....