Jan Sanjeevni Trust Registration No: 1061/2017
Jan Sanjeevni Trust PAN No: AADTJ0816E
Jan Sanjeevni Trust Website: www.jstngo.org
Jan Sanjeevni Trust E-mail : we@jstngo.org

PATIENT NAME	Twins baby of Pushpa
GURDIAN	Sujit Kumar
D.O.B/ SEX	20/08/2026, Male
DISEASE NAME	RDS (Respiratory Distress Syndrome)
TREATMENT HOSPITAL	Madhukar Rainbow Children's Hospital
UHID NO	MRD-00054127/ MRD-00054127
DEPARTMENT NAME	Neonatology / NICU
TREATMENT COST	₹8,72,443/- // ₹9,38,437/-
GURDIAN's OCCUPATION	Private Job
ADDRESS	Hargovind Enclave, Rajpur Khurda Extension Chatterpur, Maidan Garhi, New Delhi

Estimate Madhukar Rainbow Children's Hospital

Patient Name:	Baby 1 of Pushpa	Date of Admission	20-Aug-26
UHID:		Estimate Date	2-Sep-26
Approx Stay	15- Days	Doctor :	Dr. PICU Team
Room Category	NICU	Phone Num:	
Surgical/ Medical:	Medical Management	TPA/Cash	Cash

FIXED CHARGES		
Per Day Package Charges 25000/- (Fixed Charges)	**3,75,000.00**	**15 Days**
DRUGS & Consumable		**Extra and on actual**
Procedure		**Extra and on actual**
INVESTIGATIONS		**Extra and on actual**
EQUIPMENT-		**Extra and on actual**
Running Bill Till (02-09-2026)	**4,97,443.00**	**Approxe**
Total Approx estimate :	**8,72,443.00**	**Medicine , test , procedure/surgery equipment etc charge extra.**

NOTE: This estimate is only for per day fixed charges, rest all other expences like med-consumable, investigation , bedside procedure/ surgery, ventilatoretc will be charge extra and on actual.

This estimate is not applicable for TPA case and Re-Admission.

You may request to collect your bill on daily basis and clear your outstanding, actual cost may be vary based on the patient condition.

All the charges are vary depends on the room category opted by the patient.

Deposit-100% or altleast 80% of the estimated amount at the time of admission. For surgical cases 100 % of estimated amount.

As per this Change From 18th July 2022 (Monday) onwards, we are supposed to charge GST @ 5% on hospital room rent

Attendant Name:	Sujit Kumar
Relationship with patient:	Father
Signature:	

Assigned Staff Name:	Karan Bisht
Mobile Number:	8448696941
Signature:	

Estimate Madhukar Rainbow Children's Hospital

Patient Name:	Baby 2 of Pushpa	Date of Admission	20-Aug-26
UHID:		Estimate Date	2-Sep-26
Approx Stay	15- Days	Doctor :	Dr. PICU Team
Room Category	NICU	Phone Num:	
Surgical/ Medical:	Medical Management	TPA/Cash	Cash

FIXED CHARGES		15 Days
Per Day Package Charges 25000/- (Fixed Charges)	3,75,000.00	Extra and on actual
DRUGS & Consumable		Extra and on actual
Procedure		Extra and on actual
INVESTIGATIONS		Extra and on actual
EQUIPMENT-		Approxe
Running Bill Till (02-09-2026)	5,63,437.00	Medicine , test , procedure/surgery equipment etc charge extra.
Total Approx estimate :	9,38,437.00	

NOTE: This estimate is only for per day fixed charges, rest all other expences like med-consumable, investigation , bedside procedure/ surgery, ventilatoretc will be charge extra and on actual.

This estimate is not applicable for TPA case and Re-Admission.

You may request to collect your bill on daily basis and clear your outstanding, actual cost may be vary based on the patient condition.

All the charges are vary depends on the room category opted by the patient.

