

Name: Neha Kaswala | DOB: 9/7/1995 | MRN: 1810741742 | PCP: Mohamed Abounaja, MD | Legal Name: Nehaben Kaswala

Your Admission - 19/08/24

Notes

Discharge Summary

Brenda Sohn at 23/8/2024 13:28

Status: Signed

Admission date: August 18, 2024
Discharge date: August 23, 2024
Discharge Diagnosis: hyperemesis gravidarum

Procedures done in hospital: none

Hospital Course

Ms. Kaswala was admitted to SHC on August 18, 2024 due to unremitting emesis from hyperemesis gravidarum. She was initially assessed in the ED for chest pains where cardiac work-up was negative and it was felt to be MSK related to to the vomiting +/- acid reflux. She was given anti-emetics, but ultimately require admission for IV fluid rehydration and around the clock anti-emetic therapy. She was given IV famotidine, ondansetron, gravol and metoclopramide. She found the IV Gravol infusion unhelpful, so that was discontinued. Ultimately, the IV metoclopramide worked best for her and she was finally able to keep small amount of food/fluid down without vomiting. Dietician and social work were also consulted during her admission. Her potassium was noted to be persistently low and she was started on oral potassium in addition to IV.

Test Results Pending At Discharge
Pending Labs

Order	Current Status
Tissue Examination	In process

Issues Requiring Follow-Up
None

Outpatient Follow-Up
She was discharged home in stable condition.

Patient to seek urgent medical attention if she develops fever, chest pain, shortness of breath, severe abdo pain, heavy vaginal bleeding.

CCAC homecare was arranged for IV 0.9% NS + 20 mEq KCL daily and IV metoclopramide 10 mg IV q12h x 14 days.

The following Rx were provided: Slow K 8 mmol (600mg) CR tab PO BID, metoclorpramide 5-10 mg PO q6h PRN, Tylenol 500-1000 mg PO Q6H prn, famotdine 20 mg PO BID PRN. She already has Diclectin and Ondanestron at home

Follow-up with me in office September 11, 2024 already arranged.

Brenda Sohn, MD, FRCSC

23/8/2024 13:37 Discharge Summary signed by Brenda Sohn

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