

**In the name of Allah
The most gracious, The most merciful**

MASTER THE CHAMBER

**Medicine, Paediatrics, Surgery, Eye, ENT, Obstetrics & Gynaecology,
X-ray, ECG and USG**

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PREScription WRITING

1. Patient details: Full name, address, and age/date of birth if <12y
2. Date
3. Full name of the drug (not abbreviated), with quantity to be supplied and dose interval (avoid the use of decimal points, e.g. for quantities <1g, write in mg).
4. If you want a description of the drug included on the label, then write it on the prescription (e.g. 'for asthma')
5. Deletion of any unused space (e.g. by striking through)
6. Signature of the prescriber in ink
7. Name and address of the prescriber
8. **Computer-issued prescriptions:** Same information as their handwritten equivalents but must still be signed in ink by the responsible clinician.

STRATEGIES TO ENHANCE ADHERENCE

1. **Educate the patient:** About the medical condition, risks and benefits of therapy and alternatives using understandable language.
2. **Consider patient's perspective and keep a nonjudgmental attitude**
3. **Maintain contact:** Through follow up visits and phone calls
4. **Keep care as simple and inexpensive as possible:** e.g. using less costly medications, once daily or combination formulations and drugs that are not affected by meal.
5. **Give written instructions**
6. **Encourage self monitoring:** So that patient feels a sense of control over his/her own health e.g. RBS, home BP, exercise, food diary etc.
7. **Identify and address barriers:** e.g. time, money, transportation, functional illiteracy, depression, mental illness, cognitive dysfunctions etc.
8. Focus on positive benefits of treatment and reinforce patient's efforts
9. Discuss adherence strategies e.g. use of medications long sheets, alarms, reminder etc.

DIFFICULT DOCTOR PATIENT INTERACTIONS

Patient related characteristics:

1. Mental disorder
2. Multisomatoform disorder
3. Panic disorder
4. Dysthymia
5. Generalized anxiety
6. Major depression
7. Alcohol abuse or dependence
8. High health care utilization
9. More acute or chronic problems
10. Tendency to bring up new problems at last moment
11. Demanding or controlling

EXERCISE

1. **Aerobic exercise:**

- ✓ 150 minutes or more moderate to vigorous intensity aerobic exercise per week.
- ✓ Daily exercise or not more than 2 days elapse between exercise sessions is recommended and spread over at least days per week.
- ✓ Aerobic activity last at least 10 minutes with the goal of 30 minutes or more per day.

2. **Resistance activities:** 2-3 sessions per week non consecutive days. e.g. push up, pull up, weight lifting etc.

3. **Breaking up bouts of sedentary activity:** Every 30 minutes by briefly standing, walking or performing other light activities.

4. **Daily 60 minutes or more exercise:** To gain weight loss in overweight or obese patient

SLEEP

Definition of 'a good night's sleep':

