हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NEURO-SCIENCES CENTRE

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-1 1 0 0 2 9

एम.आर.9
M.R.-9

परामर्श अभिलेख / CONSULTATION RECORD

नाम Name: Aryaman Rawat	आयु Age: 3 yr	लिंग Sex: M	वैवाहिक स्थिति Marital Status:
सेवा Service:	वार्ड Ward: CT6	बिस्तर Bed: 13	व्यवसाय Occupation:
यू.एच.आई.डी.नं. UHID No.: 103631372	धर्म Religion:	स्थिति Status:	

Referred by Dr. ~~[illegible]~~ Pediatric Cardiology **to Dr.** ENT

Requesting Doctor **Consultant & Specially**

Finding : **Date :** 01/01/2024.

Respected sir/madam,

Here is a patient, ACHD (VSD) DORV ē disproportionately low SpO_2 while sleeping h/o snoring & upper airway issues. Please examine & give your valuable opinion

Thanking you

Diagnosis or Impression :

Recommendations:

Adenoids Grade II (+)

03/01/23. c/R contmot

FOL -

B/L BOT;
TVC, FVC - mobile
· B/L PFS - no pooling
B/L arytenoids, edematous, erythematous
No abnormality detected

Consultan's Signature (S/s/o LPR)

Adv
- T. Levocet-JR 1 tab OD × 1 month
- Mometasone N/S puff BD × 1 month.

Sunthini

हृदय–वक्ष एवं तंत्रिका केन्द्र

एम. आर.–5 डाक्टर आर्डर
M.R. - 5 Doctors Orders

CARDIO-THORACIC & NEURO-SCIENCES CENTRE

अ.भा.आ.सं. नई दिल्ली–110029 / AIIMS, New Delhi - 110029

Cancel all orders Cancel by crossing through and initalling Rewrites all orders when turning over and after major operations. Sister should sign in the column provided when the order is transferred to the treatment books.

नाम Name	उम्र Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू. एच.आई. डी. नं. UHID No.
ARYWAN RAWAT	3y/M	:		

सेवा / Service	वार्ड / Ward	बेड / Bed	व्यवसाय / Occupation	धर्म / Religion
	CT&B 3			

Date Order	Date Cancelation	Doctor's orders with signature	The sister's signature with date
01/02/24		DORV / VSD / small PA	
	Issues		Inj Augmon (D3)
		1) Cough → dry in nature → more during evening] ×2 days → sneezing +ve → No rhinorrhoea	
		No other fresh issues No fever × 36hrs No Loose stool	CXR 31/12/23 - Over exposed film - rotated ? ~~R para cardiac area infiltrate~~ ↑ BP
		* had episodes of snoring 3 am. ↓ desaturation 2 days back ↓ Peds Pulmo opinion ? CROUP	Advised - Budecort ADR neb X LF Lateral neck ENT R/V.

दिनांक
Date

4/12/23

Adv

① Syp. Fixopod 1ml BD

② Syp. Vitcofol 2.5ml OD

Dr

Name ARYWAN RAWAT | उम्र Age 3y/M | सर्विस Service | दिनांक Date | यू. एच.आई. डी. नं. UHID No.

प्रोफेसर इंचार्ज
Proefssor I/C

Notes written by .....

CLINICAL NOTES

02/01/24

DORV/VSD/small PA

Inj Augmentin Dy

I = 750 ml

O = passed 7 times

Issues

1) Cough – mouth breathing
– dry
– same as yesterday (minimal improvement)
Post ADR + Budecort Neb

CXR (1/1/24) → • No infiltrates
• ~~CTPA~~ situs solitus (levocardia)
• CT Ratio > 0.5
• TAP

No fresh issues

Afebrile for 50 hours.

