To,

Whomsoever it may concern,

NGO/ Social Support organisation

Date – 09/07/23

Sir/Ma'am

The aforementioned child (Name: Priyontika Dey with CR No: 219172300815783) is a case of PIBO (post infectious bronchiolitis obliterans) on multiple medications and on oxygen support.

The patient requires multiple medications which cost around Rs 10-15000/month. Patient already has oxygen concentrator for home care of child, but requirement of multiple medications for the patient (list attached herewith) is present as of now.

Keeping in view the financially constrained condition of the patient, kindly arrange/procure/support monetarily the patient – which is required for the child's continuing care.

Kindly consider his request and support the patient by means necessary.

Thanking You

Senior Resident
Dept of. Pediatrics
AIIMS,Bhubaneswar

Dr Golla Ramakrishna

DM Senior Resident

Pediatric Pulmonology and Intensive Care

Department of Pediatrics

AIIMS BBSR

REQUEST LETTER

Ms. Piyuntika Dey, a 2 year girl from West Bengal, is admitted at AIIMS Bhubaneswar (IPNo. 219172023010041) and her clinical diagnosis is Post Infectious Bronchiolitis Obliterans (post adenovirus infection). The child needs home oxygen and requires the following medications regularly to treat her condition.

ONE TIME EXPENSES

NAME OF THE ITEM	APPROXIMATE PRICE
OXYGEN CONCENTRATOR	Rs.70,000/
OXYGEN CYLINDER	Rs.12,000/
PULSE OXIMETER	Rs.1,500/
NEBULIZATION MACHINE	Rs.2,000/
Total	**Rs 85,500/-**

PER MONTHLY EXPENSE OF THE MEDICINES REQUIRED

NAME OF THE ITEM	No's / MONTH	APPROXIMATE PRICE
T.HCQ 200MG/ TAB	1	Rs.100/
VIT D SACHET 60,000 IU/ sachet	1	Rs.40/
TAB AZATHIOPRINE 50MG/ TAB	1	Rs.230/
SYRUP CALCIMAX (250MG/5ML)	1	Rs.170/
SYRUP MVT	1	Rs.176/
SYP DOMSTAL (1MG/ML)	6	Rs.250/
TAB LANZOL JR (15MG/TAB)	2	Rs.300/
TAB MONTELUKAST (4MG/TAB)	3	Rs.360/
SYRUP AZITHROMYCIN (100MG/5ML)	2	Rs.160/
SYRUP OMNACORTIL FORTE (15MG/5ML)	2	Rs.100/
NEB ASTHALIN SOLUTION	2	Rs.20/
NEB BUDECORT RESPULES (500MCG/2ML)	60	Rs.2160/
MDI TIOTROPIUM 9MCG/PUFF	1	Rs.500/
Total		**Rs 4566/-**

The cost of above medications is an approximate estimate only. It is being issued on the request o parents for financial assistance

23/5/23

Krishna Mohan Gulla
Associate Professor
partment of Pediatrics
Bhubaneswar-751019

22/5/23

Dr. Joseph John, MD., DNB
Professor, I/C HOD
Department of Paediatrics
AIIMS, Bhubaneswar-751019

MADHYAMGRAM MUNICIPALITY

P.O.- Madhyamgram, Kolkata - 700129

Date 20/05/2023

TO WHOM IT MAY CONCERN

This is to Certify that Sri/Smt/Kumari Somnath Dey

son / daughter / wife of Shibapada Dey

is a permanent resident of New Khulnapally

P.O.- Konachandigarh Ward No. 17

So far as I know he / she belongs to Scheduled Caste / Tribe / O.B.C. community being his / her Sub caste ——×——

So far as I know his . her family income does not exceed Rs. 7000/- per month / per year.

P.S.-Madhyamgram / Dum Dum Airport, Kolkata 700130, West Bengal, under this Municipality.

So far as I know he / she is well behaved and bears good moral character.

20/05/23

Councillor
Ward No.17
Madhyamgram Municipality
North 24 Parganas

I wish him / her success in life.

DEPARTMENT OF PEDIATRICS

All India Institute of Medical Sciences, Bhubaneswar

DISCHARGE SUMMARY

Name: PIYUNTIKA DEY	**AGE**: 2 years	**Gender:** FEMALE
CR:219172300815783 IP:219172023019240	**Date of admission:** 08/07/23	**Date of Discharge:** 10/07/23
Father: SOMANTH DEY **ADDRESS**: MADHYAM GRAM, WEST BENGAL		**Consultant:** **Dr Bhagirathi Dwibedi** **Dr Rashmi Ranjan Das** **Dr Krishna Mohan Gulla** **Dr Ketan Kumar**
DIAGNOSIS: Post Infectious Bronchiolitis Obliterans (Post Adenoviral infectious sequelae)/URTI		

C/O: Cough x 3 days. Vomiting x 3 days.

