





HOLY FAMILY HOSPITAL

Okhla Road, New Delhi-110025

Phone : 011-35034000, 44020000

Email : administration@hfhdelhi.org, Web : www.hfhdelhi.org



CASE SUMMARY

IP No	: 26025251	DOA & TOA	: 30/09/2026 08:28 pm
MRNO	: 2489218	DOD	: 05/10/2026
Name	: B/O.. PRIYANKA TANTY	Patient Type	: Hospital
Age/Sex	: 0 Y 1 M 17 D/Male	Doctor Name	: Dr. MEERA LUTHRA
Bed/Room	: 011 /301	Type of Discharge	: Normal Discharge
		Co Consultant	:

DIAGNOSIS :-

k/c/o Jejunal Atresia with Intestinal perforation with Adhesive SAIO Antenatally diagnosed Meconium pereration peritonitis with pseudocyst secondary to bowel dilatation

Post op case of Laparotomy with Adhesiolysis with Resection of perforated segment and jejunal atresia and Anastomosis along with Santoulli's Ileostomy

CHIEF COMPLAINTS & REASON FOR ADMISSION :-

PATIENT IS A Post op case of Laparotomy with Adhesiolysis with Resection of perforated segment and jejunal atresia and Anastomosis along with Santoulli's Ileostomy now being admitted for Ileostomy closure.

CLINICAL HISTORY / PROCEDURE :-

Patient is a k/c/o Jejunal Atresia with Intestinal perforation with Adhesive SAIO Antenatally diagnosed Meconium pereration peritonitis with pseudocyst secondary to bowel dilatation

Post op case of Laparotomy with Adhesiolysis with Resection of perforated segment and jejunal atresia and Anastomosis along with Santoulli's Ileostomy done on 17/08/26. Now presented and admitted for Ileostomy closure. Patient has no h/o fever, chills, cough, sob, lrti, vomiting, loose stools/constipation, burning micturition.

PAST & PERSONAL HISTORY :

Born via em lscs i/v/o prom on 14/08/2026 at 3:17 pm in holy family hospital. Patient has no h/o any other chronic illness patient has no h/o any previous surgeries patient has normal sleep, bowel and bladder habits patient has no known drug/food allergies

EXAMINATION AT ADMISSION :-

CONSCIOUS AND ORIENTED

AFEBRILE

PR: 126 BPM

RR: 26 BR/MIN

SPO₂: 98% ON RA

WT- 3.0 KG

CVS: S₁S₂+

CNS: ACTIVE CONSCIOUS AND PLAYFUL

RS: B/L AE +

P/A: SOFT, NO TENDERNESS, BS+

L/E: FUNCTIONAL ILEOSTOMY +

OPERATION / PROCEDURE NOTES :-

PATIENT UNDERWENT EXPLORATORY LAPAROTOMY AND RESECTION ANASTOMOSIS WITH ILEOSTOMY CLOSURE UNDER GENERAL ANESTHESIA BY DR.MEERA LUTHRA ON 01/10/2026.

HPE: AWAITED

Emergency Contact Number :In Case of Emergency please contact our Helpline No: +91-9716832462.

IP No : 26025251
MRNO : 2489218
Name : B/O.. PRIYANKA TANTY
Age/Sex : 0 Y 1 M 17 D/Male
Bed/Room : 011 /301

DOA & TOA : 30/09/2026 08:28 pm
DOD : 05/10/2026
Patient Type : Hospital
Doctor Name : Dr. MEERA LUTHRA

Type of Discharge : Normal Discharge

Co Consultant :

HOSPITAL COURSE & TREATMENT :-

PATIENT WAS ADMITTED WITH ABOVE MENTIONED COMPLAINTS. PATIENT UNDERWENT ALL RELEVANT AND ROUTINE INVESTIGATIONS. AFTER PRIOR COUNSELLING, CONSENT AND PREPARATION PATIENT UNDERWENT EXPLORATORY LAPAROTOMY AND RESECTION ANASTOMOSIS WITH ILEOSTOMY CLOSURE UNDER GENERAL ANESTHESIA BY DR.MEERA LUTHRA ON 01/10/2026. FEEDING WAS STARTED ON POD 3 WHICH THE BABY TOLERATED WELL. THE PLAN IS GRADUALLY INCREASE FEEDS AND THEN DISCHARGE THE PATIENT.

MEDICATION DURING HOSPITAL STAY :-

PATIENT WAS GIVEN IV ANALGESICS, IV FLUIDS, IV ANTIBIOTICS, PPIs AND ANY OTHER MEDICATIONS AS ADVISED.

CONDITION AT DISCHARGE :-

PATIENT IS VITALLY AND HEMODYNAMICALLY STABLE.