↓

Possibilities

a) Adenoid hypertrophy → X ray (STN) grade ? III ANR = 50-7
↳ ~~Polysomnography~~ - mouth breathing

b) AP view → Narrowing of upper airway
? CROUP
? Anatomical narrow

हृदय–वक्ष एवं विज्ञानतंत्रिका केन्द्र
CARDIO-THORACIC & NEURO-SCIENCES CENTRE

अखिल भारतीय आयुर्विज्ञान संस्थान
A.I.I.M.S. Hospital

एक्सरे–फार्म
X-RAY REQUISITION FORM

नाम
Name Anjuman

आयु Age 34 लिंग Sex Male आय Income

एक्स–रे नम्बर X-Ray No. _____ तिथि Date 01/1/24

चिकित्सक विभाग
Referring Unit Peeds Ward

हस्पताल यू.एच.आई.डी. नं.
Hosp. UHID No. 106985995 वार्ड / ओ. पी. डी. Indoor/Outdoor

रोगी स्थिति
Ambulatory/Non

Examination Required CT6/13

चिकित्सक की जांच रिपोर्ट :
Clinical Information :

X Ray Left Wrist
AP Lateral

किसी दवा का बुरा प्रभाव
Any History of Allergy _____

चिकित्सक के हस्ताक्षर
SIGNATURE OF MEDICAL OFFICER

अन्तिम माहवारी तिथि
LMP _____

रेडियाग्राफर के लिए
FOR RADIOGRAPHERS USE

कोई पुराने एक्स–रे
Any Previous X-Rays _____

पहचान चिन्ह Identification Mark
अंगूठा निशान Thumb Impression

कमरा न. Room No.	फिल्म साइज Size & No. of Films	के.वी. KV	एम.ए.एस. MAS
हस्ताक्षर / Signature			

रिर्पोट
REPORT

एक्स रे–चिकित्सक
RADIOLOGIST

NURSE DAILY RECORD

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the [illegible]
31/12/23	Term [illegible] ⓟ tried. now, [illegible] orally [illegible] [illegible] adequate. on. Neb c̄ Adr / Budecort 4 kg [illegible] as [illegible] P-[illegible] HR- 126/min RR- 44/min, SPO2 - [illegible] CRT - <3 sec peripheries - warm	chest - B/L AE ⓟ clear. CVS - S1 S2 ⓞ P/A - soft CNS - [illegible].		
Plan - Inj [illegible] long iv start - Xray			

CTS/24 ARYAN 29-Dec-23 5:40:01 AM

3 Years Male

Rate	159	. ---------- Pediatric ECG interpretation ----------
		. Sinus tachycardia.....rate>137
PR	112	. Consider left atrial enlargement.....wide or notched P waves
QRSD	107	Right bundle branch block QRSd >105, RSR' or pure R or QR
QT	262	. Artifact in lead(s) III,V4 and baseline wander in lead(s) V2,V4,V5,V6
QTc	427	

