

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

MASTER THE WARD

**Medicine, Paediatrics, Surgery, Eye, ENT, Obstetrics &
Gynaecology**

DR. MD. MEHEDI HASAN LEMON

MBBS (Mymensingh Medical College, M-48) **BCS** (Health)

BCS (Health), **FCPS Part-1** (Medicine), **PGT** (Medicine)

CCD (BIRDEM), **DMU** (BITMIR)

Medical Officer, Ministry of Health and Family Welfare.

Ex- Medical Officer, BSMMU.

Ex-Honorary Medical Officer, Mymensingh Medical College Hospital, Mymensingh.

DR. MOHAMMAD RASEL

MBBS (Mymensingh Medical College, M-49)

BCS (Health); **FCPS Part-1** (Medicine)

Medical Officer

Ministry of Health & Family Welfare.

Contents

Topics	Page
MEDICINE	
Acute Medicine & Common Approaches	
▪ Acute abdomen	2
▪ Altered consciousness	4
▪ Vomiting	8
▪ Dyspnoea	11
▪ Bleeding	13
▪ Fever	20
▪ Swelling	25
▪ Vertigo	30
▪ Anaemia	33
▪ Anaphylaxis	36
▪ Electrocution	37
▪ Polyarthritis	39
Gastrointestinal system	
▪ Haematemesis/ melaena	45
▪ Peptic ulcer disease	47
▪ Acute appendicitis	48
▪ Ulcerative colitis	50
▪ Crohn's disease	52
▪ Irritable bowel syndrome	53
▪ Acute pancreatitis	55
▪ Chronic pancreatitis	57
Hepatology	
▪ Acute viral hepatitis	60
▪ Liver abscess	61
▪ Chronic liver disease	62
▪ Hepatic encephalopathy	64
Cardiovascular system	
▪ Acute myocardial infarction	66
▪ Unstable angina	69
▪ Chronic stable angina	72
▪ Acute left ventricular failure / Acute pulmonary edema	73
▪ Chronic heart failure	74

▪ Atrial fibrillation	75
▪ Supraventricular tachycardia	77
▪ Ventricular tachycardia	78
▪ Carcinogenic shock	79
▪ Acute rheumatic fever	79
▪ Mitral stenosis	81
▪ Hypertension	83
▪ HTN in special situations	86
▪ Severe hypertension	87
▪ Hypertensive urgencies	87
▪ Hypertensive emergencies	87
Respiratory system	
▪ Acute severe asthma	90
▪ Acute exacerbation of COPD	95
▪ Community acquired pneumonia	98
▪ Aspiration pneumonia	101
▪ Hospital acquired pneumonia	102
▪ Pneumothorax	103
▪ Lung abscess	104
▪ Bronchiectasis	106
▪ Pulmonary tuberculosis	107
▪ Tubercular pleural effusion	110
▪ Bronchial carcinoma	113
DM & Endocrinology	
▪ Hypoglycemia	116
▪ DKA	117
▪ Hyperglycemic hyperosmolar state HHS	119
▪ Diabetes mellitus	120
▪ Starting Of Drug Therapy In DM	122
▪ Rx algorithm in DM	123
▪ Drug selection in DM	123
▪ Initiation and titration of drugs in DM	124
▪ Insulin guideline	125
▪ Insulin therapy at hospital settings	126
▪ Rx of complications of DM	127
▪ Food guidelines in DM	128
▪ Hypothyroidism	135
▪ Hyperthyroidism	136
▪ Myxedema coma	136

▪ Thyrotoxic crisis	137
▪ Drug induced cushing's syndrome	139
▪ Addison's disease	139
▪ Addisonian crisis	140
Nervous system	
▪ General management of stroke	143
▪ Treatment of HTN in stroke	145
▪ Ischemic vs hemorrhagic stroke: how to differentiate on admission	145
▪ Ischemic stroke	146
▪ Hemorrhagic stroke	148
▪ Subarachnoid hemorrhage	150
▪ Bacterial meningitis	152
▪ Tubercular meningitis	154
▪ Viral encephalitis	156
▪ Status epilepticus	158
▪ Epilepsy	159
▪ Guidelines for antiepileptic drug therapy	161
▪ Epilepsy in pregnancy	161
▪ Migraine	163
▪ Tension-type headache	164
▪ GBS	165
▪ Acute transverse myelitis	165
Nephrology	
▪ Urinary tract infection	168
▪ Acute pyelonephritis	170
▪ Acute kidney injury	171
▪ Indication for dialysis in AKI	173
▪ Chronic kidney disease	173
▪ Nephrotic syndrome	175
▪ Acute Glomerulonephritis	177
▪ Urge incontinence (overactive bladder syndrome)	179
▪ Overflow incontinence	179
Electrolyte imbalance	
▪ Hyponatremia	181
▪ Diagnosing SIADH	182
▪ Hypernatremia	182
▪ Hypokalemia	183

