

Join Us in Supporting Aditi's Journey to Recovery



Aditi Sharma, a courageous young girl, faced a life-altering accident two years ago that resulted in extensive surgery. Unfortunately, she is still unable to stand on her feet independently, and the ongoing medical expenses have become a significant burden for her family, who come from a poor background

In this critical time, The Right Place for You Foundation has stepped forward to assist Aditi in her journey towards healing. We have provided her vital medical assistance but due to lack of funds we need your support.

We are asking for your generous donations, which can make a world of difference in her journey towards recovery. Every contribution, no matter how small, will go directly towards covering her medical expenses and ensuring that she receive the care she desperately need.

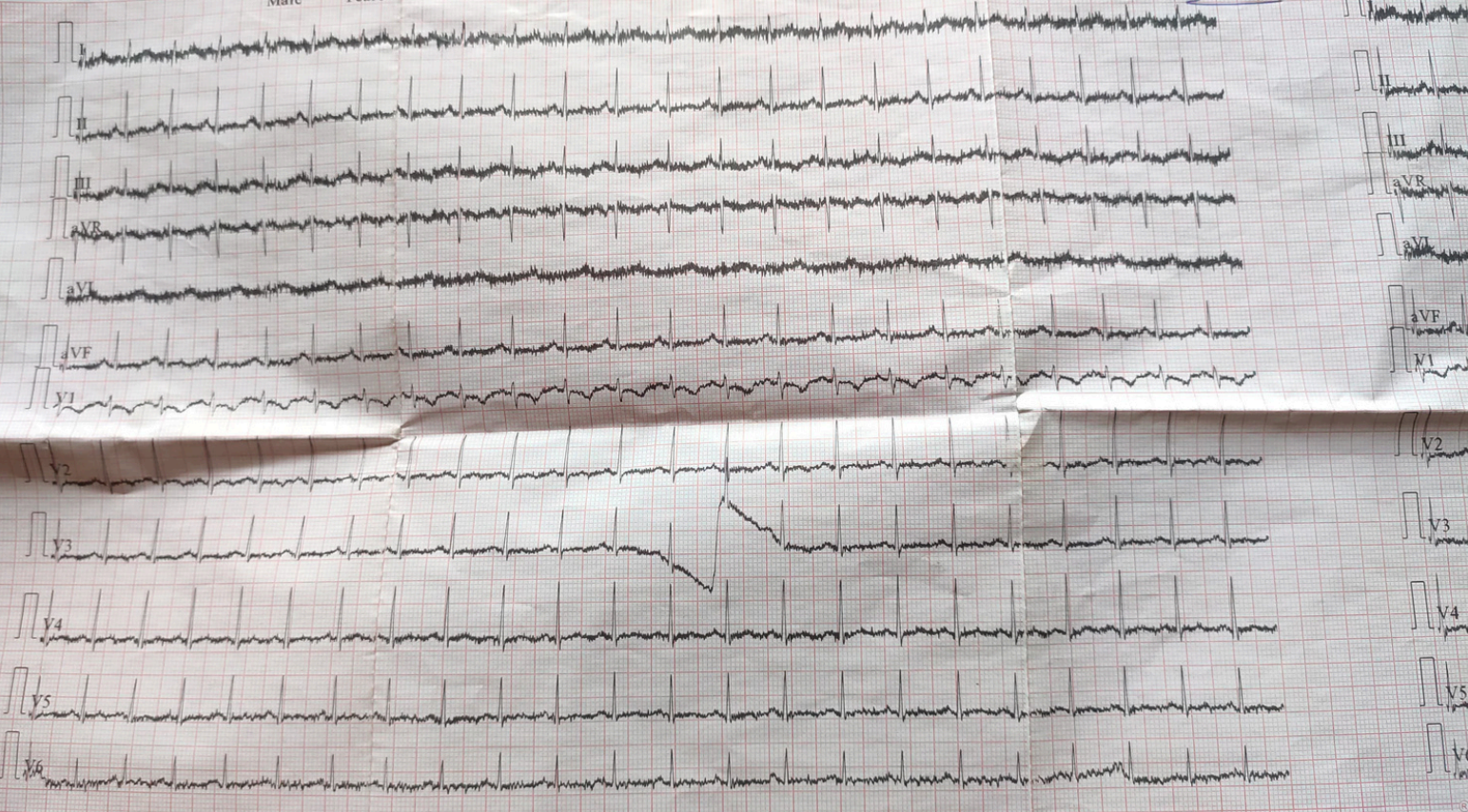
Together, we can make a positive impact and help her to regain her health and independence. Thank you from the bottom of our heart for considering our plea and for your compassion.