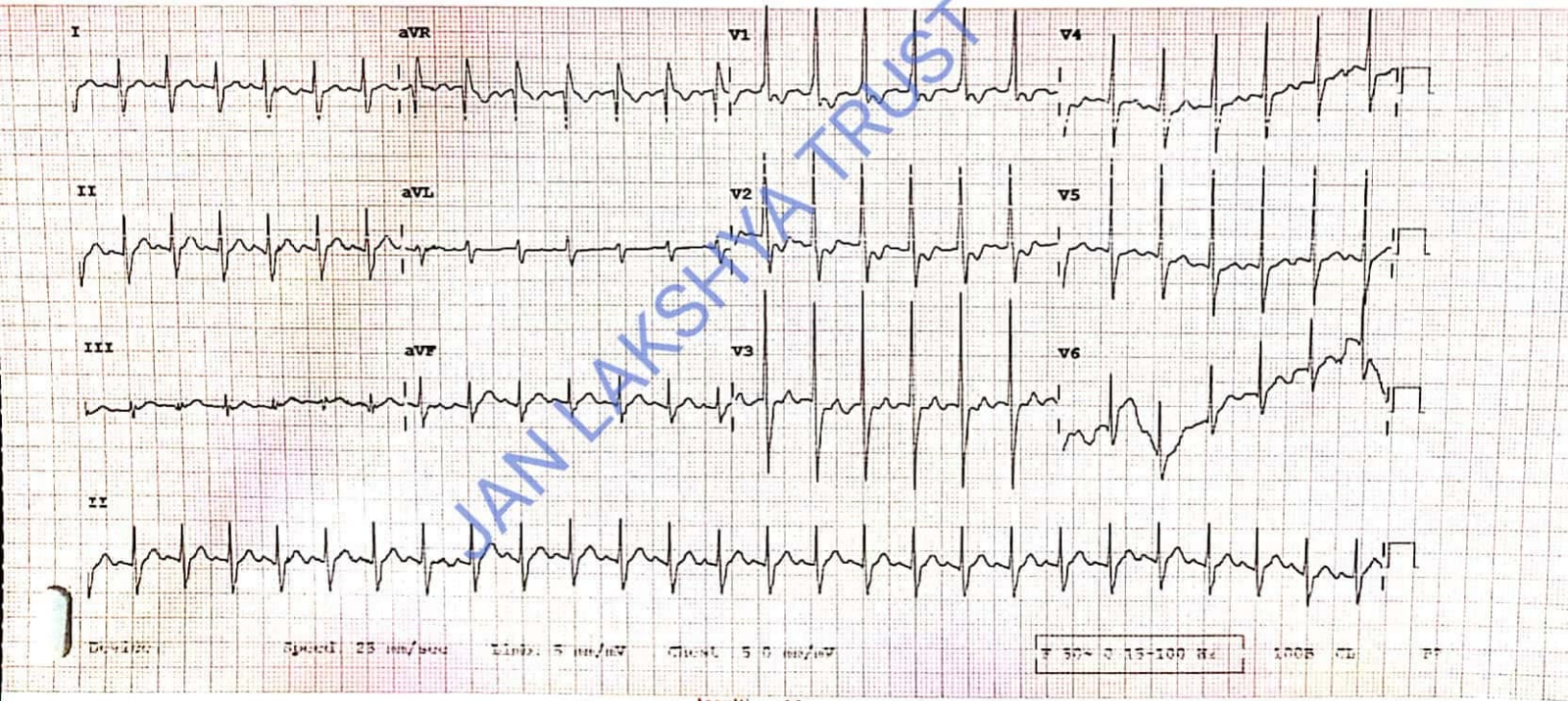
--AXIS--

P	46
QRS	74
T	61

- ABNORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



CTS 27
1 Years

MAHERA
Male

29-Dec-23 9:14:33 AM

Rate	161	---------- Pediatric ECG interpretation ----------
		. Incomplete analysis due to missing data in precordial lead(s)
PR	88	. Sinus tachycardia.....rate>151
QRSD	66	Right atrial enlargement P>0.25mV 2 lds or<-0.24mV aVR/aVL
QT	231	. RVH, consider associated LVH.....RVH & Q<-.07mV, R >1 mV V6
QTc	378	. Baseline wander in lead(s) V1,V3
		. Missing lead(s): V5

--AXIS--

P	48
QRS	72
T	48

12 Lead; Standard Placement

- ABNORMAL ECG -

Unconfirmed Diagnosis

I
II
III
aVR
aVL
aVF
II

V1
V2
V3
V4
V5
V6

Measurements	Normal Values		Normal Values
Aorta	(21-22mm/m²)	LA es	(21-22mm/m²)
LV es	(16-19mm/m²)	LV ed	(19-32mm/m²)
IVS ed	(06-10mm)	PW(LV)ed	(07-11mm)
RV ed	(4-14mm/m²)	RV Anterior Wall	(upto 5mm)
EF	(62-80%)		
IVS MOTION	Normal/Flat/Paradoxical		
IAS	~~[illegible]~~		

— { DORV; large SA VSD well extending in subpulmonic region

CHAMBERS

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy
Contraction Normal/Reduced
LA Normal/Enlarged/Clear/Thrombus
RA Normal/Enlarged/Clear/Thrombus
RV Normal/Enlarged/Clear/Thrombus

NRGA
LVVO ⊕.
Ⓝ LV & RV funcⁿ
small PDA
Ⓛ arch, no COA.

PERICARDIUM Normal/Thickened/Calcification/Effussion

Cleared for surgical VSD closure (better with combined echo review with CTS — 08/09/2...)