▪ Hyperkalemia	184
▪ Hypocalcaemia	186
▪ Hypercalcaemia	187
▪ Hypomagnesaemia	188
Poisoning	
▪ OPC poisoning	190
▪ Atropine toxicity	191
▪ Intermediate syndrome	192
▪ Organophosphorus induced delayed polyneuropathy	192
▪ Benzodiazepine poisoning	192
▪ TCA poisoning	194
▪ Travel related poisoning/commuters poisoning/unknown poisoning	195
▪ Paracetamol poisoning	196
▪ Kerosene poisoning	197
▪ Corrosive poisoning (herpic/savlon/any acid/any alkali)	199
▪ Snake bite	200
▪ Antivenom reactions	202
▪ Aluminium phosphide poisoning (gas tablet/rice tablet poisoning)	203
▪ Wasp bite	204
Hematology	
▪ Acute leukemia	207
▪ Chronic myeloid leukemia	208
▪ Chronic lymphocytic leukemia	209
▪ Aplastic anaemia	210
▪ Hodgkin's lymphoma	211
▪ Non-Hodgkin's lymphoma	212
▪ Iron deficiency anaemia	214
▪ Hereditary hemolytic anaemia (Thalassaemia)	215
▪ Megaloblastic anaemia	217
▪ Multiple myeloma	218
▪ Hemophilia	221
▪ DVT	222
▪ Idiopathic thrombocytopenic purpura	223
▪ Blood transfusion reactions	224
▪ Urticaria	224
▪ Severe allergic reaction	224
▪ ABO incompatibility	225

▪ Polycythaemia rubra vera	225
Rheumatology	
▪ RA	228
▪ SLE	230
▪ Gout	233
▪ Septic arthritis	234
▪ Reactive arthritis	236
▪ Osteoarthritis	237
▪ Ankylosing spondylitis	239
▪ Osteoporosis	241
▪ Mechanical back pain	242
Infectious disease	
▪ Viral fever	245
▪ Dengue	245
▪ Malaria	255
▪ Enteric fever	157
▪ Rickettsial fever (scrub typhus group)	259
▪ Leptospirosis	260
▪ Measles	261
▪ Chicken pox (varicella)	260
▪ Herpes zoster	263
▪ Mumps	265
▪ Acute watery diarrhoea	265
▪ Cholera	267
▪ Bacillary dysentery	268
▪ Amoebic dysentery	269
▪ Seasonal influenza	269
▪ Leprosy	272
▪ Kala azar	271
Psychiatry	
▪ Acute psychosis	273
▪ Schizophrenia	274
▪ Bipolar affective disorder	274
▪ Depression	276
▪ Generalized anxiety disorder	277
▪ Panic disorder	278
▪ Obsessive compulsive disorder	279
▪ Somatoform disorder	279

Dermatology & venerology	
▪ Erythema multiforme/ stevens-johnson syndrome	281
▪ Scabies	282
▪ Tenia capitis	282
▪ Tenia corporis	283
▪ Tenia cruris	284
▪ Tenia pedis/Tenia mannum	285
▪ Paronychia	286
▪ Pityriasis versicolor	287
▪ Psoriasis	288
▪ Alopecia areata	289
▪ Androgenic alopecia	290
▪ Urticaria	290
▪ Cold sores	291
▪ Pediculosis (lice infestation)	292
▪ Eczema and dermatitis	293
▪ Lichen simplex chronicus	293
▪ Acne	294
▪ Impetigo	295
▪ Cellulitis and erysipelas	296
▪ Folliculitis	297
▪ Boils	297
▪ Carbuncles	297
▪ Warts	298
▪ Molluscum contagiosum	299
▪ Callosities	300
▪ Melasma	300
▪ Vitiligo	300
▪ Lichen planus	301
▪ Generalized hyperhidrosis	302
▪ Focal hyperhidrosis	303
▪ Miliaria	303
▪ Erectile dysfunction	304
▪ Premature ejaculation	305
▪ Gonorrhea	306
▪ Chlamydial infection	306

