

HOLY FAMILY HOSPITAL
Okhla Road, New Delhi-110025
Phone : 011-30934000, 44020000
Email : administration@hfdelhi.org, Web : www.hfdelhi.org

CASE SUMMARY

CASE SUMMARY

BO LAXMI
IP NO 26026883
Date 21/10/26

Newborn
Born via EM LSCS in view of MSL on 18/10/26 at 5:35 pm

Hospital course:

Perinatal asphyxia:
Baby did not cry immediately after birth- resuscitation was done as per NRP protocol and baby was intubated and shifted to NICU for further care.
APGAR scores were 4 and 7 at 1 and 5 mins of age. Initial blood gas showed pH 7, pO2 40, pCO2 51, Lac 8.5, HO3 8.8. Thomsons score was 0 at 0,1, 6 and 12 HOL. Baby had no signs of encephalopathy. USG cranium has been planned.

Severe MAS:
CXR done- showed haziness in bilateral lung fields s/o MAS. Child was kept on mechanical ventilator PC AC mode FiO2 50%, PEP 15, PEEP 5 RR 50. Child was managed with IVF. IV Ampicillin and Gentamycin were empirically added. Initial investigations showed HB 17.9, TLC 19.1 K, Platelet 137K. CRP was negative and blood culture showed no growth. Serial Blood gases were done showed improvement.
Babys condition deteriorated on DOL 2-3 with SpO2 of 88% at 50% FiO2. FiO2 was hiked. Currently the baby is on mechanical ventilator PC SIMV mode FiO2 60 %, PEEP 5.5 PIP 16 RR 45. Baby persistenly has high FiO2 requirement hence 2D echo has been planned.

Feed intolerance:
Feeds were initiated on DOL 2 and gradually built up. Baby had 2 episodes of vomiting on DOL 3. Formula feeds have been witheld. Feeds are being gradually built up with EBM only.

The baby will continue to require hospital stay and ventilator support until resolution of the above mentioned conditions.

Dr Vibin Kumar
Department Of Pediatrics
Holy Family Hospital New Delhi

F-108 P

HOLY FAMILY HOSPITAL, NEW DELHI-110025

...IVE LAB. REPORTS

MR NO / IP NO: 2507050 / 26026883 18/10/2020 06:18 PM
Name : B/O. LAXMI
Relative Name: S/O.ASHU
Age / Sex : 1 D /M
Bed No : 206 / 001 at NUR206 -
Mobile: 9711443360
Cash / Hospital
Admitting Dr. : ...
Co Consultant : ...VIBIN KUMAR VASUDEVAN

Date	18/10	18/10	19/10	20/10	21/10
Investigations					
Hb	17.9				
WBC TLC	19.1				
~~ESR~~ HCT	59.6				
Platelet Count	137				
Na+					
K+					
Blood Sugar					
BUN					
Creatinine					
Bilirubin					
SGPT					
SGOT					
PT					
Total Protein					
Albumin					
Globulin					
Alk. Phosphotase					
Calcium					
pH	7.00	~~7.00~~	7.34	7.39	7.40	7.40
Pa O_2	40	52	43	44	51	68
Pa Co_2	51	60	42	39	42	40
~~CPK~~ LAC	8.5	15.6	9.8	4.6	1.8	2.0
~~CPK (MB)~~ HCO_3 Stat	8.8	—	~~21.5~~	23.5	25.1	24.7
Spl. Investigation						
~~ABG~~ CRP	0.16					

CXR-18/10
21/10 CXRY.
21/10 NEO TSH

Provisional Report

Patient Name	: B/O. LAXMI		
MR No / IP No	: 2507050	**Sample No.**	: 1595116
Age/Sex	: 1 Days / Male 26026883	**Collected On**	: 18/10/2026 7.33 PM
Ref. Doctor	: Dr.VIBIN KUMAR VASUDEVAN	**Reported On**	: 18/10/2026 9.21 PM
Patient Type	: IP	**Approved On**	
Bed No	: NUR206 / 206 / 001	**Bill No**	: 262315782
		Specimen	: BLOOD

Test Name	Result	Units	Bio.Ref.Interval
CBC (COMPLETE BLOOD COUNT)			
Hemoglobin(Photometric)	17.9	g/dl	12.8 - 19.7
Total Leucocyte Count(Electrical Impedance)	26.8 (CORRECTED TLC -19.1) *	$10^3/\mu L$	9.0 - 21.0
DLC			
Neutrophil(VCS/Microscopy)	51.6	%	32 - 62
Lymphocytes.(VCS/Microscopy)	43.3 *	%	19 - 29
Monocytes(VCS/Microscopy)	3.5 *	%	6 - 18
Eosinophils.(VCS/Microscopy)	0.9	%	0 - 2
Basophils(VCS/Microscopy)	0.7	%	0 - 1
Absolute Leucocyte Count (Microscopy/ Calculated)			
Absolute Neutrophil Count	9.8	$10^3/\mu L$	3 - 13
Absolute Lymphocyte Count	8.3	$10^3/\mu L$	2 - 10
Absolute Monocyte Count	0.6	$10^3/\mu L$	0.5 - 3.78
Absolute Eosinophil Count	0.2	$10^3/\mu L$	0 - 0.4
Absolute Basophil Count	0.1	$10^3/\mu L$	0 - 0.3
RBC Morphology (Microscopy)			
Polychromasia	MODERATE		
..	40 NRBC/100 WBC SEEN.		
RBC			
RBC Count(Electrical Impedance)	5.55 *	10^6/µL	3.57 - 5.50
PCV / HCT(Calculated)	59.6 *	%	37.6 - 56.6
RBC Indices			
MCV(Derived)	107.5	fl	95.7 - 110.8
MCH(Calculated)	32.3 *	pg	33.2 - 37.9
MCHC(Calculated)	30.1 *	g/dl	33.0 - 36.0
RDW(Derived/Calculated)	20.0 *	%	11.6 - 14.0
PLATELET COUNT			
Platelet Count(Electrical Impedance)	137	$10^3/\mu L$	100 - 450
SAMPLE TYPE	EDTA, Whole Blood		

Provisional Report

HOLY FAMILY HOSPITAL

OKHLA ROAD, NEW DELHI-110 025

Phone : 011-44020000, 011-35034000

E-mail : administration@hfhdelhi.org

website : www.hfhdelhi.org

21th October 2026

To,

EK KADAM NGO

Sub: Request for financial assistance

This is to certify that B/O Laxmi (IPD No. 26026883) Born via EM LSCS in view of MSL on 18/10/26 at 5:35pm, baby boy. Baby did not cry immediately after birth – resuscitation was done as per NRP protocol and baby was intubated and shifted to NICU for further care. Baby's condition deteriorated on DOL 2-3 with SpO2 of 88% at 50% FiO2. FiO2 was hiked. Currently the baby is on mechanical ventilator PC SIMV mode FiO2 60%, PEEP 5.5 PIP 16 RR 45. Baby persistently has high DiO2 requirement hence 2D echo has been planned.

The baby will continue to require hospital stay and ventilator support until resolution of the above mentioned conditions.

The child's family has financial crisis due to which they cannot afford the cost of treatment. The condition of the child is Critical and needs continuous medical support at present. Therefore it would be kind of you, if you can help this child in this stressful time and it will be a great help and relief for the parents.

Thanking you

Yours sincerely,

PERSONAL DEVELOPMENT
HOLY FAMILY HOSPITAL
NEW DELHI - 110025

Sr. Elsy Thomas

Personal Development Department

Holy Family Hospital New Delhi- 110 025

