CHIEF COMPLAINTS

Fever 2 days

Bleeding from gums 2 days

Pedal edema 2 days

HISTORY OF PRESENTING ILLNESS

Patient is a K/C/O CLD with portal hypertension, came with h/o fever x 2 days, low grade, associated with chills.H/o bleeding from gums while brushing teeth, insiduous in onset.

H/o swelling of feet since 2 days, insuduous in onset, extending over feet and progressed to the shin.

No h/o haematemesis, malena

Patient gives history of vomiting, altered sensorium

PAST HISTORY

K/C/O Alcoholic liver disease

No history of Diabetes Mellitus, Hypertension, Tuberculosis, Asthma or IHD

FAMILY HISTORY

No history of Diabetes Mellitus, Hypertension, Tuberculosis, Asthma or IHD in the Family

PERSONAL HISTORY

Diet: Mixed.

Appetite: Reduced

Sleep: Reduced

Bowel and Bladder: Regular.

H/o alcohol consumption + 360ml/day, whiskey

No h/o smoking

GENERAL EXAMINATION

Patient is consious and cooperative, well oriented to time, place and person.

Moderately built and nourished.

Pallor++

leterus++

No cyanosis, clubbing, lymphadenopathy or oedema

PULSE 80bpm

BP 130/70mmHg

RR 17/min

TEMPERATURE 98.6 F

HAEMOGLOBIN

: 11.5g/dl [14 18g/dl]

PACKED CELL VOLUME

: 35.1% [40 54%]

PLATELET COUNT

: 10000/cumm [150000 500000/cumm]

HAEMOGLOBIN

: 11.1g/dl [14 18g/dl]

esychiatry

TREATMENT

Inj Sinibec 4.5g IV TID

Inj Pan 40mg IV OD

Inj Emeset 4mg IV TID

Tab Dolo650 TID

Syp Lactulose 15ml BD

Tab Rifaxime 400mg TID Hepamerz Sachet TID

Tab Tim 100mg TID

Inj Optinueron 1amp IV OD

Bowel wash

Inj Vitamin K IV OD

Syp Potklow 3 tsp BD Inj Lorel 2mg IV SOS Tab Lorel 2mg 1-0-2

Syp Duphalac 30ml TID

Hepatic resource powder Tab Taxim O 200mg OD

Tab Pan 40mg OD