Medical Report

Patient ID	**: HD10000000**	**Patient Name**	**: Mr. Xyz Devkaran Shah**
Encounter ID	**: 999999**	**Location**	**: 010A Floor**
Date of Birth	**: 09/07/1xxx**		

Clinical Note

21/03/2023 16:10

UHID	: HD100000000			**Location**	: 010A Floor 10 East
Name	: **Mr. Xyz Devkaran**				
Gender	: Male	**Age**	: 88Y	**Specialty**	: CRITICAL CARE MEDICINE
Admission Date	: 01/03/2023 20:02	**Attending Practitioner**	: Dr.Khushboo Kataria		

DISCHARGE SUMMARY

Other Consultants Attended the Case	:	Dr. Amol Ghalme (Consultant Plastic Surgeon) Dr. Niranjan Kulkarni (Consultant Nephrologist) Dr. Tushar Raut(Consultant Neurologist) Dr Venkat D Nagarajan (Consultant Cardiologist & Eletrophysiologist) Dr Prashant Nair (Consultant Cardiologist)
Discharge Date	:	21/03/2023
Diagnosis	:	Acute Congestive Heart Failure(LVEF- 30%) Outflow track Ventricular Tachycardia Acute Kidney Injury
Chief Complaints	:	Dyspnea on excertion since 3 days Coughing since 3 days Breathlessness since 3days Decreased urine output since 3 days
Past History	:	Hypertension Hypothyroidism Chronic Obstructive Pulmonary Disease Ischemic Heart Disease(S/P CABG-2023) with Congestive Cardiac Failure H/O -LV Apical Clot (july 2022) -Left Popliteal Deep Venous Thrombosis(july 2022) on tab. Eliquis 2.5mg -Right Lower Limb Cellulitis(july 2022) S/P Left TKR
Significant Findings	:	The patient came with above mentioned complaints in kokilaben dhirubhai ambani hospital. On admission in A&E -pulse-122/minute,SpO2-97% on room air, BP-134/70mmHg, HGT-145mg/dl. On O/E RS- B/L crepts+ inj. Lasix 40mg iv stat f/b infusion started and inj. Cardarone 75mg iv stat given i/v/o ventrivular tachycardia with pulse and shifted to icu for further management.

Course In Hospital :

Central line was cannulated as patient was started on Cordarone infusion .On 02/03/2023 Dr. Prashant Nair (Consultant Cardiologist) advised- continue inj. cordarone infusion and added tab. Mexohar 50mg .Rhythm reverted to Sinus .Patient had severe metabolic acidosis with raised lactate on ABG ; Arterial line and foleys catheter were inserted and critical condition of patient was explained to realtives .
He had deranged Liver function secondary to congestive hepatitis . So NAC Infusion was started and cardarone infusion was stopped. Patient was tachypneic and therefore put on NIV . As per relative request, negative directive for intubation(DNI) was taken.
On 03/03/2023 Dr. Niranjan Kulkarni(Consultant Nephrologist) reference taken i/v/o AKI creatinine -2.08mg/dl, decreased urine out put and metabolic acidosis .He advised- USG KUB, fluid restriction, ABG 8th hourly, tab. Zytanix 5mg bid, maintain MAP >70mmhg, avoid nephrotoxic drugs. 2DECHO done was s/o Lvef -30%, Rwma, severe PH, severe LV dysfuntion.Patient started improving symptomatically with resolving metabolic acidosis and decreasing lactate .Gradually weaning trials from NIV was started .
On 12/3/23 , rhythm coverted to Ventricular Tachycardia and therefore Cordarone bolus was given .Dr. Prasant nair sir review reference taken and his advice noted.
I/v/o persistnet Rhythm changes intravenous Betaloc was given . However as the patient had persistent rhythm changes , he was Cardioverted with 100joules, under short sedation post which Sinus rhythm was achieved .
On 13/3/23 Dr Tushar Raut was given reference in view of increased drowsiness.He advised to stop t. synaptol and added t modalert and brain imaging (sos) and secure Ryels tube.
On 14/03/2023 Dr Amol Ghalme reference was taken i/v/o- Bed sore .He advised- Mepilex, dusting powder apply on bed sore and 2nd hourly change position, use air bed.
On 16/3/23 patient again had sudden episode of hypotension (70/40 mm hg) with ventricular tachycardia , patient was immediately started on ionotrope support and discussed with Dr nair sir and cardioverted with 150 joules post which it reverted to sinus.
On 17/3/23 Dr Venkat D Nagarajan sir reference was taken in view of arrhythmia and he advised to increase dose of Mexilitine and stop Cordarone .
Slowly Nor adrenaline was tapered and stopped .Serum Creatinine is in decreasing trend .
Foleys catheter was removed on 20/3 post which he voided .
Patient is currently in Sinus Rhythm , vitally stable , mobilized out of bed and therefore being discharged with Ryles tube in situ .