HOPI: Patient was in her usual health 3 days back when she developed cough, insidious in onset, non-progressive, associated with post tussive vomiting and nasal discharge, no aggravating or relieving factors. No h/o increase in distress from baseline.

No h/o loose motion. No h/o ear discharge. No h/o bluish discolouration. No h/o poor feeding. No h/o abnormal movements. No h/o burning micturition. No h/o rash over skin.

Past History: k/C/O Severe pneumonia with Adenovirus infection 3 months ago, 07/03/23 – 04/04/23 : Admitted at a Private hospital with c/o insidious onset of intermittent fever with nearly 103 degrees F, reduced with medication. received mechanical ventilation, H3FNC. 10/04/23 – 06/06/23: admitted in AIIMS Bhubaneswar – Given 2 doses Methylprednisolone pulse therapy and 1 dose of IVIg at 1g/kg

Antenatal history: Regular ANC visits, took IFA tablets, no h/o APH, GDM, GHTN

Birth history: Term/LSCS (oligo)/B. wt-2.2kgs/cried immediately after birth

Postnatal: No NICU admission, after 3 days child had jaundice, total bilirubin 8.4, given phototherapy for 3 days and discharged

Developmental history: Developmentally normal for age

Family history – non-consanguineous marriage. no similar complaints.

Immunization: Immunised as per NIS, no AEFI, BCG scar seen, PCV and influenza vaccine first dose received in the last visit. Second dose of influenza vaccine given on 09/07/23.

EXAMINATION ON ADMISSION:

General: Child is alert, active, tachypnoeic

RR- 45/min, HR-130 bpm, Spo2-94% on 0.5L O2, BP -90/60 mmHg.

Pallor/Icterus/cyanosis/clubbing/Lymphadenopathy/edema: absent

ANTHROPOMETRY:

		Centiles
Weight	8.9 kgs	-2 to -3 SD
Height	81 cm	-2 to -3 SD
Head circumference	46 cm	-1 to -2 SD
MUAC	11.5 cm	

CNS: HMF intact, cranial nerve examination normal. No focal deficits. Motor-normal B/L symmetrical, Tone – Normal, Power-5/5, Reflex – present. No sensory deficit

Chest: Shape and symmetry normal, No scar/sinuses or dilated veins.

Trachea central, percussion resonant.

Severe ICR and SCR present.

B/L Air entry present and equal, B/L crepitations present, B/L wheeze present

CVS: precordium normal, no visible pulsations, S1 S2 heard, no murmur.

DEPARTMENT OF PEDIATRICS

All India Institute of Medical Sciences, Bhubaneswar

DISCHARGE SUMMARY

Name: PIYUNTIKA DEY	**AGE**: 2 year	**Gender:** FEMALE
CR:219172300815783 IP:219172023010041	**Date of admission:** 10/4/23	**Date of Discharge:** 6/6/23
Father: SOMANTH DEY **ADDRESS**: MADHYAM GRAM, WEST BENGAL		**Consultant:** Dr Krishna Mohan Gulla
DIAGNOSIS: Post Infectious Bronchiolitis Obliterans (Post Adenoviral infectious sequelae)		

C/O: Breathing Difficulty X 3 Days

HOPI: patient is a k/c/o severe pneumonia with adenovirus positive. Now referred from pvt hospital for the management of the same. To start with patient was aparently normal 1.5 months before, after which she developed fever which was insidious in onset intermittent, documented 103 F, relieved with medications. Following which child was admitted, and received antibiotics and nebulization for 7 days. Patient was then discharged on MDI. 2 days after being normal child developed respiratory distress, which required admission. 7/3/23; respiratory complaints- Chest Retractions, increased respiratory rate→Pvt hospital * 3 days, → ICU HHFNC → referred (Pneumonia Bio fire panel - Tested Positive for Adenovirus)

16/3/23; referred to Narayana hospital, 3 days-? ventilation→ HFNC 3 days, oxygen nasal cannula for 1 day→discharged→reached home→(29/03) 2 days later developed respiratory distress(mild)→ admitted- 3 days observation, oxygen @ 1L→ discharged home, readmitted with respiratory distress on 4/4/23 → one day HFNC and 11 day on 2L O2 by nasal cannula, CT scan done and referred to AIIMS Bhubaneswar

Not associated with H/O skin abscess, recurrent ear infections, oily stools, loose stools, any choking episodes, feeding difficulty.