REMARKS

Situs solitus, levocardia, AV-concordant,
DORV., Subaortic VSD with restriction flow from LV to Ao.
Malposed great arteries, Both aorta & PA side by side

TEE

Sub pulmonary Conus ⊕, no valvular/subvalvular PS.
confluent PA's ⊕.

DIAGNOSIS

Small (~2mm) PDA ⊕.
Ⓛ aortic arch, no COA. , no PE/vegetation
Normal RV/LV function.

Final Impression

CCHD – DORV, Subaortic VSD, ~~Malposed~~ great arteries.
(restrictive).
Small PDA,

Resident Consultant

Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

दिनांक/Date 106985995

विभाग Deptt. C | नाम Name Aryaan Rawat | उम्र Age 3

यू०एच०आई०डी०सं० UHID No. 23389/23 | पुत्र/पुत्री/पत्नी S/D/W | लिंग Sex M

निदान Diagnosis ACHD / TOF / DORV / Large VSD

Small PPA / LVOO / Ⓡ arch...

GSMD MDMⓐ. exR-CM Ⓐ TOF.

Gch: NSK, Ⓐ ... BrH, No Q waves

Cath - 16/Nov/2022. basal O2

Mean PAP - 92 → 81

PVR I - 22.4 → 10.5

Qp/Qs - 0.9 → 1.7-1

R 18 (28) 4/12/23

CTG ward Dr Rahul

Considering ... patient was treated c oral antibiotics

Now asymptomatic. SpO2 { basal - 93-94% ; c O2 - 100%

Chest clear.

Now: Redo Cath

Cath selection

Hall C 4pm

27/12/2024

PMJAY beneficiary

Please share your feedback to improve our hospital on the Website link: meraaspataal.nhp.gov.in

NURSE DAILY RECORD

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
	CROUP	Case discussed c Dr Konaram [illegible]	
	(1) Budecort 4 Resp- Star nebul[illegible]		
	(2) Adrenaline nebu 1ml + 3ml NS		
	(3) Reassess after [illegible]		
	(4) If stridor persists Repeat Adre[illegible]		
	(5) Chest X-Ray Neck Lateral		
	(6) [illegible] review for admission		
			Dr [illegible]

Cardiac Catheterization Labs
Department of Cardiology
All India Institute of Medical Sciences
New Delhi-110029, India

Arywan, **UHID:** 106985995, **Date:** 28-12-2023,
Years, **Gender:** Male, **ID2:** CV no - 23389/23 , AC No- 4799/23 , Lab 1,
kg, **Ht:** 88 cm, **Wt:** 12 kg, **BSA:** 0.53 sq.m

Precath diagnosis: ACHD /Inc Qp- DORV / Large S/A VSD extending well into subpulmonic region/ Small PDA / LVVO+ / Normal BV function / NSR
P cath -Novemeber 2022 -
Basal Ao- 82% , MPAP -92 , PVRI - 22.4 , Qp/Qs -0.9
On O2 - Ao- 96% , MPAP - 81 , PVRI -10.5 , Qp/Qs - 1.76- Cath data - Incongruent with clinical finding suggestive of operability. Had ? LRTI with oxygen dependance and significant post sedation desaturation.

Catheter course: 5FRFV - IVC >RA >SVC >RA >RV >PA ; 5F RFA - FA >DTA >Asc Ao

Procedure details: Procedure was done under minimal conscious sedation. There was immediate desaturation post sedation. Through a 5F RFV access a 5F counarnd catheter was advanced into the IVC >RA >RV >SVC >RA >RV >PA . Samples and pressures were taken. Wedge pressure was tried but catheter could not be wedged properly. Then through a 5F RFA access , A 5F pigtail catheter was advanced into the FA >DTA >Asc Ao .Samples were taken and pressures noted. Then oxygen was started at 15L/min for 15 minutes and process was repeated. Once again oxygen was removed and room air samples were taken to negate the effects of sedation as much as possible. There were no periprocedural indiactions .