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.

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.....

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.

Dr. Ram Manohar Lohia Hospital
(Department of Radiology)

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

यूनिट का नाम
Name of Unit **SL**

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. योजना कार्ड सं.
C.G.H.S. Card No.
181055

वाई.आर.के.
Ward/O.P.D. **JE-12**

रिपोर्ट सं.
Report No.

संक्षिप्त नैदानिक टिप्पणी
Brief Clinical Notes

Retention of Foley's Catheter

बिस्तर सं.
Bed No.

दिनांक
Date

अपेक्षित जांच
Examination Required

USG to located the Bulb of foleys.

अनंतिम निदान
Provisional Diagnosis

[Signature]
चिकित्सक के हस्ताक्षर
Signature of Clinicians

विकिरण विज्ञानी के हस्ताक्षर
Signature of Radiologist

Foley's bulb
- Foley's Bulb located inside the Bladder Jumen
- USG empty

Dr. Anurag (AM)
Dr. Parthiv (CR)
Dr. Anurag (CR)

PATIENT: Mrs.143 ADITI 879473

PHYSICIAN:

ID: 207876
ADDRESS: *****De

ID:
ADDRESS:

BIRTH DATE:
AGE:
ROOM: ORTHO EM
SEX: F

COMMENTS:

SAMPLE ID: 207876
COLLECTED ON: 9/8/2021 12:41:59

PRIORITY: **ROUTINE**
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 तिथि व समय 20-01-2024 | MLC No. 30/1/24 |
| Name/ नाम ADITI | Age आयु 20 | Sex लिंग FEMALE |
| Father/Husband Name पिता व पति का नाम | | Religion (धर्म) CASUALTY Deptt. CASUALTY |

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

Contact no

| Date | History / Clinical Findings / Reports | Treatment / Instructions |
|------|---------------------------------------|--------------------------|
|------|---------------------------------------|--------------------------|

Brought By:-

C/O [Signature] - Comes chest pain radiating to hands today

01/11/24
HR - 118 / 80 mmHg
PR - 86 bpm
SpO2 - 98% on RA

MU similar complaints x 2 days
MU theophylline tab v. day

GA - 5mg Pantop 40mg
All med (53)

GURU TEG BAHADUR HOSPITAL

बा. रो. वि. कार्ड (O.P.D. CARD)

GTBO:- 78594
 OPD Regn No.
 बा. रो. वि. कार्ड नं.
 ICD 10 Code

OUTPATIENT REGISTRATION CARD COUNTER FOIL
 (To be retained by the attending doctor)

Diagnosis

Remarks

(Provisional / Final)

बा. 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

OPD Regn No. GTBO:- 78,594
 बा. रो. वि. कार्ड नं.
 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
 Father / Husband Name
 पिता / पति का नाम