PAEDIATRICS	
General aspects	
▪ Fluid requirements	308
▪ Fluid rate calculation	309
▪ Mobile transfusion	309
▪ BT note & order	310
▪ Measurement of body surface area	310
Neonatology	
▪ Criteria of a healthy newborn	312
▪ Unwell child	312
▪ Admission criteria in NICU	312
▪ General proforma for history taking of a neonate	313
▪ General treatment of neonatal problems	314
▪ Perinatal asphyxia	316
▪ Neonatal sepsis	321
▪ Umbilical sepsis	324
▪ LBW baby	326
▪ Neonatal jaundice	330
▪ Respiratory distress syndrome	332
▪ Transient tachypnoea of newborn	334
▪ Apnoeic spell	336
▪ Infant of diabetic mother	336
▪ Meconium aspiration syndrome	339
▪ Meconium ileus	341
▪ DIC	343
▪ Cardiogenic shock	343
▪ Newborn of HBsAg positive mother	343
Gastroenterology & Nutrition	
▪ Acute watery diarrhea	346
▪ AWD with some dehydration	346
▪ AWD with severe dehydration	348
▪ AWD with no dehydration	350
▪ Liquid formulae for persistent diarrhoea	352
▪ Dysentery	353
▪ Acute appendicitis	353
▪ PUD	355
▪ Juvenile colonic polyp	357
▪ Haemorrhoid	357
▪ Recurrent abdominal pain	358

▪ SAM	360
▪ Preparation of diet	362
▪ Assessment of weight gain	363
▪ Child feeding	367
Hepatology	
▪ Acute viral hepatitis	369
▪ Treatment of chronic hepatitis B infection	370
▪ Treatment of chronic hepatitis C infection	372
▪ Acute liver failure	372
▪ CLD	374
▪ Wilson's disease (hepatolenticular degeneration)	377
Respiratory System	
▪ Pneumonia	380
▪ Acute severe asthma	382
▪ Bronchiolitis	384
▪ Acute epiglottitis	385
Poisoning and accidents	
▪ OPC poisoning	387
▪ Kerosene poisoning	388
▪ Drowning	389
▪ Snake bite	390
Infectious disease	
▪ Meningoencephalitis (Bacterial + viral)	392
▪ Tuberculous meningitis (TBM)	393
▪ Encephalitis	396
▪ Cerebral malaria	397
▪ Meningitis/encephalitis/cerebral malaria	399
▪ Enteric fever	399
▪ Kala-azar	401
▪ Fever under evaluation	402
▪ Measles	404
▪ Dengue hemorrhagic fever	405
▪ Meningococemia	406
Nephrology	
▪ NS	408
▪ AGN	411

Neurology	
▪ Febrile convulsion	414
▪ Status epilepticus	415
▪ Epilepsy	416
▪ Myasthenia gravis	417
▪ GBS	418
▪ TM	419
Haematology	
▪ Thalassaemia	422
▪ Aplastic anaemia	423
▪ ALL	424
▪ Hemophilia	425
▪ ITP	426
Cardiology	
▪ Congenital heart disease	429
▪ Acute rheumatic fever	430
Rheumatology	
▪ JIA	433
▪ Septic arthritis	434
▪ HSP	436
▪ SLE	437
▪ Steven Johnson Syndrome	440
SURGERY	
General aspects of surgery	
▪ Diets	444
▪ Dressing	444
▪ Catheterization	444
▪ Catheter removal	445
▪ NG tube insertion	445
▪ Drain tube management	445
▪ T-tube management	446
▪ Appropriate suture materials	446
▪ Time for suture removal	446
▪ Operation note	446
▪ Ideal follow up (SOAP protocol)	447
▪ Gut preparations for laparotomy	447
▪ Gut preparation for colostomy closure, Hemicolectomy& others	448