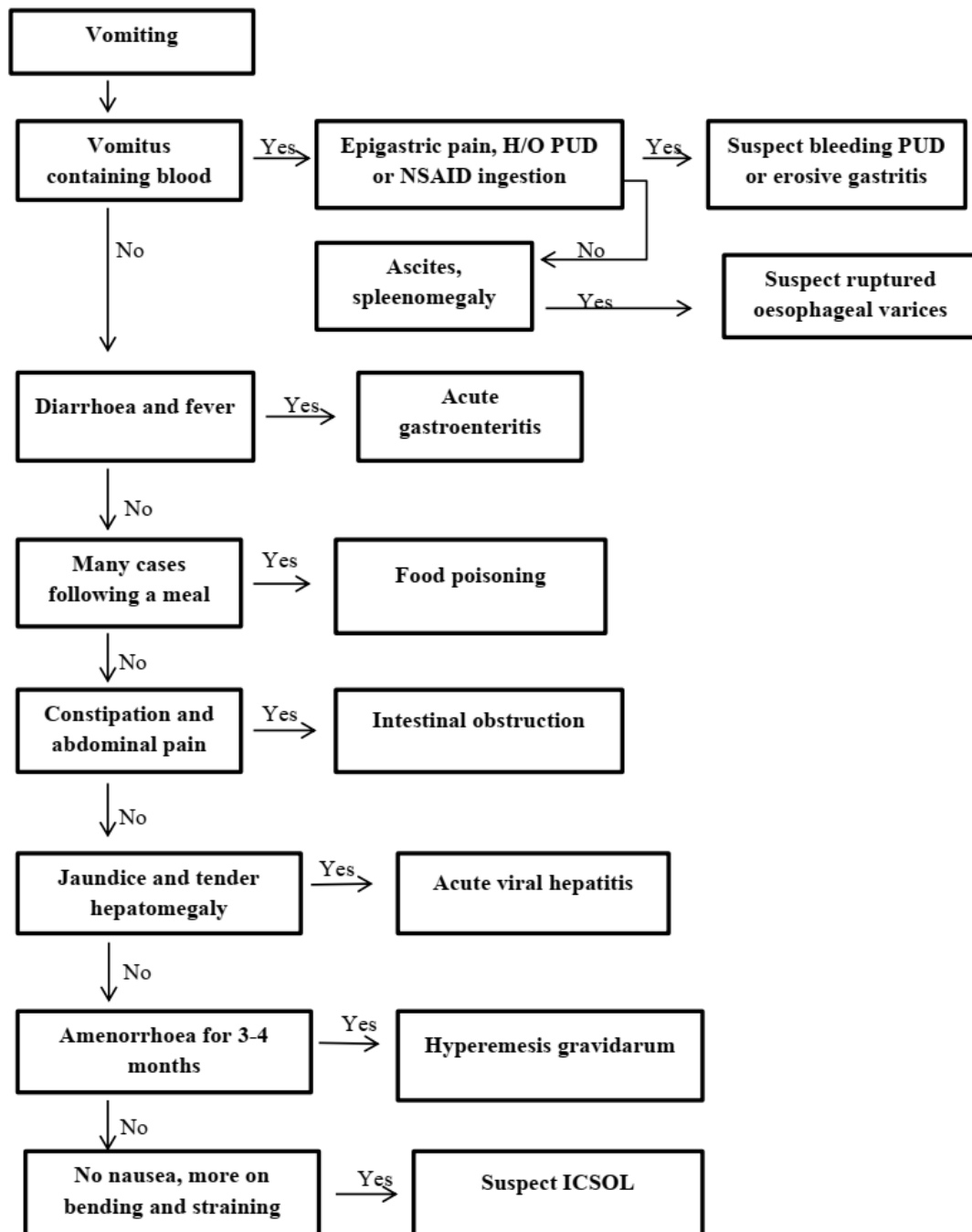
1. <30min to fall asleep
2. Maintenance of sleep for 6–8h
3. <3 brief awakenings/night
4. Feels well rested and refreshed on awakening