Treatment/ Drugs Given during Stay :

Inj. Piptaz 2.25gm iv 1-1-1
Inj. Hydrocortisone 100mg iv 1-0-0
Inj. Lasix iv 4ml/hour infusion
Inj. Pantop 40mg iv 1-0-0
Inj. Sodabicorbionate iv 15ml/hour infusion
Inj. NAC iv infusion 1ml/hour
Inj. Noradrenaline iv infusion according to BP
Inj. Fragmin 2500 units s/c alternate day
Inj. Potassium chloride 40meq+ 50ml NS iv slowly over 4hour
Inj. Magnesium sulphate 2gm + NS100ml iv slowly
Inj. Xylocard iv infusion according to HR
Tab Urcosol 300mg 1-0-1
Tab. Eltroxin 25mcg 1-0-0 BBF
Tab. Met XL 25mg 1-0-0
Tab. Urotone 25mg 1-1-1
Tab. Angiospan TR 2.5mg 1-1-0
Tab. Atorvas 20mg 0-0-1
Tab. Synaptol 50mg 1-0-1
Tab. Shelcal 500mg 1-0-0
Tab. Febuxostat 40mg 1-0-0
Tab. Mexohar 50mg 1-0-1

		Tab. Dytor 10mg 1-0-0 Tab. Silodol -D 8/0.5 PO 0-0-1 Syrup. Kesol 10ml PO 1-1-1 Econorm Sachests PO 1-1-1 Duolin Neb 1-1-1 Budecort Neb 1-0-1
Status On Discharge	:	ECG- Sinus rhythm Vitally stable
Medication On Discharge	:	Tab. Eltroxin 25mcg 1-0-0 BBF Tab. Met XL 25mg 1-0-0 Tab. Mexohar 100 mg 1-1-1 Tab. Dytor 10mg 1-0-0 Tab. Angiospan TR 2.5mg 1-1-0 Tab. Atorvas 20mg 0-0-1 Tab. Synaptol 50mg 1-0-1 Tab. Shelcal 500mg 1-0-0 Tab. Febuxostat 40mg 1-0-0 Tab. Silodol -D 8/0.5 0-0-1 Tab. Urotone 25mg 1-1-1
Instructions To Patient	:	To repeat CBC, RFT, LFT after 1 week To monitor heart rate regularly To restart Tab Eliquis after Sr Creat report To follow up with Dr Khushboo Kataria in OPD after 7 days with above reports with prior appointment .
Urgent Care Advice	:	To report immediately in case of breathlessness, fast heart rate , drowsiness

* In case of emergency and to obtain urgent care, please contact Accident & Emergency at Tel. No. 42696969.
**Pending laboratory and X-Ray/CT/MRI/Ultrasound reports to be collected from Central dispatch on Ground floor between 10 a.m. to 8 p.m. except Sundays and Holidays within1month of discharge.

Logged User : XXXXXX	**Date / Time : 26/09/2023 12:15**