▪ Gut preparations for IVU, X-ray KUB, USG of WA	448
▪ Drug list for general surgery	449
▪ Drug list for OT	450
▪ Specific appliance for specific surgery	450
▪ Investigations profile	451
▪ PACU	453
▪ General anesthesia	454
▪ Spinal anesthesia	454
▪ Plexus block	454
▪ Local anesthesia	455
▪ Rx following causality OT	455
▪ Circumcision	456
▪ RTA/PA	457
▪ Head injury	457
Gastrointestinal system	
▪ Acute abdomen	463
▪ Perforation	464
▪ Acute appendicitis	468
▪ Appendicular lump	472
▪ Appendicular abscess	474
▪ Intestinal obstruction	478
▪ GOO due to pyloric stenosis	482
▪ GOO due to carcinoma stomach	486
▪ Colorectal carcinoma	489
▪ Anal fissure	493
▪ Fistula in ano	494
▪ Hemorrhoid	496
Hepatobilliary system	
▪ Acute cholecystitis	501
▪ Chronic cholecystitis	502
▪ Empyema gallbladder	505
▪ Mucocele of gallbladder	509
▪ Obstructive jaundice	512
▪ Acute pancreatitis	517
Urology	
▪ Acute retention of urine	519
▪ Acute retention of urine due to BEP	520
▪ Acute retention of urine due to stricture urethra	524

▪ Rupture urethra	524
▪ Renal stone	525
▪ Ureteric stone	526
▪ Inguinal hernia	528
▪ Hydrocele	531
▪ Epididymo-Orchitis	534
▪ Torsion of testis	535
▪ Cellulitis	538
▪ Diabetic foot	539
Breast surgery	
▪ Carcinoma breast	543
▪ Breast abscess	548
Burn & plastic surgery	
▪ General management of burn	551
▪ The Parkland formula	552
▪ Dressing of burn patient	554
Paediatric surgery	
▪ Weight according to age	557
▪ Fluid requirement	557
▪ Fluid calculation	557
▪ Common drugs used in paediatric surgery	558
Orthopedics	
▪ General management of closed fracture	562
▪ General management of open fracture	564
▪ Acute Osteomyelitis	565
ENT	
▪ Acute tonsillitis	568
▪ CSOM	571
▪ Nasal polyp	575
▪ DNS	578
▪ Epistaxis	580
▪ Thyroidectomy	582
Eye	
▪ Cataract	586
▪ Corneal ulcer	588

▪ Chronic Dacryocystitis	590
▪ Eye injuries	592
▪ Foreign body in eyes	593
▪ Black eye	594
▪ Eyelid injuries	595
Obstetrics & gynecology	
▪ Proforma for history taking in an obstetrics case	598
▪ Proforma for history taking in a gynecology case	599
▪ Antenatal care	600
▪ Immunization	601
▪ Management of labour	601
▪ Partograph	606
▪ PROM	609
▪ PROM with chorioamnionitis	611
▪ Threatened abortion	613
▪ Incomplete abortion	614
▪ Complete abortion	616
▪ Missed abortion	618
▪ Septic abortion	620
▪ Molar pregnancy	623
▪ Ectopic pregnancy	625
▪ Placenta previa	629
▪ Abruptio placenta	631
▪ PPH	633
▪ Cervical / vaginal tear	639
▪ Inversion of uterus	641
▪ DIC	643
▪ Eclampsia	645
▪ Pre eclampsia	647
▪ IUD	650
▪ Oligohydromnios	651
▪ UTI in pregnancy	652
▪ Diarrhoea in pregnancy	653
▪ Hyperemesis gravidarum	654
▪ Anemia in pregnancy	655
▪ Rh negative mother	656
▪ NVD	657
▪ Caesarean section	659
▪ Neck pain following CS	661

▪ Dry cough following CS	661
▪ Inadequate secretion of breast milk	663
▪ Breast milk suppression	663
▪ Breast engorgement	663
▪ Mastitis	663
▪ Episiotomy	664
▪ ICC	665
▪ Carcinoma cervix	666
▪ Uterovaginal prolapse	667
▪ Fibroid uterus	668
▪ Ovarian tumor	669
▪ Laparotomy	671
▪ Vaginal hysterectomy	673
▪ Wound infection	675

ACUTE ABDOMEN

CHIEF COMPLAINTS:

1. Abdominal pain for....
Site:
Onset:
Character:
Radiation:
Associated features:
Exacerbating and relieving factor:
Severity:
2. Features depending on underlying cause like fever/vomiting/diarrhoea/constipation /burning sensation during micturition etc for....