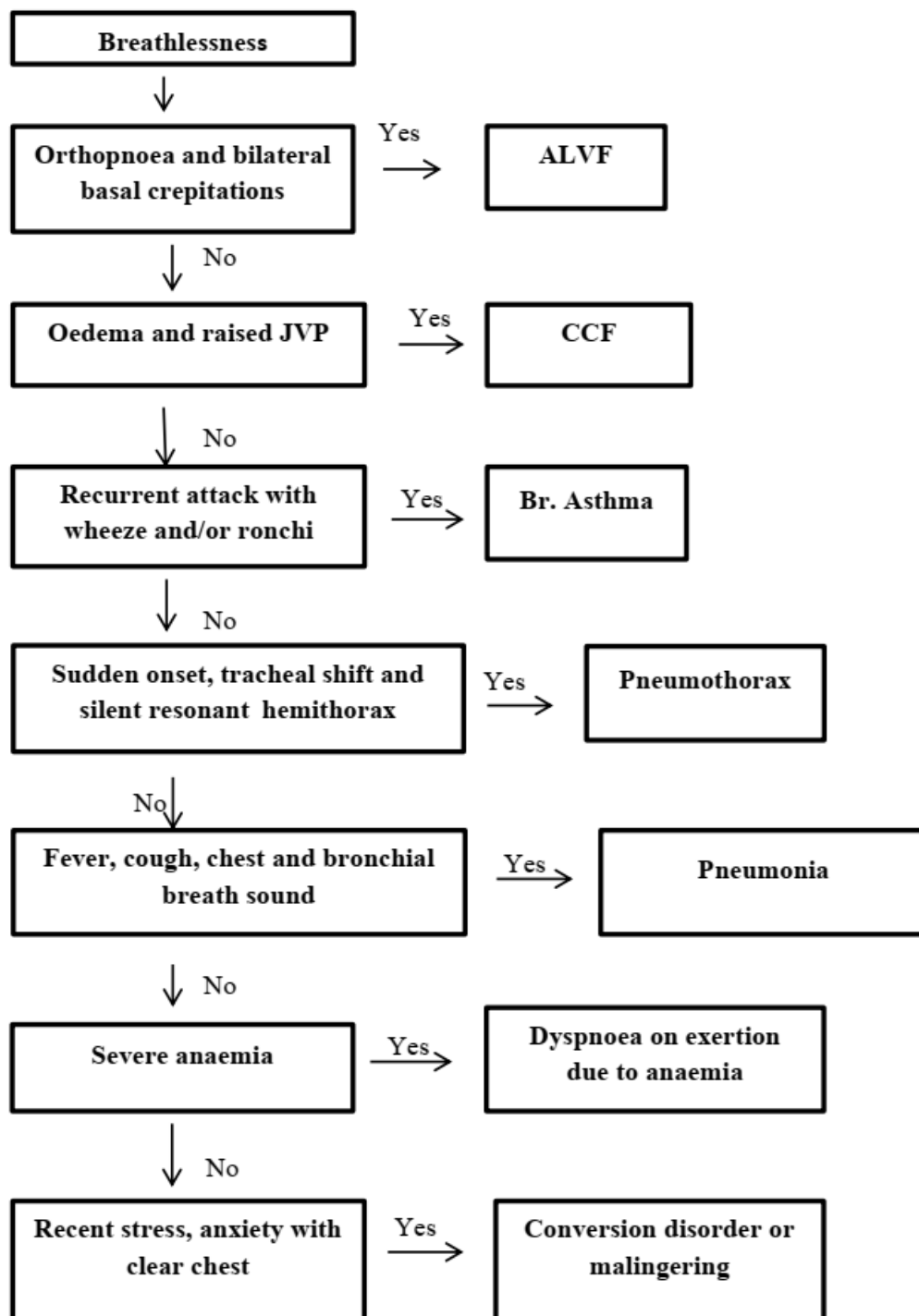
Principles of 'sleep hygiene':

1. Don't go to bed until you feel sleepy
2. Don't stay in bed if you're not asleep
3. Avoid daytime naps
4. Establish a regular bedtime routine
5. Reserve a room for sleep only (if possible). Do not eat, read, work, or watch Tv in it
6. Make sure the bedroom and bed are comfortable, and avoid extremes of noise and temperature
7. Avoid caffeine, alcohol, and nicotine
8. Have a warm bath and warm milky drink at bedtime
9. Take regular exercise, but avoid late night hard exercise (sex is OK)
10. Monitor your sleep with a sleep diary (record both the times you sleep and its quality)
11. Rise at the same time every morning regardless of how long you've slept

Complications of insomnia:

1. ↓Quality of life
2. ↓Concentration and memory, affecting performance of daytime tasks
3. ↓Relationship problems
4. ↑Risk of accidents: 10% motor accidents are related to tiredness.