Deposit-100% or altleast 80% of the estimated amount at the time of admission. For surgical cases 100 % of estimated amount.

As per this Change From 18th July 2022 (Monday) onwards, we are supposed to charge GST @ 5% on hospital room rent

Attendant Name: Sujit kumar
Relationship with patient: Father
Signature:

Assigned Staff Name: Karan Bisht
Mobile Number: 8448696941
Signature:

Madhukar Rainbow Children's Hospital
Children First, Always
A Unit of Madhukar Multispecialty & Research Centre

CASE SUMMARY

Name	Baby 1 of PUSHPA	UHID	MRD-00054127
Father/Guardian	Mr SUJIT KUMAR	Age/Gender	0 Y 0 M 13D/Male
Address	House no 75, hargobind enclave Rajpur khurda extension Chatterpur, Maidan Garhi, New Delhi, Delhi, INDIA, 110068		
IP No	IP17-00055533	Admission Date	20-08-2026
Ref Doctor		CASE Summary Date	2-09-2026

CONSULTANTS : Dr. NAVEEN PRAKASH GUPTA / Dr. PINAKI DUTTA / DR. JYOTI THAKUR

FINAL DIAGNOSIS: VERY PRETERM 29 WEEKS 5 DAYS / MCDA TWIN 1/AGA / RDS/APNEA OF PREMATURITY/NEONATAL HYPERBILIRUBINEMIA (UNCONJUGATED) /RESOLVING GRADE2 IVH (RIGHT SIDE)

MATERNAL DETAILS
Age: 33 years
Gestation: 29 weeks 5 days
Parity: Primigravida
Blood Group: B Positive

ANTENATAL HISTORY: leaking PV for 8 hours, spontanoeus onset of preterm labour, history of cervical encerclage at 24 weeks, received 1 dose of dexamethasone 8 hours before

NEONATAL DETAILS
Date of Birth: 20.08.2026
Gender: Male
Apgar: 7/9
Time Of Birth: 5:55 A.M.
M.O.D.: LSCS
Birth Wt: 1405 grams
Current weight=1420grams

Resuscitation details: Baby cried immediately at birth. so routine steps were done and baby was shifted to nicu for further management in transport incubator.

PHYSICAL EXAMINATION
Cry- Good, **Color**- Pink, **Cord vessels**- 2 arteries, 1 vein, **Eyes/Ears**- Normal, **Red Reflex -** b/l present, **Spine**- Normal, **Anal opening**- Present, **Genitals-** male **Femoral**- Palpable bilaterally

COURSE DURING HOSPITAL STAY:

R/S : After shifting to nicu baby developed respiratory distress soon after birth so baby was started on cpap (fio:25%, peep:6). Gradually respiratory distress improved so fio2 requirement improved in next 24 hours. At 26 hour of life baby had 1 episode of apnea associated with bradycardia so baby was shifted to NIMV (FIO2: 21%, PIP: 14, peep: 6, RR: 25) .In view of intermittent apneic and desaturation episodes baby is being supported on NIMV. on D6 of life baby is shifted from NIMV to CPAP support (FIO2:21%, PEEP:6cmH2O) . CPAP is gradually tapered and stopped on day11 of life. Currently baby is maintaining target saturations at room air .on syp caffeine citrate.

CVS: Baby has S1S 2 normal , remained hemodynamically stable during the hospital stay.

GIT: Baby was started on tube feeds with 2ml every 2 hourly according to unit protocol feeds were increased if baby is found to tolerating well . Baby had feed intolerance on DOL4 so feed was witheld and baby was started on iv fluids. OG feeds were restarted on DOL5 and gradually increased as baby was tolerating the feed well and iv fluids were tapered

Name	Baby B/O PUSHPA TWIN 1	UHID	MRD-00054127

accordingly. Currently baby is on tube feeds 23ml every 2 hourly.

CNS: Baby has AF at level with Cry tone and activity app for age. USG cranium done on DOL5 S/O right sided grade 2 IVH. repeat USG Cranium done on DOL11 S/O resolving right sided grade 2 IVH. HC monitoring thrice weekly.

