

DISCHARGE SUMMARY

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Patient Name	: MR. AMIT MITTAL	Reg. No./IPD No.	: 23048707/564275
Father	: MR. GOPAL KRISHNA	Age/Sex	: 46Y4M2D/Male
Doctor Name	: Dr. PRADEEP JAIN (DTCD, DNB (RESPIRATORY MEDICINE))	Contact No.	: 9892575614
Category	: GO DIGIT GENERAL INSURANCE LIMITED	Bed No.	: 240
Ward	: SECOND FLOOR WING F	DSAD/DSAT	: 21/11/2023 05:35:18 PM
DOA/TOA	: 16/11/2023 01:08:24 PM	Print Date/Time	: 21/11/2023 05:35:07 PM
Printed By	: RAKESH PARIHAR		

DIAGNOSIS

K/C/O RA WITH ILD
RESPIRATORY FAILURE

PRESENTING COMPLAINTS

Patient was admitted with complaints of
- High grade fever with chills, on and off.
- Shortness of breath.
- Cough and cold.
- Decreased appetite.
- Nausea and vomiting.
All complaints since 10-15 days.

Complaint of shortness of breath since 10-15 days, increased since yesterday.

Patient admitted in CHRC for further management.

Known case of RA with ILD, on treatment.

CLINICAL FINDING

O/E :

Febrile (101°F)
PR : 125/min
BP : 110/70 mm Hg.
RR : 22/min.

No Pallor / Cyanosis / Clubbing / Icterus / Edema / LN Pathy

CVS : S1 S2 present.
R/S : Bilateral crepts+
P/A : Soft, non tender
CNS : Conscious, oriented

COURSE IN HOSPITAL

Patient was admitted with above-mentioned complaints. HRCT chest was done suggestive of UIP pattern of ILD with bilateral lung fibrosis & volume loss predominantly both lower lobe and right upper lobe lung. 1) Idiopathic pulmonary

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Consultant, PULMONOLOGY, 9424601666

In case of emergency, Please contact Doctor on Duty at 0731-2362491-99/4206750-59


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fibrosis.2) Secondary to systemic disease. Routine blood investigations showed sodium - 130, CRP - 23.25, BSR - 102, procalcitonin - 0.03. Urine R/M was normal. HIV was non-reactive.

Patient was started on IV fluids, IV antibiotics, nebulisation, bronchodilators, steroids and other supportive medications. USG whole abdomen was done suggestive of normal study. 2D ECHO was done by Dr. S. Ahmed S/O LVEF-69%, DD grade I, PASP - 20mm.Hg. Blood C/S showed no growth. I/V/O previous H/O RA, opinion of Dr. S. Duggad (rheumatologist) was taken and advice was followed. Diabetic management was done by Dr. A. Suran and advice was followed.

Patient had C/O blurring of vision since 3 months, so ophthalmologist opinion was taken, fundus examination done S/O refractive error, rest WNL and advice was followed. Patient responded well to the treatment. Patient improved clinically and is now being discharged in stable condition with following medications.

TREATMENT ADVISE

SN	NAME OF DRUG	DOSE	ROUTE	FREQUENCY	TIMINGS	NO. OF DAYS
1	TAB QXIM CV	1 TAB	ORAL	TWICE A DAY	10 AM - 10 PM	5 DAYS
2	TAB ZOOM	40 MG	ORAL	TWICE A DAY	7 AM - 6 PM	15 DAYS
3	ROTACAP FORMONIDE	400	VIA REVOLIZE R FOLLOWED BY GARGLES WITH WATER	TWICE A DAY	10 AM - 10 PM	15 DAYS
4	ROTACAP GLYNIUM	-	VIA REVOLIZE R	ONCE A DAY	10 AM	15 DAYS
5	TAB NACYRES PLUS	1 TAB	ORAL	ONCE A DAY	10 AM	15 DAYS
6	CAP BROZIN	100 MG	ORAL	TWICE A DAY	10 AM - 10 PM	15 DAYS
7	TAB NUZIL M	1 TAB	ORAL	AT BED TIME	10 PM	15 DAYS
8	NEB WITH DUOLIN AND BUDECORT	-	INH	THRICE A DAY	10 AM - 4 PM - 10 PM	5 DAYS
9	SYP ASCORYL D	5 ML	ORAL	THRICE A DAY	10 AM - 4 PM - 10 PM	7 DAYS
10	CAP NINTENA	150 MG	OREAL	TWICE A DAY	8 AM - 8 PM	15 DAYS

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11	SYP PLANOKUF	5 ML	ORAL	THRICE A DAY	10 AM - 4 PM - 10 PM	5 DAYS
12	NASOCLEAR NASAL DROP	2-3 DROPS	NASAL	THRICE A DAY	10 AM - 4 PM - 10 PM	10 DAYS
13	TAB AF	400 MG	ORAL	ONCE A DAY	10 AM	10 DAYS
14	TAB JAKURA	5 MG	ORAL	TWICE A DAY	10 AM - 10 PM	15 DAYS
15	TAB BOONMAX	1 TAB	ORAL	ONCE A DAY	10 AM	15 DAYS
16	CAP HIKE D3	60 K	ORAL	ONCE A WEEK	-	4 WEEKS
17	SOFTDROPS EAR DROP	-	BILATERAL EYE	THRICE A DAY	10 AM - 4 PM - 10 PM	1 MONTH
18	TAB OMNACORTIL	50 MG	ORAL	ONCE A DAY	AFTER LUNCH	5 DAYS
19	THEN TAB OMNACORTIL	40 MG	ORAL	ONCE A DAY	AFTER LUNCH	7 DAYS
20	THEN TAB OMNACORTIL	30 MG	ORAL	ONCE A DAY	AFTER LUNCH	7 DAYS
21	THEN TAB OMNACORTIL	20 MG	ORAL	ONCE A DAY	AFTER LUNCH	7 DAYS