First set comments, HR: 120

	Sat%	pO2	a/sys	v/dia	Mean
SVC:	68	37			
RA:	58	32			8
RV:	63		120	14	
PA:	75	41	109	53	81
PAW:					
PV:	93	80			
LA:					13
LV:			112	13	
AO:	88	56	114	64	88
FA:	88	56	132	64	93

	Indexed
Qp:	5.2
Qs:	4.8
Qp/Qs:	1.1
TPR:	15.4
PVR:	13.0
SVR:	16.6
PVR/SVR:	0.78
L to R:	1.4
R to L:	1.0
Qep:	3.8

	Mitral MG	MVAi	Aortic MG	AoVAi	VO2i
Value:					171

PO2 used.

Second set comments, HR: 120 post oxygen

	Sat%	pO2	a/sys	v/dia	Mean
SVC:	79	47			
RA:					8
RV:					
PA:	92	68	117	40	75
PAW:					
PV:	99	250			
LA:					13
LV:			112	13	
AO:	99	86	119	75	95
FA:					

	Indexed
Qp:	9.5
Qs:	4.7
Qp/Qs:	2.0
TPR:	7.9
PVR:	6.5
SVR:	18.4
PVR/SVR:	0.36
L to R:	5.4
R to L:	0.6
Qep:	4.1

	Mitral MG	MVAi	Aortic MG	AoVAi	VO2i
Value:					171

PO2 used.

Remarks: PV saturation assumed - As there was immediate post procedure desaturation and snoring - PV saturation was assumed lower to indicate that desaturation is contributed significantly by pulmonary causes in addition to underlying cardiac disease .
LVEDP = mLAP assumed

Angio report: Done in previous Cath study -
LV Angio - Large subaortic VSD , No additional VSD , No AVVR , Normal ventricular function
Aortic root angio - No AR , Normal coronary origins , Small PDA , No CoA /APW

Postcath diagnosis: ACHD /Inc Qp- DORV / Large S/A VSD extending well into subpulmonic region/ Small PDA / LVVO+ / Normal BV function / NSR
P/Cath - Basal - Ao- 88 % , Pulmonary vein - 93% , Qp/Qs - 1.1 , PVRI - 13.0 , PVRI /SVR - 0.78 , PAP- 109/53/81
On Oxygen - Qp/Qs - 2 , Ao-99% , PVRI - 6.5 , PVR /SVR - 0.36 , PAP - 117/40 /75

Management plan: Pulmonary and ENT evaluation for respiratory /upper airway disease followed by VSD patch closure routing LV to Aorta with post operative pulmonary vasodilators.

Resident: Dr Suad, **Consultant:** Dr Saurabh Gupta 01/01/24

Department of Cardiology
All India Institute of Medical Sciences
New Delhi

10699555

Name Anjuvan Age/Sex 3yrs/male Bed No

Cr/CV Diagnosis

Date	30/11/23							
Hb	11.0							
TLC	7510							
DIC	52180							
ESR								
P/S PK	2.8 L							
-Sugar								
-Urea	20.5							
Creatinine	0.3							
Sodium	138							
Potassium	3.8							
Uric acid								
cholesterol Cal/mg	8.7							
LDL Bil(T)/(D)	0.2							
HDL Alb/Alk/Alp	41/24/163.							
VLDL Tp/Alb	/3.8							
TG								
CPK CP	4.9							
LDH PT								
MISCELL								
URINE								

एम. आर.–8 नर्सेज डेली रिकार्ड
M.R. - 8 Nurses Daily Record

हृदय–वक्ष एवं तंत्रिका केन्द्र
CARDIO-THORACIC & NEURO-SCIENCES CENTRE
अ.भा.आ.सं. नई दिल्ली–110029 / AIIMS, New Delhi - 110029

नाम Name Aryaan उम्र Age 3year लिंग Sex Male वैवाहिक स्थिति Marital Status यू. एच.आई. डी. नं UHID No. 106925995