Past history: PUD, ACS

Drug history: NSAIDs, Steroids

Menstrual history (In female patient):

LMP: To exclude ectopic pregnancy

On general examination:

Pulse:

BP:

Dehydration:

Anaemia:

Jaundice:

Respiratory rate:

Temperature:

Per abdomen:

Inspection:

Distension:

Visible peristalsis:

Cullen's sign/Grey turner's sign:

Palpation:

Tenderness:

Muscle guard (Board like rigidity):

Murphy's sign:

McBurney's point tenderness:

Renal angle tenderness:

Percussion:

Upper border of liver dullness:

Auscultation:

Bowel sound:

Paracentesis: If ruptured ectopic pregnancy is suspected

ΔAcute abdomen due to...?

<p>ΔAcute abdomen due to...?</p> <p>Investigations:</p> <ol style="list-style-type: none"> 1. ECG: If epigastric pain specially in elderly patient to exclude inferior MI 2. Plain X ray abdomen in erect posture AP view including both domes of diaphragm: To exclude perforation 3. USG of W/A 4. CBC 5. Electrolytes: If vomiting/diarrhoea 6. S. Lipase: If pancreatitis is suspected 7. Urine RME 8. RBS 9. Urine for PT: To exclude ruptured ectopic pregnancy 	<p>Rx on admission:</p> <p>Date:</p> <p>Time:</p> <p>Bed rest</p> <p>Diet:</p> <ul style="list-style-type: none"> ✓ NPO ✓ NG suction 2 hourly (If abdominal distension) <p>Inf. Hartsol 1 L+ 5%DNS 1L+ 5%DA 1L IV @30 drops/min</p> <p>Inj. Ceftriaxone 1gm 1 vial IV stat and BD</p> <p>Inj. Metronidazole 500mg/100ml 1 bottle IV stat and TDS</p> <p>Inj. Ondansetron 8mg/4ml 1 amp IV stat and TDS and SOS</p> <p>Inj. Tramadol hydrochloride 100mg/2ml 1 amp IM stat & TDS and SOS</p> <p>Inj. Omeprazole 40mg 1 vial IV stat & BD</p> <p>Continuous catheterization</p> <p><u>If constipation:</u> If bowel sound present Suppository. Glycerol 2.3gm 4 sticks P/R stat</p> <p><u>If still no bowel movement:</u> Fleet enema 1 bottle P/R stat</p> <p><u>If pain isn't relieved:</u> Inj. Nalbuphine 20mg/1ml 1 amp IM stat and SOS</p> <p style="text-align: right;">Signature</p>
--	---

Clinical pearls:

1. Obliteration liver dullness on percussion + broad like rigidity: **Perforation > Confirmed by X ray> Refer to surgery after resuscitation**
2. Cramping pain, vomiting, constipation+ abdominal distension + bowel sound may be absent : **Intestinal obstruction or Subacute obstruction > Confirmed by X ray> Treat accordingly**
3. Pain in right iliac fossa + McBurney's point tenderness+ rebound tenderness: **Acute Appendicitis > CBC, HR USG, Urine RME> Refer to surgery after resuscitation**

4. Pain in the right hypochondrium + Murphy's sign positive: **Acute Cholecystitis > USG of HBS> Treat accordingly**
5. Severe cramping pain not relief by usual analgesics+ loin to groin pain: **Renal colic>Confirmed by X ray KUB, USG of KUB> Treat accordingly**
6. Severe epigastric pain which radiates to the back+ Pain not relief by usual analgesics + May associated with shock , oligouria, discoloration in flank / umbilicus : **Acute Pancreatitis > Serum lipase, USG of HBS> Treat accordingly**
7. High fever with chill and rigor+ Abdominal pain+ Renal angle tender : **Pyelonephritis> Treat accordingly**
8. If above this are excluded in severe upper abdominal pain it more possibility to be PUD> **Treat accordingly**
9. Dysuria + suprapubic tenderness+ Urgency , frequency : **Cystitis /UTI> Treat accordingly**
10. Lower abdominal pain+ Vaginal discharge –itchy(+/-) , foul-smelling+ Dyspareunia+ H/O recent abortion /STI: **PID> Treat accordingly**
11. HO amenorrhea+ Lower abdominal pain and tender+ P/V bleeding + Shock / anaemia : **Rupture ectopic pregnancy> Beta HCG, USG of WA>Refer to gynaecology**
12. Lower severe lower abdominal pain+ HO Adenexal cyst : **Torsion adenexal cyst> Colour doppler USG of W/A> Refer to gynaecology**

PEPTIC ULCER DISEASE (PUD)

CHIEF COMPLAINTS:

1. Pain in upper abdomen for...
 - ✓ Recurrent
 - ✓ Localisation to the epigastrium
 - ✓ Relationship to food and episodic occurrence
2. Nausea and vomiting are for....