Sepsis : Baby was started on i.v. piptaz/ i.v. amikacin after taking Blood c/s.Sepsis workup was done at 24 hours of life which showed : platelets : 2.78 lac/mm3, WBC:3600 cells/mm3, CRP:2 mg/l and inj Filgristim was given. CBC/CRP done on on 23/8/26 showed TLC 7230cell/mm3,platelet 2.89 lac/mm3,and blood culture at 48 hrs showed no growth final reports awaited. completed 7days of inj piptaz and amikacin and stopped.

Metabolic : Baby remained euglycemic during the hospital stay, Plan to do metabolic screen on 5.9.26

INVESTIGATIONS (Reports attached)
CCHD Screening : Normal

Metabolic screening.: BIO7: pending
Hearing screening: OAE: pending
Pulse oximetry screening: Normal
Baby Blood Group: A Positive
Cord Blood TSH: 5.11 uIU/ml

VACCINATION AT BIRTH : pending
TREATMENT GIVEN :
Inj. Vitamin K 1 mg IM at birth
IV FLUIDS
CPAP / N-IMV
INJ / SYP CAFFEINE
INJ .PIPTAZ/INJ AMIKACIN
INj FILGRISTIM
Drops PRO GG
Drops Zyrol D3
Drops ABDEC
Sachet NEOPF

CURRENT CONDITION :
Baby is stable on room air, on OG feed 23ml/2hrly with supplements, syp caffeine citrate, on HC monitoring thrice weekly

BABY NEEDS NICU STAY FOR 3-4 MORE WEEKS IN VIEW OF PRENATURITY

THIS IS AN INTERIM CASE SUMMARY AS REQUESTED BY PARENTS .

Neonatology Team: Dr. Naveen Prakash Gupta / Dr. Pinaki / Dr. Jyoti / Dr. Pooja / Dr. Neeraj / Dr Nitish/ Dr Latif/ Dr Satya

Madhukar Rainbow Children's Hospital
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CASE SUMMARY

Name	Baby 2 of PUSHPA	UHID	MRD-00054128
Father/Guardian	Mr SUJIT KUMAR	Age/Gender	0 Y 0 M 13D/Male
Address	House no 75, hargobind enclave Rajpur khurda extension Chatterpur, Maidan Garhi, New Delhi, Delhi, INDIA, 110068		
IP No	IP17-00055534	Admission Date	20-08-2026
Ref Doctor		case Summary Date	2-09-2026

CONSULTANTS : Dr. NAVEEN PRAKASH GUPTA / Dr. PINAKI DUTTA/ DR. JYOTI THAKUR

FINAL DIAGNOSIS: VERY PRETERM 29 WEEKS 5 DAYS / MCDA TWIN 2 / AGA/ RDS / NEONATAL JAUNDICE /APNEA OF PREMATURITY / B/L GRADE 1 IVH

MATERNAL DETAILS
Age: 33 years
Gestation: 29 weeks 5 days
Parity: Primigravida
Blood Group: B Positive

ANTENATAL HISTORY: leaking PV for 8 hours, spontanoeus onset of preterm labour, history of cervical encerclage at 24 weeks, received 1 dose of dexamethasone 8 hours before

NEONATAL DETAILS :
Date of Birth: 20.08.2026
Gender: Female
Apgar: 7/9
Time Of Birth: 5: 56 AM
M.O.D.: LSCS
Birth Wt: 1263 grams

Resuscitation details: Baby cried immediately at birth. However baby developed repsiratory distress soon after birth with persistent cyanosis so baby was started on delivery room cpap (30%, peep:7) following which baby started maintaining target saturation . Baby was shifted in transport incubator on cpap for further management on above settings.

