
ADRENALINE
FENTANYL
DEXMED
VASOPRESSIN
304

HOLY FAMILY HOSPITAL
Okhla Road, New Delhi-110025
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Email : administration@hfhdelhi.org, Web : www.hfhdelhi.org

CASE SUMMARY

CASE SUMMARY

Name : **Master Manish**
Age/ Sex : 13 years 3 Days.
IPD No. : 260008465
DOA : 6/04/2026

7/4/26

Chief Complaints :
13 year old male child presented to the emergency department with the complaints of History of right calcaneum and distal tibial physis fracture on 26/3/26- BK cast applied however swelling, pain and restriction of movement persisted. The child also had high grade fever in the initial 4 days of illness. Yesterday the child had 2 episodes of large quantity blood in vomitus. Chil was taken to RML hospital for consult. Child was assessed to be in septic shock and managed with IV bolus RL 500ml. In the hospital child had 4 episodes of GTCS each lasting for less than one mi IV levetiracetam loading done. Due to unavailabily of ICU beds child was brought to HFH.

On Examination : Temp 36.5 , HR : 170/Min , RR : 32/min , Spo2 95
CVS : S1S2 Heard
RS : BAE , clear
PA : SOFT + , No Organoemgaly
CNS : Sick looking /Concious / Irritable.
Peripheral pulses feeble
Extremities cold
Pallor ++
L/E: Right leg swelling+, tenderness+, PTA pulse feeble

Hospital course:

Child was admitted in PICU.
All relevant investigations were sent.
Child was managed with IV fluids, IV Leveracetam, IV Meropenem, IV Vancomycin and other supportive treatments.
In view of swelling, tenderness in right leg- USG arterial venous doppler done which showed biphasic flow in both PTA and DPA. Hypoechoic collection seen- Incision and drainage was planned.
On admission the childs Hb was 5.9- 1 U PRBC transfused.
Child had 3 large quantity melena in the afternoon on DOH 1- after which the child developed shock and became excesssively irritable. Child was managed with IVF boluses and Noradr infus Child was intubated in view of poor GCS and shock.
At 7 pm on DOH 1 the child developed bradycardia (HR 58/min). CPR was started. Child was revived after one cycle of CPR. USG heart s/o mycocardial dysfunction. Adrenaline infusion, Vasopressin infusion and milrinone were started.
Incison and drainage of Right leg abscess done by orthopedic team. 125-150 ml pus drained and sent for genexpert, culture and gram stain. IV linezolid was added to the treatment regimen.
Serial VBGs showed persistent low HB hence another unit of PRBC transfused.
Overnight the child remained hemodynamically stable.

Name	: Mr. MANISH	Bill No.	: 2621/0620
IP No	: 2456549 /26008465	Collected On	: 06/04/2026 9.07 AM
	: 13 Years 3 Months 6 Days / Male	Reported On	: 06/04/2026 10.11 AM
tor	: Dr.VIBIN KUMAR VASUDEVAN	Approved On	: 06/04/2026 10.42 AM
tails	: IPCU / 304 / 002		

t	Sample No	Test Name	Result	Units	Bio.Ref.
		PT VALUE, CITRATE PLASMA (TURBIDIMETRIC)	18.6 *	SECONDS	9.8 - 13.6
		I N R (CALCULATED)	1.60 *		0.84 - 1.16

tion : PT assess coagulation factors in extrinsic pathway (F VII) and common pathway (F X, FV, prothrombin and fibrinogen).

INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity.
For patient on oral anticoagulant therapy (INR 2.0 to 3.0).
Mechanical valve replacement (INR 2.5 to 3.5).

Causes of prolonged PT
1. Treatment with oral anticoagulants.
2. Liver disease.
3. Vitamin K deficiency.
4. Disseminated intravascular coagulation.
5. Inherited deficiency of factors in extrinsic and common pathway.

LAB-CHEMISTRY2

1429117 **CRP**

C REACTIVE PROTEIN (CRP), SERUM (IMMUNOTURBIDIMETRIC)	12.18 *	mg/dL	0 - 0.5

1429117 **LIVER FUNCTION TEST (LFT), SERUM**

BILIRUBIN TOTAL (DPD)	0.46	mg/dL	0.3 - 1.2
BILIRUBIN DIRECT (DPD)	0.05	mg/dL	0 - 0.2
BILIRUBIN INDIRECT (CALCULATED)	0.41	mg/dL	0.2 - 1.0
TOTAL PROTEIN (BIURET)	5.9 *	g/dL	6.4 - 8.3
ALBUMIN (BCG)	2.3 *	g/dL	3.5 - 5.2
GLOBULIN (CALCULATED)	3.6 *	g/dL	1.5 - 3.0
A/G RATIO (CALCULATED)	0.6 *		1.5 - 2.5
SGPT (ALT) (UV-IFCC WITHOUT P5P)	16	IU/L	1 - 45
SGOT (AST) (UV-IFCC WITHOUT P5P)	16	IU/L	1 - 35
ALKALINE PHOSPHATASE (PNPP AMP IFCC)	140 *	IU/L	178 - 455