- HOME BASED O2 THERAPY.
- I/N O2 @ 2-3 LITRE/MIN FOR 18-20 HOURS, INCLUDING NIGHT.
- REVIEW WITH DR. P. JAIN AND DR. A. SURAN AFTER 5 DAYS OR SOS.
- FOLLOW UP IN RHEUMATOLOGY OPD, OPHTHAL OPD AS ADVISED.

PATHOLOGY

CBC	16/11/2023
Haemoglobin	15.7
RBCs	5.05
P.C.V.	49.0
M.C.V.	97.0
M.C.H.	31.1
M.C.H.C.	32.0
Platelets	2.60 LACS
RDW-CV	14.6
Total Leucocyte Count	8,570
DIFFERENTIAL LEUCOCYTES COUNT	
Neutrophils	79

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Lymphocytes	13
Monocytes	06
Eosinophils	02

SERUM ELECTROLYTES (Na K & Cl TOGETHER)	19/11/2023	16/11/2023
Sodium	135	130
Potassium	4.0	4.7
Chloride	105	102

GLYCOSYLATED Hb (Hb A1C)	16/11/2023
Glycosylated Haemoglobin	6.6

SERUM CALCIUM	16/11/2023
Calcium	8.2

SGPT	16/11/2023
S.G.P.T.	28

SERUM INORGANIC PHOSPHORUS	16/11/2023
Inorganic Phosphorous	1.8

PLASMA CO ₂ - HCO ₃ (PER SAMPLE)	16/11/2023
Total Carbon Dioxide	21

SERUM PROTEIN-ALB., GLB., A/G RATIO	16/11/2023
Total Protein	7.4
Albumin	3.3
Globulin	4.1
A/G Ratio	0.8

BSR - BLOOD SUGAR	16/11/2023
Glucose R Enzymatic	102

SGOT	16/11/2023
S.G.O.T.	55

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CREATININE - SERUM	16/11/2023
Creatinine	0.73
URIC ACID	16/11/2023
Serum Uric Acid	4.0
SERUM BILIRUBIN	16/11/2023
Total Bilirubin	0.69
Conjugated Bilirubin	0.09
SERUM ALKALINE PHOSPHATASE-ALKPO4	16/11/2023
Alkaline Phosphatase	52
BLOOD UREA NITROGEN - BUN	16/11/2023
Blood Urea Nitrogen	4
HIV-BY CLIA	16/11/2023
Antibody Test For HIV 1 & 2	NONREACTIVE
HIV Ab/Ag S/CO Ratio:	0.09
CRP (C-REACTIVE PROTEIN)- QUANTITATIVE	16/11/2023
C Reactive Protein Level	23.25
T-CELL INTERFERON FOR T.B.	18/11/2023
T Cell Interferon Test	NEGATIVE
Test Value	0.0030
BLOOD CULTURE BY BACTEC	20/11/2023
Organism [1]	NO GROWTH AT THE END OF 72 HRS. REPORT WILL BE COMMUNICATED IF POSITIVE WITHIN SEVEN DAYS.
Organism [2]	-
Organism [3]	-
CULTURE & SENSITIVITY REPORT	-
TB PCR WITH RIF RESISTANCE BY GENE XPERT	21/11/2023
M. Tuberculosis Complex:	NOT DETECTED
Rifampicin Resistance	-

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PROCALCITONIN	17/11/2023
Procalcitonin Level:	0.03
URINE ROUTINE	17/11/2023
PHYSICAL & CHEMICAL EXAMINATION	
Color	STRAW
Appearance	CLEAR
Specific Gravity	1.004
Reactions	ACIDIC - 6
CHEMICAL EXAMINATION	
Protein	NEGATIVE
Glucose (Urine)	NEGATIVE
Ketone Bodies	NEGATIVE
Nitrite.	NEGATIVE
Leukocytes Esterase.	NEGATIVE
Bile Pigments	NEGATIVE
Bile Salts	NEGATIVE
Occult Blood.	NEGATIVE
MICROSCOPIC EXAMINATION	
WBC/HPF	1-2
RBC Erythrocytes /HPF	NIL
Epithelial Cells / HPF	NONE
Crystals	NONE
Casts	NONE
Bacteria	NONE
Others	NONE
Remark-N	-

FOLLOW UP

25/11/2023

Follow up after 5 days or SOS.

WHEN TO CONTACT

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In case of shortness of breath, vomiting, uneasiness contact hospital.

Name Of Patient/Attendant

Rakhi Mittal

Signature Of Patient/Attendant

Rakhi Mittal

As Kudu is fine
Spoken to
reps

17/11/23

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