WHEN AND HOW TO OBTAIN URGENT CASE :-

IN CASE OF PAIN/FEVER/BLEEDING/PUS DISCHARGE FROM OPERATED WOUND, OR ANY EMERGENCY CONTACT: Emergency Department (24 X 7) - (Ext - 110) M: 9716832462

OTHER INVESTIGATIONS :-

ALL REPORTS ARE ATTACHED AND HANDED OVER TO THE ATTENDEE.

PRECAUTIONS ADVISED :-

KEEP DRESSING CLEAN AND DRY. PATIENT IS ADVISED TO CONTINUE THE ANTIBIOTICS AND OTHER PRESCRIBED MEDICINES UNTIL ADVISED OTHERWISE.

DIET ADVISED :-

BREAST MIL AS DIET

MEDICATIONS ADVISED :

S.No.	Medicine Name	Generic Name	Frequency	Route	Days	Remarks
1						

PATIENT WAS REFFERE TO :-

FOLLOW UP VISITS :

SNO.	DoctorNm	Visit Date	Followup days	Instructions
1	Dr.		0	

Emergency Contact Number : In Case of Emergency please contact our Helpline No: +91-9716832462.

Prepared By : 10646

05/10/2026 3.06 PM

Page 2 of 3



Patient Name : B/O. PRIYANKA TANTY
MR No / IP No : 2489218
Age/Sex : 1 Months 17 Days / Male
Ref. Doctor : Dr.MEERA LUTHRA
Patient Type : OPD
Category : General OPD
ID No : -

Sample No. : 1578120
Collected On : 28/09/2026 3.07 PM
Reported On : 28/09/2026 3.42 PM
Approved On : 28/09/2026 3.58 PM
Bill No : 261509575
Specimen : BLOOD

Test Name	Result	Units	Bio.Ref.Interval
PROTHROMBIN TIME (PT)/INTERNATIONAL NORMALIZED RATIO(INR)			
MEAN NORMAL PROTHROMBIN TIME	11.5	SECONDS	
PT VALUE, Citrate Plasma(TURBIDIMETRIC)	11.7	SECONDS	10.58 - 12.46
IN R(CALCULATED)	1.02		0.92 - 1.08

Interpretation : 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.

***** END OF THE REPORT *****

Kirti Panwar

Dr. KIRTI PANWAR
MD, PATHOLOGY
CONSULTANT PATHOLOGIST



This is a computer generated report and validated electronically.



TRANSFUSION REQUEST NOT GRANTED

Blood Centre, Holy Family Hospital, New Delhi - 110025

Blood Request Form

F 115B



Date: 30/9/26

☒ Routine

☐ Emergency

☐ Pre OP

☐ Desperate/Life saving (Blood needed without blood grouping and crossmatching written request by the clinician with signature is mandatory)

Hb: 9.3 gm%

Name	: B/O. PRIYANKA TANTY	30/09/2026 08:28 PM
Relative Name	: S/O. ASHISH DANIEL	
Age / Sex	: 1 M 17 D / M	
Bed No	: 305/003 at 305 PED SB	Mobile: 9212144304
Admitting Dr.	: Dr. MEERA LUTHRA	Cash / Hospital
Co Consultant		

Diagnosis with indication for transfusion:

ilcostrary disease.
pls arrange 60ml PRBC
for OR clm on 11/10/26

Blood Group - ABO: ☐

Rh: Positive (To be done)

Previous transfusions: Yes/No

Any reactions: Yes/No

Previous Pregnancies: Yes/No

Request:

☐ Save patient's sample (Reserve)

☒ Cross-match and issue (Arrange)

(Mention the number of units required in the squares provided)

☒ Packed Red Cells

☐ FFP

☐ Platelet Apheresis/SDP

☐ Whole Blood

☐ Platelet concentrate/RDP

☐ Cryoprecipitate

Nurse's Signature: *[Signature]*

Doctor's Signature: *[Signature]*

Important: This blood request form will not be accepted if it is not signed or any section is left blank.

For Blood Centre Use Only.

Received at: 10:50 PM Signature: *[Signature]*

Donor No.	ABO & Rh	Component	Saline		AHG		Remarks
			Major	Minor	Major	Minor	
25335	O Pos	PRBC			50		

Crossmatch by: *[Signature]*

Verified by: *[Signature]*

Date & Time:

30/9/26
11:30 PM

PAC → PT, aPTT, INR - (N)

BQ → +ve

DATE & TIME	PROGRESS NOTES	ORDERS
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11/10/2028
7 AM

Exc of Jejunal Atresia & intestinal Perforation & Adhesia suture

↓

Laparotomy & Adhesiolysis & Resection of Perforated Segment and jejunal Atresia & Anastomosis along with Santoulli's ileostomy (17/08/2028)

↓

Now admitted for ileostomy closure

Advice

• DOH - 1

• EBF ↓ NPO

• no fresh complaint

• IVF DNS + KCl (1:100)

• child is hemodynamically stable

@ 12 ml/hr

HR - 130 bpm

• Arrange 50 ml PRBC & 50 ml FFP

RR - 34/min

SpO₂ - 98% @ RA

Temp - Afebrile

CRT < 2sec

clstb - Dr. Vibin Singh

pulses - good volume

chest - B/c A/C (+), B/c chest clear

P/A - soft, NT, BS (+)

aus - congruous & oriented

CVS - S₂ (+), No added sound



HOLY FAMILY HOSPITAL, NEW DELHI-110025
PHYSICIAN'S PROGRESS NOTES AND ORDERS

F-4

O.P.D. NUMBER

SEX

AGE I.P.D. Number

NAME

ROOM No.