Antenatal history: regular ANC visits, took IFA tablets, no h/o APH, GDM, GHTN

Birth history: 1st order/Term/LSCS (oligo)/B. wt-2.2kgs/cried immediately after birth

Postnatal: No NICU admission, after 3 days child had jaundice, total bilirubin 8.4, given phototherapy for 3 days and discharged

Developmental history: Developmentally normal for age

Family history – non-consanguineous marriage. no similar complaints.

Immunization: immunised as per NIS, no AEFI, BCG scar seen, not received PCV

EXAMINATION ON ADMISSION:

General: Child is alert, active, tachypnoeic

RR- 44/min, HR-150 bpm, Spo2-95% on 1L O2.

Pallor/Icterus/cyanosis/clubbing/Lymphadenopathy/edema: absent

ANTHROPOMETRY:

		Z Score
Weight	7 kgs	-4.3
Height	80 cm	-2.8
Head circumference	45 cm	-1.73
MUAC	11 cm	-3.8

Suggestive of Severe Acute Malnutrition

CNS: HMF intact, cranial nerve examination normal. No focal deficits. Motor-normal B/L symmetrical, Tone – Normal, Power>3/5, Reflex – present. No sensory deficit

Dexmedetomidine was added in view of increasing irritability and worsening distress. Flow and FiO2 were gradually tapered and child were orally allowed with improvement in distress. IVIG was given @ 1g/kg for disease exacerbation on 29.04.23. S. Procalcitonin was negative and Blood culture was negative so antibiotics were stopped on Day 7.

The child recovered, she was shifted back to the ward, and 2nd dose of monthly methyl prednisolone was given on 20/5/23 at 10mg/kg/dose for 3 days. On 27/5/23 she again developed features of acute exacerbation in the form of increased wheezing and work of breathing along with tachypnea, which was managed with IV magnesium sulphate, Asthalin nebulisations, as wheeze persisted she was given IV Aminophylline infusion which was tapered and stopped within 24 hours as she responded well, all infectious markers were negative.

As the child was having persistent O2 requirement of 0.5L/min by nasal prongs, she was planned to be discharged on home oxygen. Oxygen cylinder and concentrator were procured with help of an NGO. She is currently having oxygen requirement of 0.5L/min with nasal prongs and is being discharged on oral Omnacortil @1mg/kg/day, Azathioprine @1mg/kg/day, HCQ, Azithromycin, Montelukast, MDI Asthalin, Tiotropium and Budecort 400mcg/day.

Parents have been explained about the disease condition, prognosis and chronic nature and possibility of intermittent exacerbations.

Condition at discharge: HR- 122/min, RR-52/min, No nasal flaring or retractions, SpO2- 86% in Room Air, 93-94% with 0.5L/min by nasal prongs when active, 96-97% in Room Air during sleep, Chest: BAE equal, Crepts+ in B/L Infraaxillary and infrascapular area, Wt- 8.5 Kg

Advice on discharge – Diet as advised

Continue oxygen inhalation via nasal prongs at 0.5L/min to maintain SpO2 90-94%

1) MDI Budecort (100mcg/puff) 2 puffs 1 minute apart with mask and spacer twice daily to continue.
2) MDI Asthalin (100mcg/puff) 2 puff 1 minute apart with mask and spacer 6hrly
3) MDI Tiotropium (9mcg/puff) 1 puff with spacer and mask once daily.
4) Syp Omnacortil forte (5ml/15mg) 3 ml orally once daily after breakfast. (@1mg/kg/day) x 2 weeks followed by 1.5 ml PO OD to continue
5) Syp Azithromycin (5ml/100mg) 2ml orally once daily (@5mg/kg/day)
6) Tab Azathioprine (50mg) 1/4th tab mix in 5ml water and give 3ml orally once daily (@1mg/kg/day)
7) Tab HCQ (200mg) ½ tab mix in 5ml water, give 2ml orally once daily (@5mg/kg/day)
8) Tab Montelukast (4mg) 1 tab orally once daily
9) Tab Lanzol (15mg) ½ tab orally once daily 30mins before breakfast
10) Susp Domstal (1ml/1mg) 3ml orally thrice daily 15mins before food
11) Syp Calcium (5ml/250mg) 5ml orally once daily
12) Syp Multivitamin 5ml orally once daily

Review after 4 weeks in Pediatrics chest clinic on Thursday at 2PM in Paediatrics OPD in ground floor (6/7/2023)

Can be followed up at AIIMS Kalyani every 2-4 weeks (Dr. Rohit Bhowmik, Dr. Niranjan Mishra)

Plan- Echocardiography to be done after 4 weeks to look for PAH

SR – Dr Karthika

JR – Dr Harini J