सेवा Service वार्ड Ward CT-6 बेड Bed 24 व्यवसाय Occupation धर्म Religion

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
30/12/23	DORV/VSD/ Small PA/ c/o fever. c/o loose stools. HR 142/min RR 32/min SpO2 - 92% Pulse - WP Peripheries: warm. CVS - S1S2 (+) PSM (+) RS - B/L AE (+) no added sounds	C/o excessive night time snoring drop in SpO2 during sleep (+). ? component of obstructive sleep apnoea ? Adenoid enlargement. Plan: - ENT consult for OSA - Peds pulmo consult – for OSA – for options of home O2, BiPAP – for PSG - r/o sepsis w/u - to send stool – R/M		

एम. आर.–8 नर्सेज डेली रिकार्ड
M.R. - 8 Nurses Daily Record

हृदय–वक्ष एवं तंत्रिका केन्द्र
CARDIO-THORACIC & NEURO-SCIENCES CENTRE
अ.भा.आ.सं. नई दिल्ली–110029 / AIIMS, New Delhi - 110029

नाम Name	उम्र Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू. एच.आई. डी. नं. UHID No.
Aryan				
सेवा Service	**वार्ड Ward**	**बेड Bed**	**व्यवसाय Occupation**	**धर्म Religion**

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
	PDA c VSD / Sev PAH		37 - M
	admitted today		Since 1 86 ...
	Fever 2d		
	cough 2d		
	Loose 2d		
PR 160 RR 38/m SpO2 - 92%.	... SPO2 PSM (+) ... SM	Chest	B/L ... (+) ... crept (+) ~~...~~ SCR (+)
	? CROUP.	Case	

2/11/24

c/o ENT on call

Known VSD c PAH

c/o Mouth breathing
on and off

No snoring / noisy breathing.
on and off c/o rhinorrhea (+)

· No h/o night awakenings

O/E Patient conscious, oriented

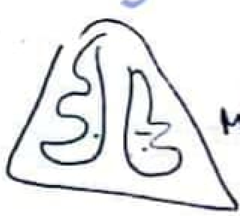
S_pO_2 = 86% on RA

O/E OC

No stertor/stridor.

B/L Grade II Tonsils

ANT R



Mucosal strips (+)

X-ray STN - AP
- lateral | No c/o upper airway narrowing

Adv.

- FOL - Cont MOT 615/616A (Wed/Sat.) New RAK 6th floor

- F/u in ENT - III OPD (Mon/Thursday) 616A New RAK 12th floor

[signature]
Dr R...

हृदय–वक्ष एवं तंत्रिका केन्द्र

CARDIO-THORACIC & NEURO-SCIENCES CENTRE

अ.भा.आ.सं. नई दिल्ली–110029 / AIIMS, New Delhi - 110029

एम. आर.–5 डाक्टर आर्डर
M.R. - 5 Doctors Orders

Initial all orders Cancel by crossing through and initalling Rewrites all orders when turning over and after major operations. Sister should sign in the column provided when the order is transferred to the treatment books.

नाम / Name	उम्र / Age	लिंग / Sex	वैवाहिक स्थिति / Marital Status	यू. एच.आई. डी. नं. / UHID No.
Anjali Rawat.	3y 1 Mth			10693995

सेवा / Service	वार्ड / Ward	बेड / Bed	व्यवसाय / Occupation	धर्म / Religion

Date Order	Date Cancelation	Doctor's orders with signature	The sister's signature with date
27/12/21		D:- DORV / VSD / Small PS planned for cath study. Ayushman. Kumari. Plan: - NPO from 9am. - IVF DNS @ 40ml / hour. - Ayushman - to be informed. - Stupl to cath lab on call - Angio/PTPC.	

DEPARTMENT OF CARDIOLOGY

Pre Cath Instruction CATH

ARYWAN RAWAT 3YR/m
106985995

Posted for Cath on

1. Consent CT 3 Ward (3rd floor)
1. Shave both gronis
1. Nil orally after ~~mid/night~~ 9am .... 27/12/23 ....
4. All morning medications at .... 6. am on ..... 28/12/23 ....
5. Cap/Syp............ Amox, 8 hrly. (first dose) at 5 am tomorrow
6. Reach cath lab at 8 am on............ 28/12/23 .... with one attendant
7. Omit morning dose of antidiabatics, dignoxin and night dose of anticoagulants

Ayushman PMJAY - Admit CT6.