Age आयु 20
 Sex लिंग Female
 Religion धर्म

Address BHOLA NATH BAGAR, NEW DELHI - DELHI - INDIA
 पता

UHID No. 103821

Category : General/BPL/ EWS/DGEHS/Sr Citizen / Others GENERAL

Provisional Diagnosis

Mob.No.:- 9873476663

Referral to Deptt

| Date | Investigations | History/Clinical/Findings/Reports | Treatment / Instructions |
|------|----------------|--|--------------------------|
| | | <p>खसरा-खसरा टीकाकरण अभियान में 9 माह से 5 साल के बच्चों को टीका लगाया जायेगा, 6 फरवरी 2023 से 6 मार्च 2023 तक...</p> <p>दो बीमारियों को हराएंगे.. खसरा का टीका लगवायेंगे।</p> <p>post op minimal SA</p> <p>flw 1up</p> <p>⊙ sided dull pain</p> <p>⊙ 91w pleural based diaphragm / septal</p> <p>non radioly</p> <p>2 weeks [→ T. Diclofenac 50mg so → T. Pantop 40mg qd flw in Mon</p> | |

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 & GTB Delhi-9





LOK NAYAK HOSPITAL, NEW DELHI

ANAESTHESIA RECORD

A/BL/2805

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

POST OF ORDERS

- 1) O₂ if SpO₂ < 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
SpO₂

• Post-op Hemogram

COMMENTS

20/12/21 RPAC

Aditi Shamma 17y. old
 D: D₁₂ burst @ infranilla # B/L calcaneum +
 Alu significant part w/.
 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

MGIF/MSD-476LNH-26.06.2018-200,000 Loose

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

O/E pt conscious oriented
 PR - 92/1
 BP - 104/70 mmHg
 Chut - Clear B/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 features of a/c
 → follow up (usu abdomen)
 Adm @ Surgery Referral to be followed up w/o abdominal
 clearance to be TIMETA taken
 @ 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
 @ 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

Acute ⊖
TBC ⊖
H/O spinal cord injury 2/2yr
diff. accident
Ad
H/O similar epi x 10d back
paraplegia ⊕

R/S = chest clear ⊕

AM 4:15

Tranexamsol 50mg iv

Courest 4mg iv

Nes - 1/2

bed

Rpt ECG

CXR

Pt symp better

Adv

- T. Ajithus 500mg OD
- T. Pharygen 625mg OD
- T. Paracetamol OD
- ~~T. ADL - 500mg OD~~
- T. Paracetamol OD
- R/in med -
- OPD -

