

CASE SUMMARY

Name	: Master NUMAN ALAM	Admission Date	: 18/04/2026 05:16:22PM
Age Sex	: 3 Years / Male		:
Address	: RZ K/1, GALI NO 62, SAGAR PUR ND	Bed No	: G24-12
		WARD	: ICCU
	NEW DELHI	IP / UHID No	: 286068 / 1203518
☎	: 8826120584 ' Ph 8826120584		
Unit Name	: NEURO SURG		:
Panel Name	: AT CGHS RATES		
Doctors	: Dr.MUNISH AGGARWAL(DMC 5632),Dr.DEEPAK HARISINGHANI (DMC 4964)		

FINAL DIAGNOSIS:-

Multiple fractures B/L temporal, frontal and parietal bones with hemorrhagic contusion involving left frontal lobe and SAH

CHIEF COMPLAINTS:-

Patient admitted with c/o:-

Patient came to the Casualty with A/H/O fall from 2nd floor with c/o abnormal body movement with clenching of teeth, uprolling of eyes drooling from mouth Intubated in Casualty
H/o LOC present, vomiting present, seizure present

HISTORY OF PRESENT ILLNESS:-

Patient presented with above mentioned complaints and now admitted under Neurosurgery for evaluation and further management

PAST MEDICAL HISTORY:-

Type II Diabetes Mellitus- No
Hypertension- No
CAD- No
Bronchial Asthma- No
Hypothyroidism- No

PAST SURGICAL HISTORY :-Nothing Significant

FAMILY HISTORY :-Nothing Significant

ALLERGIES (if any) :- Not known yet

Mahashay Dharampal Heart Institute

For Interventional & Non Interventional Cardiology - Angiography, Angioplasty, By-pass Surgery



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HOSPITAL

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)

C-1, JANAK PURI, NEW DELHI - 110058

Ph.: 45582000, 25554702, 25554487, 25610008, 25610009



IP No 286068 : CR No

REFERENCE :-

Ortho-1
Paeds
GSR-1
Pulmonology

COURSE OF EVENTS IN HOSPITAL :-

Patient admitted in MCDH under Neurosurgery (Neuro ICU) with above mentioned complaints. (Patient was intubated in casualty), clinically assessed and immediately patient put on close monitoring. Relevant investigations done. Started with IV Antibiotic, antacid, antiemetic, antipyretic, IV Fluid and other supportive treatment. Urgent NCCCT head done S/o- Right fronto parietal fracture B/L SAH. Poor prognosis explained. Urgent pediatric reference taken in view of dosage and advice followed. Urgent **Ortho reference** done in view of H/o fall and advice for X-Ray cervical spine, both arm, forearm with elbow with wrist, Both thigh lower leg with knees. Dorsal & lumbar spine done and advised for to continue resuscitation. **Surgery reference** done and was advised for CT Scan whole abdomen, NCCCT Chest & CT Cervical spine. **On: 14.04.2026 Paediatric review** was taken in view of fever & decrease urine output and advice for IV Fluid followed. Inj. Fentanyl stopped. Inj. Midaz stopped. 1Unit PRBC transfused. **On 15.04.2026** Patient was shifted on C-PAP Mode. **Paediatric review** was taken in view of low Hb (7.7) and advise for 1Unit PRBC transfusion. RT feed started. **On 16.04.2026** weaning trial was given. Paeds review was taken, antibiotic upgraded to Inj. Meropenem. **On 17.04.2026** Abnormal jerky movement of left upper limb noted. Urgent EEG done which was s/o Abnormal EEG showing focal epileptiform discharges from bilateral parieto occipital region. **Paeds review** was taken and advice for dose of Inj. Levipil increased. **On 18.4.2026** Patient weaned off from C-PAP Mode to T-piece support. Plan for tracheostomy was explained to relatives. **On 19.04.2026** Pre anesthetic check up for Tracheotomy was done. **On 20.04.2026** Patient had a episode of fever for which Inj. PCM given. **Ophthalmology** reference was taken in view of fundus examination which came out to be Normal. **Paediatric review** was taken. **On 21.04.2026** Patient was put on Ventilator support (SIMV/ VC Mode). **Paediatric review** was taken and advise followed. Patient kept NPO. After written informed & high risk consent, Tracheostomy done by ENT in OT under GA. **Pulmonology** reference was done and S. Procalcitonin advised. **On 22.04.2026** Patient 's saturation decreased, Urgent ENT review taken and advice for ET Tube change in view of blockage. **Paediatric review** was taken and advise followed. After written informed consent, CVP line insertion done. **On 23.04.2026** Repeat NCCT Head done s/o Multiple fractures including both temporal, frontal and parietal bones with minimal SAH. **Paediatric review** was taken and advise for change in IV Fluids in view of high sodium, advise followed. Patient shifted to T-Piece support. **On 24.04.2026** Nephrology reference was taken in view of derranged KFT and advice for IVC & BNP. **Paeds review** was taken and advice for Inj. PCM to be stopped and given SOS. Inj. Mannitol stopped. Physiotherapy team advised for B/L AFO splint in view of B/L foot drop. **On 25.04.2026 Paeds review** was taken in view of increased PRO BNP and advice followed. Cardiology reference was advised in view of high BNP values. In view of non availability of AFO Splint, Cramer wire splint given.

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Present condition

GC- Sick
BP- 100/50mmHg
PR-71/Min
RR- 18/Min
SPO2-97% on hydrotrac @ 1liter/min O2 support
O/E
Chest- B/L A/E+
CVS- S1S2+
P/A- Soft, NT
GCS- E2VTM4
Pupil- 3-4mm B/L reactive to light

Name and Signature of Sr / R.M.O.


Dr. MUNISH
(117819)

Dr.MUNISH AGGARWAL(DMC 5632),Dr.DEEPAK HARISINGHANI
(DMC 4964)

Name and Signature of Consultant