429117 **KFT (KIDNEY FUNCTION TEST)**

SERUM UREA (UREASE)	59 *	mg/dL	13 - 43
SERUM CREATININE (MODIFIED JAFFE REACTION)	0.51 *	mg/dL	0.67 - 1.17
SERUM URIC ACID (URICASE)	4.51	mg/dL	3.5 - 7.2

: Mr. MANISH		Bill No.	: 262100620	
: 2456549	/26008465	Collected On	06/04/2026	8.51 AM
: 13 Years 3 Months 6 Days / Male		Reported On	: 06/04/2026	11.19 AM
: Dr.VIBIN KUMAR VASUDEVAN		Approved On	: 06/04/2026	11.27 AM
: IPCU / 304 / 002				

ample No	Test Name	Result	Units	Bio.Ref.

: Clinical interpretation:
The analytes measured in the KFT panel are useful for screening and diagnosing impaired kidney function and for assessing the severity and monitoring the course and management of acute kidney injury (AKI) and chronic kidney disease (CKD).
These tests helps in differentiating prerenal disease (renal artery stenosis, renal vein thrombosis), true renal disease and post renal disease (obstructive uropathy, prostatic disease, urinary tract infection etc.).

19117	**ELECTROLYTES**			
	SODIUM , SERUM/PLASMA (ISE INDIRECT)	134 *	mEq/L	136 - 145
	POTASSIUM , SERUM (ISE INDIRECT)	4.44	mEq/L	3.5 - 5.1
	CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	100.4	mEq/L	98 - 107
	BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	21.9 *	mEq/L	23 - 29
277	**MAGNESIUM -SERUM**			
	SERUM MAGNESIUM (XYLIDYL BLUE)	1.32	mEq/L	1.3 - 2.14
177	**CALCIUM**			
	SERUM CALCIUM (ARSENAZO-III)	7.30 *	mg/dL	8.6 - 10.2
78	**LDH-SERUM**			
	SERUM LDH (LACTATE TO PYRUVATE, ENZYMATIC)	207.0	U/L	0 - 248
14	**ELECTROLYTES**			
	SODIUM , SERUM/PLASMA (ISE INDIRECT)	134 *	mEq/L	136 - 145
	POTASSIUM , SERUM (ISE INDIRECT)	4.58	mEq/L	3.5 - 5.1
	CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	99.2	mEq/L	98 - 107
	BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	24.9	mEq/L	23 - 29
	UREA			
	SERUM UREA (UREASE)	87 *	mg/dL	13 - 43

nical interpretation:
mmon clinical use of urea measurement include assessing kidney function,detection of dration status(dehydration/fluid overload),determination of overall nitrogen balance, in the diagnosis of kidney disease,to verify effectiveness of dialysis treatment and

e	: Mr. MANISH		Bill No.	: 262101433	
o	: 2456549	/26008465	Collected On	06/04/2026	6.31 PM
	: 13 Years 3 Months 6 Days / Male		Reported On	: 06/04/2026	7.18 PM
	: Dr.VIBIN KUMAR VASUDEVAN		Approved On	: 07/04/2026	9.50 AM
	: IPCU / 304 / 002				

Sample No	Test Name	Result	Units	Bio.Ref.

monitoring of liver disease.
Increased urea levels are indicator of decreased renal blood flow, acute or chronic intrinsic renal disease or post renal obstruction to urine flow. Decreased urea levels are observed in hemodilution, low dietary protein intake or end stage liver disease.

429784	**CREATININE**			
	SERUM CREATININE (MODIFIED JAFFE REACTION)	0.66 *	mg/dL	0.67 - 1.17

: Clinical interpretation:
Creatinine is a waste product produced at a fairly constant rate within an individual by the breakdown of creatine within muscle tissue. It is predominantly excreted by the kidneys therefore, serum creatinine concentration is inversely proportional to creatinine clearance and used as a marker of glomerular filtration rate(GFR).Elevated serum creatinine concentration and decreased GFR indicates renal damage.
Common clinical use of serum creatinine measurement are to assess kidney function, to monitor kidney disease progression, to evaluate the effectiveness of kidney disease treatments and to monitor the side effects of medication.