COPD

<p>C/C:</p> <ol style="list-style-type: none"> 1. Male smoker above 40 years of age 2. Breathlessness, coughs, sputum production and fever for... <p>O/G/E:</p> <p>Pulse:</p> <p>BP:</p> <p>Temperature:</p> <p>Respiratory Rate:</p> <p>Flapping Tremor:</p> <p>Cyanosis:</p> <p>Oedema:</p> <p>Respiratory system examination:</p> <p>Ronchi: +</p> <p>Breath sound: Vesicular with prolonged expiration</p> <p>Creps: +</p> <p>Investigations:</p> <ol style="list-style-type: none"> 1. CXR PA view 2. ABG 3. PEFR 4. Spirometry with reversibility 5. Sputum analysis 6. ECG 	<p>Rx</p> <p>Salbutamol+Iptratropium bromide DPI 1 capsule to be inhaled with device (Bexihaler)- to be continued</p> <p>Triotropium 18mcg DPI 1 capsule to be inhaled with device (Bexihaler) BD- to be continued</p> <p>Tab. Doxofylline 200mg 1+0+1- to be continued</p> <p>Tab. Prednisolone 10mg 3+0+0 (A/M)- 5-10 days</p> <p>Cap. Omeprazole 20mg 1+0+1 (B/M)–While taking prednisolone</p> <p>Advice:</p> <ol style="list-style-type: none"> 1. Take medicine regularly 2. If there is any breathlessness, cough or feeling of chest tightness, use Salbutamol DPI 3. You must gurgle after use of Salmeterol+Fluticasone 250 Cozycap 4. Avoid dust and other things that induce your breathlessness 5. Quit smoking and avoid taking jorda and Tamak pata etc. 6. Never take medicine like cortan/cotson without suggestion from registered physician.
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খাদ্য তালিকা-১- ১০০০ ক্যালরি	খাদ্য তালিকা-২- ১২০০ ক্যালরি
<p>সকাল ৭ টা- ৮ টাঃ আটার রুটিঃ ৬০ গ্রাম (২ টা ছোট পাতলা) ডিমঃ ১ টা অথবা ডাল- ১০ গ্রাম সবজি ‘ক’- ইচ্ছামত</p> <p>বেলা ১১ টাঃ মুড়ি, বিস্কুট, খই ইত্যাদি- ১৫ গ্রাম ফল ‘ক’- ইচ্ছামত</p> <p>দুপুর ১টা- ২ টাঃ ভাতঃ ১২০ গ্রাম (১ কাপ/৪০ গ্রাম চাল) মাছ বা মাংসঃ ৩০ গ্রাম (১ টুকরা) সবজি ‘ক’- ইচ্ছামত সবজি ‘খ’- যে কোন একটা</p> <p>বিকাল ৫ টা -৬ টাঃ মুড়ি, বিস্কুট, খই ইত্যাদি- ১৫ গ্রাম</p> <p>রাশি ৮টা-৯টাঃ আটার রুটিঃ ৬০ গ্রাম (২ টা ছোট পাতলা) অথবা ভাত ১ কাপ</p> <p>মাছ বা মাংসঃ ৩০ গ্রাম (১ টুকরা) ডালঃ ১৫ গ্রাম (১ কাপ মাঝারি ঘন)</p> <p>সবজি ‘ক’- ইচ্ছামত</p> <p>রান্নার জন্য তেলঃ ১৫ মিলিলিটার শোবার আগে (রাতের খাবারের দেড় থেকে ২ ঘন্টা পর)- দুধ ১ কাপ বা ১২৫ মিলিলিটার</p>	<p>সকাল ৭ টা- ৮ টাঃ আটার রুটিঃ ৬০ গ্রাম (২ টা ছোট পাতলা) ডিমঃ ১ টা অথবা ডাল- ১০ গ্রাম</p> <p>সবজি ‘ক’- ইচ্ছামত</p> <p>বেলা ১১ টাঃ মুড়ি, বিস্কুট, খই ইত্যাদি- ৩০ গ্রাম ফল ‘ক’- ইচ্ছামত</p> <p>দুপুর ১টা- ২ টাঃ ভাতঃ ১৮০ গ্রাম (দেড় কাপ/৬০ গ্রাম চাল) মাছ বা মাংসঃ ৩০ গ্রাম (১ টুকরা) ডালঃ ১৫ গ্রাম (১ কাপ পাতলা)</p> <p>সবজি ‘ক’- ইচ্ছামত সবজি ‘খ’- যে কোন একটা</p> <p>বিকাল ৫ টা -৬ টাঃ মুড়ি, বিস্কুট, খই ইত্যাদি- ১৫ গ্রাম</p> <p>রাশি ৮টা-৯টাঃ আটার রুটিঃ ৬০ গ্রাম (২ টা ছোট পাতলা) অথবা ভাত ১ কাপ</p> <p>মাছ বা মাংসঃ ৩০ গ্রাম (১ টুকরা) ডালঃ ১৫ গ্রাম (১ কাপ পাতলা)</p> <p>সবজি ‘ক’- ইচ্ছামত</p> <p>রান্নার জন্য তেলঃ ২০ মিলিলিটার শোবার আগে (রাতের খাবারের দেড় থেকে ২ ঘন্টা পর)- দুধ ১ কাপ বা ১২৫ মিলিলিটার</p>