8.

9.

ECG............ CT6............ Sixth Floor

~~X-ray~~............ Room 56............ Ground Floor

Post Cath Instructions

. Diagnosis SF SR → NPO x4hrs/ then allow

. Puncture RFA / RFV / LFV / LFA / BFA → Rt Immobilization x 6hrs

Not to move RLL / LLL / RUL / LUL till 9 am on............ . w/f DUT/ UO / pulses

Watch for bleeding/pulse hematom/vital signs → Syp Nicomox 250/5 5ml BD x 3days

Resume all medicines

Cap/Syp............ Amox 8 hrly 3 days

Drugs used heparin............ 1200 .... units

DOCTORS ORDERS

Initial all orders Cancel by crossing through and initalling Rewrites all orders when turning over and after major oper
Sister should sign in the column provided when the order is transferred to the treatment books.

Date Order	Date Cancelation	Doctor's orders with signature	The sister's signatur with date

Vitals GC-fair

PR = 126 bpm
RR = 34/min ↓ RA
SpO2 = 92%
BP = 108/81
CRT < 3 sec
PP/CP = +++

R/S - b/L AEE, NVBS
No shadow/added BS

CVS - S_1S_2 (M)
Systolic murmur

CNS - No FND

P/A - soft, NT, ND

Plan

1) CXR + $\vec{x}$ STN (Lateral)
2) ENT opinion → upper Respiratory symptoms.

Rahul
Dr Rahul

ARYWAN RAWAT

ECHOCARDIOGRAPHY REPORT

DEPARTMENT OF CARDIOLOG, CARDIOTHORACIC CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

NAME Aryan Rawat AGE 3 SEX M/F DATE 4/9/23

ECHO No 21939/23 CV No..... UHID No. 10698595 C.R. No. .....

HEIGHT.....cm WEIGHT.....kg BSA .....m^2 Ref. Physician Dr. Saurabh

Referring Diagnosis

Quality of Imaging Poor/Adequate/Good Done by Dr. Gautam Checked by Dr.....

MITRAL VALVE

Morphology AML - Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming

PML Normal/Thickening//Calcification/Prolapse/Paradoxical motion/Fixed.

Subvalvular deformity Present/Absent

Doppler Normal / Abnormal

Mitral stenosis Present / Absent RR interval.....msec

EDG.....mmHg MDG.....mmHg MVA.....cm2

Mitral regurgitation Absent/Trivial/Mild/Moderate/Servere

TRICUSPID VALVE

Morphology Normal/Atresia/Thickening/Calcification/Prolaps/Vegetation/Doming

Doppler Normal/Abnormal

Tricuspid stenosis Present/Absent RR Interval.....msec

EDG.....mmHg MDG.....mmHg

Tricuspid regurgitation Absent/Trivial/Mild/Moderate/Service Fragmented Signals

Valocity.....m/sec Pred. RSVP-RAP+.....mmHg

PULMONARY VALVE

Morphology Normal/Atresia/Thickening/Domng/Vegetation

Doppler Normal/Abnormal

Pulmonary stenosis Present/Absent Level

PSG.....mmHg Pulmonary annulus.....mm

Pulmonary regulation Present/Absent

Early diastolic gradient.....mmHg En diastolic gradient....mmH

AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted Opening/Flutter/Vegetation No. of cusps 1/2/3/4

Doppler Normal/Abnormal

PHYSICAL EXAMINATION

Temp.	Pulse	Resp.	B.P.	Weight

Plan : ENT opinion

Oral Exam^{n} → child is uncooperative

Vitals GC - fair

PR = 140/min
RR = 46/min
SpO$_2$ = 90% on RA
CRT < 3 sec
PP/CP = +/++

R/S - b/L AEE
NVBS.

CVS - $S_1 S_2$ +nl
systolic murmur

CNS - No FND

P/A - soft, NT, ND

Plan

- ENT opinion - for URI symptoms
- Continue Budecort neb
  - ADR neb SOS.