LAB-HEMATOLOGY

429144	**CBC (COMPLETE BLOOD COUNT)**			
	HEMOGLOBIN (PHOTOMETRIC)	5.9 *	g/dl	11.2 - 16.4
	TOTAL LEUCOCYTE COUNT (ELECTRICAL IMPEDANCE)	47.1 *	10/µL	4.5 - 13.0
	NEUTROPHIL (VCS/MICROSCOPY)	76.1 *	%	34 - 64
	LYMPHOCYTES. (VCS/MICROSCOPY)	5.4 *	%	25 - 45
	MONOCYTES (VCS/MICROSCOPY)	7.3	%	4 - 10
	EOSINOPHILS. (VCS/MICROSCOPY)	0.3	%	0 - 3
	BASOPHILS (VCS/MICROSCOPY)	0.9	%	0 - 1
	NEUTROPHIL-BAND (VCS/MICROSCOPY)	7.0	%	0 - 11
	METAMYELOCYTES (VCS/MICROSCOPY)	3.0	%	
	ABSOLUTE NEUTROPHIL COUNT	40.5 *	10/µL	1.5 - 9.5
	ABSOLUTE LYMPHOCYTE COUNT	2.5	10/µL	1.1 - 6.0
	ABSOLUTE MONOCYTE COUNT	3.4 *	10/µL	0.18 - 1.3
	ABSOLUTE EOSINOPHIL COUNT	0.2	10/µL	0 - 0.39
	ABSOLUTE BASOPHIL COUNT	0.4 *	10/µL	0 - 0.2
	ANISOCYTES	MODERATE		

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Laboratory Services
Okhla Road, New Delhi-110025 Phone : 011-35034000, 44020000
Email : pathology@holyfamilyhospitaldelhi.org Web : www.hfhdelhi.org

Patient Name	: Mr. MANISH		Bill No.	: 262100620	
MR No / IP No	: 2456549	/26008465	Collected On	06/04/2026	9.07 AM
Age/Sex	: 13 Years 3 Months 6 Days / Male		Reported On	: 06/04/2026	11.41 AM
Ref. Doctor	: Dr.VIBIN KUMAR VASUDEVAN		Approved On	: 06/04/2026	12.16 PM
Ward Details	: IPCU / 304 / 002				

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		LAB-CHEMISTRY1			
04/2026	1429144	**D-DIMER TEST**			
		D DIMER, CITRATE PLASMA (TURBIDIMETRIC IMMUNOASSAY)	1050 *	ng/mL	0 - 243

Interpretation : Expected Values:
High levels of rheumatoid factor (RF), may lead to false positive D-Dimer test results. When suspected, RF presence should be confirmed with an independent procedure for RF. The D-Dimer level increases during pregnancy. It also rises with age (> 70 years).

Do not test suspect samples, especially those in which the coagulation process may already have started, since these tend to produce false positive reaction with the D-Di Test.

The presence of fibrinogen at a level greater than 9 g/l (900 mg/dl) may lead to an over-estimation of the D-Dimer level.

The D-Di Test is insensitive to heparins (unfractionated and low molecular weight) up to 2 IU/ml.

2026	1429144	**PLASMA FIBRINOGEN**			
		PLASMA FIBRINOGEN, CITRATE PLASMA (CLAUSS TECHNIQUE)	422 *	mg/dL	200 - 400
		Method : Clauss Technique			

KIRTI PANWAR
CONSULTANT PATHOLOGIST

HOLY FAMILY HOSPITAL

Laboratory Services

Okhla Road, New Delhi-110025 Phone : 011-26334200, 44220500
Email : pathlab@holyfamilyhospitaldelhi.org Web : www.hfdelhi.org

ame	: Mr. MANISH	Bill No.	262101433	
P No	: 2456549 /26006465	Collected On	06/04/2026	6.31 PM
	: 13 Years 3 Months 6 Days / Male	Reported On	06/04/2026	7.26 PM
or	: Dr.VIBIN KUMAR VASUDEVAN	Approved On	07/04/2026	12.05 PM
ails	: IPCU / 304 / 002			

Sample No	Test Name	Result	Units	Bio.Ref.
	COUNT	0.0	10|uL	0 - 0.39
	ABSOLUTE EOSINOPHIL COUNT	0.1	10|uL	0 - 0.2
	ABSOLUTE BASOPHIL COUNT	2.69 *	10^6|uL	3.97 - 5.88
	RBC COUNT (ELECTRICAL IMPEDANCE)	22.1 *	%	33.7 - 48.7
	PCV / HCT (CALCULATED)	82.3	fl	74.2 - 93.7
	MCV (DERIVED)	27.9	pg	23.1 - 31.7
	MCH (CALCULATED)	33.9	g/dl	30.6 - 35.3
	MCHC (CALCULATED)	13.0	%	11.6 - 14.0
	RDW (DERIVED/CALCULATED)	653 *	10|uL	150 - 410
	PLATELET COUNT (ELECTRICAL IMPEDANCE)			
	REMARKS	THERE IS NEUTROPHILIC LEUKOCYTOSIS WITH SHIFT TO LEFT AND MILD TOXIC CHANGES. PLATELETS ARE INCREASED IN NUMBER AS SEEN ON SMEAR (REACTIVE THROMBOCYTOSIS).		
	SAMPLE TYPE	EDTA, Whole Blood		
1430334	**HB (HEMOGLOBIN)**			
	HEMOGLOBIN (PHOTOMETRIC)	7.0 *	g/dl	11.2 - 16.4
	SAMPLE TYPE	EDTA, Whole Blood		
	Method : COLORIMETRIC			