HYPOTHYROIDISM

<p>C/C:</p> <ol style="list-style-type: none"> 1. Weight gain 2. Cold intolerance 3. Fatigue, weakness 4. Menorrhagia, 5. Dry skin 6. Dry hair <p>On examination:</p> <ol style="list-style-type: none"> 1. Pulse: Bradycardia 2. Oedema: Non pitting oedema 3. Ankle Jerk: Delayed relaxation <p>Investigations:</p> <ol style="list-style-type: none"> 1. TSH: 0.2–4.5 mU/L 2. FT₄: 9–21 pmol/L 3. ECG: Sinus bradycardia, low voltage ECG 4. Thyroid scan 5. Thyroid peroxidase autoantibody <p>Advices:</p> <ol style="list-style-type: none"> 1. It's a lifelong treatment. Do not alter the dose without consulting the physician 2. Consult me after 6 weeks with TSH and FT₄ report 	<p>R_x, Tab. Levothyroxine 50 microgram 1+0+0- In early morning empty stomach- 3weeks</p> <p>Then, Tab. Levothyroxine 50 microgram 2+0+0- In early morning empty stomach- 3weeks</p> <p>Increase the dose in every 3 weeks until TSH, FT₄ is within normal limit.</p> <p style="text-align: right;">Signature</p> <ul style="list-style-type: none"> ✓ In younger patients: Initiate at 100 µg per day ✓ If ischemic heart disease present: 25 microgram/day initially then increase slowly ✓ In pregnancy: Add 25 microgram with previous dose.
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BELL'S PALSY

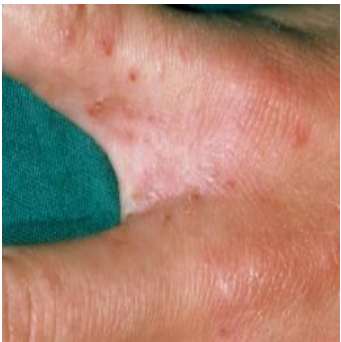
<p>C/C:</p> <ol style="list-style-type: none"> 1. Pain around the ear followed by unilateral weakness with deviation of mouth for.. 2. Dimished salivation and tear secretion for... <p>LMP:</p> <p>P/H: DM, HTN, immunosuoppression, URTI</p> <p>O/E:</p> <ul style="list-style-type: none"> ✓ Lower motor neuron type of paralysis of facial nerve. ✓ Absence of wrinkling in forehead ✓ Unable to close eye ✓ Bell's phenomenon:+ <p>Advice:</p> <ol style="list-style-type: none"> 1. Protect eye—tape lid shut and pad at night 2. Glasses in the day 	<p>Rx,</p> <p>Tearfresh liquigel 10mg/ml 1 drop in affected eye SOS- if drying sensation</p> <p><u>If <72h after onset of symptoms:</u></p> <p>Tab. Prednisolone 25mg 1mg/kg in morning for 14 days.</p> <p>Cap. Omeprazole 20mg 1+0+1 (B/M)- 14 days</p> <p><u>No role but is prescribed conventionally:</u></p> <p>Tab. Acyclovir 400mg 1+1+1+1+1- 10 days [Discouraged to prescribe]</p> <p>Refer:</p> <ol style="list-style-type: none"> 1. If recovery is not starting after 3week 2. For tarsorrhaphy if complete or long-standing palsy <p>If unacceptable cosmetic result—may benefit from plastic surgery</p>
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GENERALIZED ANXIETY DISORDER