18 MBLE/TPSAP/G/1/12

PAT 26

25/1/24

Pt not possible
mount hthg &
handing
of op to nurse to

DR 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: Aditi Shyama | Age: 17 | Sex: M/F F | C.R. No. | Surgery |
| <input type="checkbox"/> History | <input checked="" type="checkbox"/> Patient | Religion | Date: 22/7/21 | Unit: Dr. V. Kumar |
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Language Barrier | Occupation | Height | cms./in |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> | Weight | kgs. | |
| SURGICAL DIAGNOSIS: S12 #2 (L) sup. Rami #2 BL Calcaneum # | | PROPOSED SURGERY | | ALERTS: |
| <input type="checkbox"/> PREVIOUS ANESTHESIA / SURGERY / EVENTS: Yes / No (If yes, Details) | | Elective / Emergency | | 1. Allergies None |
| No / No previous surgery / anaesthesia | | | | 2. HIV/ HBsAg |
| <input type="checkbox"/> CURRENT MEDICATION(S): | | | | 3. |
| no / no URTI at (+) | | | | 4. |
| not on any chronic medication | | | | |
| no / no Asthma / Seizures / DM | | | | |
| no / no COVID in past | | | | |
| <input type="checkbox"/> AIRWAY | <input type="checkbox"/> MP1 | T-M distance = > 6.5cm | <input type="checkbox"/> Morbid obesity | <input type="checkbox"/> Edentulous |
| <input type="checkbox"/> MP2 | <input type="checkbox"/> MP3 | Mouth Opening u 1.5cm | <input type="checkbox"/> H/o difficult airway | <input type="checkbox"/> Beard |
| <input checked="" type="checkbox"/> MP4 | <input checked="" type="checkbox"/> | Neck ROM: Full/Limited/None | <input type="checkbox"/> Teeth poor repair/loose | <input type="checkbox"/> Short muscular neck |
| insipine | U/BT - notably up do due to key | Micrognathia | <input type="checkbox"/> | <input type="checkbox"/> Prominent incisors |
| <input type="checkbox"/> GENERAL PHYSICAL EXAMINATION: | | JVP: not raised | | Pallor: (+) |
| Pulse Rate 94/min | Blood Pressure 110/80 mmHg | Pupils: | | Cyanosis (+) |
| Temperature 100.0 F | Edema (+) | | | Icterus (+) |
| <input type="checkbox"/> WNL | RESPIRATORY | | EXAMINATION FINDINGS & COMMENTS | |
| Cough | Recurrent tonsillitis | Dyspnea | Pulmonary Examination B/L A/G (+) & Equal | |
| <input type="checkbox"/> Dry | Recent URI / LRTI | OSA | No added sound | |
| <input type="checkbox"/> Productive | TB | | Smoking / Tobacco: | |
| Asthma | Pneumonia | | | |
| COPD | | | Cardiovascular Examination | |
| <input checked="" type="checkbox"/> WNL | CARDIOVASCULAR | Pacemaker | S1, S2 heard | |
| Hypertension | CHF/DOE | AICD | No added sound | |
| Rheumatic fever | Orthopnea / PND | | | |
| CAD / Angina / MI | Exercise Tolerance | | | |
| DZ/MVP | METs: >4 <4 | | | |
| <input checked="" type="checkbox"/> WNL | HEPATO/GASTROINTESTINAL | Gallbladder Ds | Abdominal examination: | |
| Vomiting | Cirrhosis | | Soft, Non tender | |
| Diarrhoea | GERD | | Alcohol: No/Yes | |
| <input type="checkbox"/> WNL | NEURO/MUSCULOSKELETAL | Seizures | Neuro-muscular examination: | |
| Rh Arthritis / GOUT | Scoliosis / Kyphosis | CVATIA | | |
| Backache | Paresthesia | Head injury | | |
| Headache | LOC / Unconscious | Paralysis | | |
| La. paraplegia (+) | Muscle weakness | Psych Disorder | | |
| <input checked="" type="checkbox"/> WNL | RENAL / ENDOCRINE | Thyroid DZ | Spine Examination | |
| UTI | Renal Insufficiency | Pituitary disorder | | |
| Haematuria | Aorenocortical Insuff. | Diabetes malitus | | |
| Haemat. Disorder | Radiotherapy | OTHERS | | |
| Pregnant | Chemotherapy | Immunosuppressed | | |
| | | Steroid use | | |



TIME
T/E/R

C/S/B Surgery Plz

4/c/o Diz burst # Spondylosis
contenous pelvis same # B/L
Calcaneal #

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

→ No Ho vomitlu athu tanu
oral diet

→ No Ho raen abdomen

O/E: Conscia, Oscumbled

R = 100/men

P/A - Soft, Non distended

- BS = sluggish

- Tende (+) ↑?

X-ray :- Gas shade (+) ↑ rectu
detubed bowel loop ↑ fecolith
No caecum Level

NOTE : ALL ENTRIES MUST BE INITIALED

Ad

MGIPRRND-05 LNH/20 - 5000 Pads.

f/u/o - USG report

→ Dulcolax Suppa (B)

Syr. Lactu 2st TBS





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
DAM

Surgery Referral

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

Respected Sir/ madam,

Amely referring a M/F, 40 D12 Burst # E spinal shock
and O inferi pubic ram # E SL calcaneus #.
Patient is currently complaining of acute abdomen
since 1 Day and inability to pass stools and flatus.
% tenderness ⊕ in (R) iliac, (L) iliac and umbilical area
Guarding ⊕ Rigidity ⊕

Embushed. Bowel sounds.
Pt was administered 400 mg paracetamol and 10ml morphine SO.
Amely evaluate the patient and opine regarding the
further management.

Thank you.

[Signature]
Dr. Nagaraj Rajan

TIPR

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