NEETA MISHRA
TANT BIOCHEMIST

MONICA RAJPAL
SENIOR CONSULTANT PATHOLOGIST

KIRTI PANWAR
CONSULTANT PATHOLOGIST

ADITI
CONSULTANT MICROBIOLOGI

puter generated report and validated electronically.

: Mr. MANISH

: 2456549 /26008465

: 13 Years 3 Months 6 Days / Male

: Dr.VIBIN KUMAR VASUDEVAN

: IPCU / 304 / 002

Bill No. : 262100620

Collected On 06/04/2026 9.07 AM

Reported On : 06/04/2026 10.03 AM

Approved On : 06/04/2026 12.51 PM

No	Test Name	Result	Units	Bio.Ref.
	POLYCHROMASIA	MILD		
	POIKILOCYTES	MILD		
	RBC COUNT (ELECTRICAL IMPEDANCE)	2.14 *	10^6/µL	3.97 - 5.88
	PCV / HCT (CALCULATED)	17.6 *	%	33.7 - 48.7
	MCV (DERIVED)	82.3	fl	74.2 - 93.7
	MCH (CALCULATED)	27.5	pg	23.1 - 31.7
	MCHC (CALCULATED)	33.4	g/dl	30.6 - 35.3
	RDW (DERIVED/CALCULATED)	12.9	%	11.6 - 14.0
	PLATELET COUNT (ELECTRICAL IMPEDANCE)	627 *	10/µL	150 - 410
	REMARKS	THERE IS NEUTROPHILIC LEUKOCYTOSIS WITH SHIFT TO LEFT AND MILD TOXIC CHANGES. PLATELETS ARE INCREASED IN NUMBER AS SEEN ON SMEAR (REACTIVE THROMBOCYTOSIS). DIMORPHIC ANEMIA.		
	SAMPLE TYPE	EDTA, Whole Blood		
84	**CBC (COMPLETE BLOOD COUNT)**			
	HEMOGLOBIN (PHOTOMETRIC)	7.5 *	g/dl	11.2 - 16.4
	TOTAL LEUCOCYTE COUNT (ELECTRICAL IMPEDANCE)	50.7 *	10/µL	4.5 - 13.0
	NEUTROPHIL (VCS/MICROSCOPY)	75.8 *	%	34 - 64
	LYMPHOCYTES. (VCS/MICROSCOPY)	6.8 *	%	25 - 45
	MONOCYTES (VCS/MICROSCOPY)	7.1	%	4 - 10
	EOSINOPHILS. (VCS/MICROSCOPY)	0.1	%	0 - 3
	BASOPHILS (VCS/MICROSCOPY)	0.2	%	0 - 1
	NEUTROPHIL-BAND (VCS/MICROSCOPY)	8.0	%	0 - 11
	METAMYELOCYTES (VCS/MICROSCOPY)	2.0	%	
	ABSOLUTE NEUTROPHIL COUNT	43.5 *	10/µL	1.5 - 9.5
	ABSOLUTE LYMPHOCYTE COUNT	3.4	10/µL	1.1 - 6.0
	ABSOLUTE MONOCYTE	3.6 *	10/µL	0.18 - 1.3

HOLY FAMILY HOSPITAL

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Phone : 011-44020000, 011-35034000
E-mail : administration@hfhdelhi.org
website : www.hfhdelhi.org

To,
EK KADAM NGO

Subject: - Request for Financial assistance.

This is to certify that **Master Manish** is admitted under **Dr.Vibin Kumar** with a diagnosis of developed shock and became excessively irritable. Child was managed with IVF boluses and drainage and Noradr infusion. Child was intubated in view of poor GCS and shock. The child's family have financial crisis due to which they cannot afford the cost of the treatment. The condition of the child is grave and needs continues medical support at present. Therefore it would be kind of you, if you can help this child in these stressful times.

Thanking you

Yours sincerely

Personal Development Department
Holy Family Hospital,
New Delhi - 110025

PERSONAL DEVELOPMENT
HOLY FAMILY HOSPITAL
NEW DELHI - 110025