<p>C/C:</p> <ol style="list-style-type: none"> 1. Symptoms of sympathetic overactivity - Palpitations, sweating, dry mouth, increased frequency, abdominal distress 2. Sleep disturbance 3. Forgetfulness or worrying too much. 4. Persistent anxiety, present all the time 5. Tremulousness, shakiness, generalized aches, restlessness. 6. Apprehension, worries of future, irritability, sleeplessness. 7. Intensity, duration and frequency of the anxiety and worry are far out of proportion to the actual likelihood or the impact of the feared event and it interferes with the task in hand. <p>Investigations:</p> <ol style="list-style-type: none"> 1. RBS 2. TSH, FT3, FT4 3. ECG <p>Nonpharmacological Rx:</p> <ol style="list-style-type: none"> 1. Reassurance 2. Psychological support 3. Encouragement. <p>Anxiety management: relaxation exercises, breathing exercises, meditation, and yoga.</p>	<p>Rx, Start with (SSRIs + benzodiazepine) and withdraw Benzodiazepines over 2-4 weeks</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Tab. Escitalopram10mg 1 +0+0</p> <p>Or, Tab. Paroxetine10mg 1+0+0 [Can be increased up to 37.5 mg/day at the interval of 1 week]</p> <p>Or, Tab. Sertraline50mg 1+0+0 [can be increased up to 200 mg/day after 5-6 weeks in increments of 50 mg]</p> </div> <p>And,</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Tab. Diazepam5mg 1+0+1 [5-20 mg/day]</p> <p>Or, Tab. Clonazepam0.5mg 0+0+1</p> </div> <p style="text-align: right;">Signature</p> <p>Refer to psychiatrist: If severe anxiety with marked functional impairment plus:</p> <ol style="list-style-type: none"> 1. Risk of self-harm/suicide, or 2. Significant co-morbidity (e.g. substance misuse, personality disorder or complex physical health problems), or 3. Self-neglect, or 4. Inadequate response to drug
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SCABIES

Basic Informations:

<ul style="list-style-type: none"> ▪ Causative Organism: <i>Sarcoptes scabiei</i>. ▪ Sites: Commonly interdigital area, fingers, ulnar edge of hand, wrist. ▪ Mode of Transmission: <ol style="list-style-type: none"> 1. Direct skin contact from affected individual. 2. From bed sheet, clothing. ▪ Complications: <ol style="list-style-type: none"> 1. Secondary bacterial infection. 2. Eczematization and lichenification. 3. Poststreptococcal glomerulonephritis. 	
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Model Prescription:

<p>C/C:</p> <ol style="list-style-type: none"> 1. Intense itching, mostly at night. 2. Presence of same symptoms among family members. <p>O/E:</p> <ol style="list-style-type: none"> 1. Burrows present. 2. Papular lesions, excoriations at the sites of predilection. <p>Investigations:</p> <ul style="list-style-type: none"> ✓ Not performed usually ✓ Burrows and mite can be seen in hand lens. <p>Advice:</p> <ol style="list-style-type: none"> 1. All family members/close contacts should be treated simultaneously 2. Disinfection of bedding and clothing by ordinary laundering and sun exposure is required. 3. Improve personal hygiene by daily bath with soap and water. 	<p>Rx, Permethrin 5% cream Apply generously after bath at bedtime entire surface of the body below neck (except face). Minimum contact period 8-12 hours; and is to be washed off next morning. May be repeated after 7 days</p> <p>Tab. Cetirizine 10mg 0+0+1- 2 weeks.</p> <p><u>If secondary infection present:</u> add Tab. Azithromycin 500mg 1+0+0- 7 days If poor compliance or immunosuppression or heavy infestation, add</p> <p>Tab. Ivermectin 3mg or 6mg 200mcg/kg Stat (Single dose)</p> <p style="text-align: right;">Signature</p> <p>Special treatment considerations:</p> <ul style="list-style-type: none"> ✓ Permethrin and benzyl benzoate appear to be safe in pregnancy and lactation. ✓ Benzyl benzoate is safe in children <2 years of age, but duration of use should be limited to 12 h. Ivermectin is contraindicated in children <15 kg.
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ACUTE BRONCHIOLITIS

Clinical features:

1. Cold for 2-4 days followed by cough, wheeze and rapid respiration.
2. Lower chest indrawing,
3. Difficulty in feeding,
4. Excessive crying due to hypoxaemia,
5. Cyanosis and respiratory failure.