ACCOMMODATION

MR NO / IP NO : 2489218 / 26025251
Name : B/O. PRIYANKA TANTY
Relative Name : S/O. ASHISH DANIEL
Age / Sex : 1 M 17 D / M
Bed No : 305 / 003 at 305 PED - SB
Admitting Dr. : Dr. MEERA LUTHRA
Co Consultant :
30/09/2026 08:28 PM
Mobile: 9212144304
Cash / Hospital

DATE
&
TIME

PROGRESS NOTES

ORDERS

OB
1/10/26
10:50 AM

[POST OP ORDERS]

- NPO till further order
- IV fluid D5NSKCl (1:100) 12ml/hr
- inj. SUPACEF 90mg IV BD
- inj. METROGYL 15mg IV TDS
- inj. AMIKACIN 15mg IV TDS
- inj. PCM 45mg IV TDS
- inj. EMESET 0.5mg IV BD
- I/O charting.

San
8339

Meera Luthra

DR. MEERA LUTHRA

IVF D5NS 12ml/hr (Plain)
V.O. Dr. Kunal

1/10/26
6h

Patient Name

: B/O. PRIYANKA TANTIA



Blood Centre, Holy Family Hospital, New Delhi -110025

Blood Request Form

F 115B



Date : 30/9/26

☒ Routine

☐ Emergency

☐ Pre OP

☐ Desperate/Life saving (Blood needed without blood grouping and crossmatching written request by the clinician with signature is mandatory)

Hb : 9.3 gm%

Patient's Name : B/O PRIYANKA TANTIA

MR/IPD No. : 2489218 Room no. : 301

Age : 14 Gender : M/C

Consultant : DR. H. G. JAIN

Diagnosis with indication for transfusion:

ileostomy closure

M/s Anand & Sons FFP
Port 012 dm 11/10/26

Blood Group - ABO : O Rh : Positive (To be done)

Previous transfusions : Yes/No Any reactions : Yes/No

Previous Pregnancies : Yes/No

Request : ☐ Save patient's sample (Reserve)
☒ Cross-match and issue (Arrange)

(Mention the number of units required in the squares provided)

☐ Packed Red Cells

☒ FFP

☐ Platelet Apheresis/SDP

☐ Whole Blood

☐ Platelet concentrate/RDP

☐ Cryoprecipitate

Nurse's Signature : [Signature]

Doctor's Signature : DR. H. G. JAIN

Important : This blood request form will not be accepted if it is not signed or any section is left blank.

For Blood Centre Use Only

Received at : 10:00 PM

Signature : [Signature]

Donor No.	ABO & Rh	Component	Saline		AHG		Remarks
			Major	Minor	Major	Minor	
6P-2651	O	FFP		OK			

Crossmatch by : [Signature]

Verified by : [Signature]

Date & Time :

30/9/26
11:30 AM



HOLY FAMILY HOSPITAL

OKHLA ROAD, NEW DELHI-110 025

Phone : 011-44020000, 011-35034000

E-mail : administration@hfhdelhi.org

website : www.hfhdelhi.org



5th October 2026

H-2014-0006
February 05, 2023 to January 22, 2027
Since January 22, 2014

To,

ONE LIFE ORGANISATION

Sub: Request for financial assistance

This is to certify that B/O Priyanka (IPD No. 26025251) 1 months 17 days old Male child under Dr. Meera Luthra. Patient is a K/C/O Jejunal Atresia with intestinal perforation with Adhesive SAIO Antenatally diagnosed Meconium perforation peritonitis with pseudocyst secondary to bowel dilatation Post OP case of Laparotomy with Adhesiolysis with Resection of perforated segment and jejunal atresia and Anastomosis along with Santoulli's Ileostomy done on 17/08/26. Now presented and admitted for Ileostomy closure. Patient has no h/o fever, chills, cough, and sob, Irti, vomiting, loose stool / constipation, burning micturition.

Patient underwent exploratory laparotomy and resection anastomosis with ileostomy closure under general anesthesia by Dr. Meera on 01/10/2026.

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

Sr. Elsy Thomas

PERSONAL DEVELOPMENT
HOLY FAMILY HOSPITAL
NEW DELHI - 110025

Personal Development Department

Holy Family Hospital New Delhi- 110 025