COURSE DURING HOSPITAL STAY :
R/S: After shifting to nicu baby was continued on cpap (fio2:30%, peep:7). Baby has persistent fio2 requirement > 30% so baby was given 1 dose of curosurf within 4 hours of life . Baby was continued on cpap for next 24 hours . Baby has difficulty to taper down further fio2 requirement to less than 30% with chest xray showing persistent RDS like picture so baby was given second dose of surfactant at 100mg/kg of curosurf. Post surfactannt therapy fio2 needs decreased to 25%.Baby had 2 episodes of apnea requiring tactile stimulation so shifted to Nasal IMV support (fio2 25% PIP 18 PEEP 8 rate 30) .NIMV continued in view of intermittent apneic and desaturation episodes with FIO2 21%,PEEP 9,PIP 18,RATE40. Baby remained stable on NIMV support and setting were decreased gradually. On DOL6 baby was shifted to CPAP support on Fio2 21% and PEEP 8cmH2o. Baby remained stable on CPAP support and gradually weaned off to room air on DOL 12 . Currently baby is maintaining saturation on room air.

CVS: Baby has s1s2 normal , remained hemodynamically stable during the hospital stay.

GIT: Baby was started on tube feeds with 2ml every 2 hourly according to unit protocol feeds were increased if baby is found to tolerating well . OG feed increased gradually.Currently baby is on tube feeds 22 ml every 2 hourly with EBM/DBM.

CNS: Baby has AF at level with Cry tone and activity appropriate for age. USG cranium done on DOL 3 s/o b/l grade1

Rainbow Children's Hospital
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Name	Baby B/O PUSHPA TWIN 2	UHID	MRD-00054128

GMH.USG cranium was repeated on DOL 10 s/o resolving b/l grade1 GMH with increased signals in left side.

Sepsis : Baby was started on i.v. piptaz/ i.v. amikacin after taking Blood c/s.Sepsis workup was done at 24 hours of life which showed : platelets : 2.48 lac/mm3, WBC:5710 cells/mm3, CRP:9 mg/l and inj Filgristim was started. In view of clinical deterioration in form of apneas ,CBC /CRP repeated on 21/8/26 showed (TLC- 4600 cells /mm3 , Plat -2.3 lakh) , CRP- 9 mg/L . Baby was started on IV meropenem/colistin . Repeat sepsis screen done on 22/08/2026 showed TLC 5720 cells/mm3,platelets 2.41 lac .blood culture at 48 hours showed no growth ,so iv antibiotics were stopped after total course of 7 days.

Metabolic : Baby remained euglycmic during the hospital stay. Plan to send metabolic screen on 5.9.2026

INVESTIGATIONS (Reports attached)
CCHD Screening : Normal
Metabolic screening.: BIO7 : pending
Hearing screening: OAE: pending
Pulse oximetry screening: Normal
Baby Blood Group: A Positive
Cord Blood TSH: 5.04 uIU/ml
VACCINATION AT BIRTH : pending

TREATMENT GIVEN:
Inj. Vitamin K 1 mg IM at birth
CPAP / N-IMV
I.V.PIPTAZ/I.V. AMIKACIN/Inj Filgristim
IV MEROPENEM/COLISTIN
I.V. CAFFEINE Citrate
Syp Caffeine citrate
PHOTOTHERAPY
PRO GG DROPS
Drops zyrol D3
Sachet HMF advance/ MCT oil
Sachet Esomac

CURRENT CONDITION
Baby is stable on room air ,on OG feed 22ml/2hrly along with supplements, Syp caffeine citrate.

CURRENT WEIGHT- 1305GMS

BABY NEEDS NICU STAY FOR 3-4 MORE WEEKS IN VIEW OF PREMATURITY.

THIS IS AN INTERIM CASE SUMMARY AS REQUESTED BY PARENTS.

Neonatology Team: Dr. Naveen Prakash Gupta / Dr. Pinaki / / Dr. Jyoti / Dr. Pooja / Dr. Neeraj / DR NITISH /DR LATIF / Dr Satya

Baby 1

Baby 2