Investigations:

1. CBC: Normal or minimal increase in total leucocyte counts with relative lymphocytosis.
2. CXR PA view: May show hyperinflation and small atelectasis.

Advice:

1. For associated nasal block, normal saline drops in both nostrils as and when required, especially before feeds,
2. Use of home remedies (ginger, honey, tulsi) for control of cough and plenty of liquids orally.

Rx

Syrup. Diphenhydramine hydrochloride
10mg/5ml
1 TSF for every 8 kgs QDS- 7 days

Signature

Hospitalize immediately, if any of the following develop:

1. Chest indrawing,
2. Poor feeding
3. Cyanosis
4. Altered sensorium
5. Convulsions
6. If there is no improvement or deterioration at any time during the illness, the patient should be managed as severe disease.

PNEUMONIA

C/C: <ol style="list-style-type: none">1. Fever for...2. Respiratory distress for...3. Cough for... O/E: <p>Appearance: Chest indrawing, Fast breathing</p> <p>Temperature:</p> <p>Lung: Crepitation</p> Investigations: <ol style="list-style-type: none">1. CBS with ESR2. CXR PA view Advices: <ol style="list-style-type: none">1. Take medications properly.2. Avoid cold, dirt, pollen, woolen cloths.3. Cleaning Nose with normal saline drop4. Bathing with lukewarm water	Rx Syrup. Cefixime 100mg/5ml 1 TSF 12 hourly for each 20 kg Syrup. Paracetamol 120mg/5ml (if fever) 1 TSF for each 8kg TDS or QDS Syrup. Levosalbutamol 1mg/5ml (if breathing difficulty) 1 TSF TDS for each 10kg Syrup. Ambroxol 15mg/5ml (if cough) < 5years: ½ TSF TDS > 5 years: 1 TSF TDS Syrup. Ondansetron 4mg/5ml (if vomiting) < 4 years: 0.15mg/kg TDS > 4 years: 1 TSF TDS Signature with date
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VAGINAL CANDIDIASIS/MINILIASIS

<p>C/C:</p> <ol style="list-style-type: none">1. P/V discharge for ...2. Irritating: ++3. Foul smelling4. Dyspareunia <p>P/V/E:</p> <p>Thick and profuse/scant secretion: + Foul smelling: +</p> <p>Investigations:</p> <ol style="list-style-type: none">1. VIA2. Urine RE3. FBS, 2H ABF <p>Advice:</p> <ol style="list-style-type: none">1. Maintain personal hygiene2. Wash private parts with luke warm water3. Use cotton undergarments	<p>Rx,</p> <p>Tab. Ornidazole 500mg 1+0+1(A/M)- 5 days</p> <p>Cap. Fluconazole 150mg 1 tab weekly for 6 weeks</p> <p>Gynomix vaginal suppository [Only for married woman] 1 stick P/V at night -12 nights</p> <p><u>If itching present:</u></p> <p>Tab. Fexofenadine 120mg 0+0+1</p> <p><u>If irritation present:</u></p> <p>Cream. Hydrocortosone 1%+ Miconazole 2% Apply locally-14 days</p> <p>Husband should be treated with nystatin ointment locally after each act of coitus- 7 days</p> <p>Signature</p>
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ANTENATAL VISIT

<p>C/C: Pregnancy/Amenorrhoea for ... weeks</p> <p>O/G/E: Anaemia: Pulse: BP: Temperature Jaundice: Edema: Weight: Height:</p> <p>LMP: EDD: Abdomen Examination: Uterine Height: Foetal Heart Rate:</p> <p>Investigations: Investigation at 1st visit:</p> <ol style="list-style-type: none"> 1. CBC 2. Blood grouping & Rh typing 3. HBsAg 4. VDRL 5. RBS 6. Urine: RME 7. USG of Lower Abdomen <p>In subsequent visits:</p> <ol style="list-style-type: none"> 1. Urine: RME 2. Hb% 3. RBS 4. USG of Lower Abdomen <p>Advice: At least 4 visits-</p> <ol style="list-style-type: none"> 1st: Within 16 weeks 2nd: Between 24-28 weeks 3rd: At 32 weeks 4th: At 36 weeks 	<p>Rx, <u>Before 12 weeks of pregnancy:</u> Tab. Zifolet (Zink+folic acid) 5mg+20mg 0+0+1- Continue</p> <p><u>After 12 weeks of pregnancy:</u> Tab. Ipec Plus (Iron+folic acid +zinc) 1+0+0- Continue</p> <p>Tab. B-complex 1+1+1-Continue</p> <p>Tab. Calcin-O (Calcium) 740mg 0+1+0- Continue</p> <p>Tab. Pantoprazole 20mg 1+0+1- ½ hour before meal- If acidity occurs</p> <p style="text-align: right;">Signature</p> <p>Advice: For 1st trimester:</p> <ol style="list-style-type: none"> 1. Avoid travel 2. Avoid heavy exercise 3. Avoid coital act 4. Eat fresh fruits and vegetables 5. Follow up after 2-3 months or at 24 weeks <p>For 2nd trimester:</p> <ol style="list-style-type: none"> 1. Eat fresh fruits and vegetables 2. Follow up after 2-3 months or at 32 weeks <p>For 3rd trimester:</p> <ol style="list-style-type: none"> 1. Eat fresh fruits and vegetables 2. Follow up after 2-3 months or at 32 weeks
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NORMAL CHEST X RAY

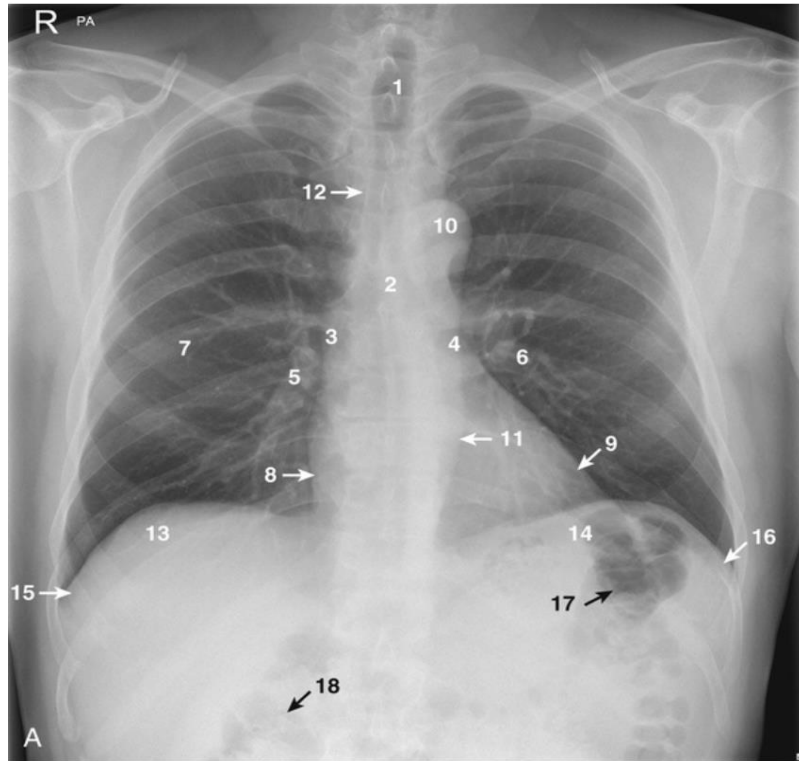


Figure: Normal chest X ray: Trachea (1), Carina (2), right main bronchi (3), left main bronchi (4), right hilar structure (5), left hilar structure (6), right horizontal fissure (7), right cardiac border formed by right atrium (8), left cardiac border formed by ventricle (9), aortic knuckle (10), descending thoracic aorta (11), right paratracheal line (12), right hemidiaphragm (13), left hemidiaphragm (14), right costophrenic angle (15), left costophrenic angle (16), gastric air bubble (17), gas in colon (18)

First degree heart block:

1. PR interval is prolonged: > 5 small squares (1)
2. Every P wave is followed by a QRS complex (2)