Personal history: Smoking, Alcohol intake, irregular food habit, excessive spicy food intake, stressfull occupation

Drug history: NSAIDs, steroid

On general examination:

Pulse:

BP:

Anaemia:

Dehydration:

Per abdomen:

Epigastric tenderness:

Duodenal point tenderness:

ΔPUD

ΔPUD

Investigations:

1. Endoscopy of upper GI
2. CBC
3. ECG
4. Tests for H. pylori

Rx on admission:

Date:

Time:

Bed rest

Diet: 01

Inf. NS 1L+ DNS 2L

IV @ 30 drops/min daily

Inj. Tramadol hydrochloride 100mg/2ml

1 amp IM stat & TDS and SOS

Inj. Ondansetron 8mg/4ml

1 amp IV stat and TDS and SOS

Inj. Omeorazole 40mg

1 vial IV stat & BD

Signature

Rx on DC:

(Amoxicillin+Clarithromycin+Lansoprazole) KIT

1 strip BD- 14 days

Then,

Cap. Omeprazole 20mg

1+0+1 (B/M)- 2 months

Or,

Tab. Levofloxacin 500mg

0+0+1- 14 days

Cap. Amoxicillin 1gm

1+0+1- 14 days

Cap. Omeprazole 20mg

1+0+1- 14 days

উপদেশঃ

1. নিয়মিত ওষুধ খাবেন।
2. ধূমপান/মদপান করবেন না।
3. অতিরিক্ত তেল,চর্বি এবং বেশি মশলাযুক্ত খাবার পরিহার করবেন।
4. খাদ্যাভ্যাস নিয়মিত করবেন।
5. বেশি টেনশন করবেন না।

ACUTE MYOCARDIAL INFARCTION (AMI)

CHIEF COMPLAINTS:

1. Central chest pain that radiates to throat/arm/Jaw/back and /epigastrium for....
2. Nausea and vomiting for...
3. Sweating for...
4. Breathlessness for...
5. Fear of impending death for...

Past history: HTN, DM, IHD

Personal history: Smoking , alcohol

On general examination:

Pulse:

BP:

Temperature:

Oedema:

On systemic examination:

Creps:

Heart sounds:

Murmur:

ΔAMI

Criteria for diagnosis of an acute myocardial infarction (MI):

Detection of a rise and/or fall of cardiac biomarker values (preferably cardiac troponin (cTn)), with at least one value above the 99th centile upper reference limit (URL) and with at least one of the following:

1. Symptoms of ischaemia
2. New or presumed new significant ST segment–T wave (ST–T) changes or new left bundle branch block (LBBB)
3. Development of pathological Q waves in the ECG
4. Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality
5. Identification of an intracoronary thrombus by angiography or postmortem

Criteria for diagnosis of a prior myocardial infarction:

1. Pathological Q waves with or without symptoms in the absence of non-ischaemic causes
2. Imaging evidence of a region of loss of viable myocardium that is thinned and fails to contract, in the absence of a non-ischaemic cause
3. Pathological findings of a prior myocardial infarction

<p>ΔAMI</p> <p>Investigations:</p> <ol style="list-style-type: none"> ECG: <p>ST elevated MI:</p> <ul style="list-style-type: none"> ✓ ST elevation ✓ Progressive loss of R wave ✓ Q wave ✓ T inversion <p>NSTEMI: May be normal. Deep symmetrical T wave inversion, ST depression, Q wave.</p> Trop I RBS Lipid profile CXR Serum electrolytes Serum creatinine Echocardiography 	<p>Rx on admission:</p> <p>Date:</p> <p>Time:</p> <p>Absolute bed rest</p> <p>Diet: 04</p> <p>O2 inhalation 4-6L/min Stat and SOS</p> <p>Tab. Aspirin 75mg 4 tabs that then 0+1+0 (A/M)</p> <p>Tab. Clopidogrel 75mg 4 tabs that then 0+1+0 (A/M)</p> <p>Tab. Pantoprazole 20mg 1+0+1</p> <p>Spray. Anril 2 puffs S/L stat and SOS- Avoid in RV infarction</p> <p>Tab. GTN 2.6mg 1+1+0- Avoid in RV infarction</p> <p>Tab. Atorvastatin 20mg 1 tab stat then 0+0+1</p> <p>Tab. Clonazepam 0.5mg 0+0+1</p> <p>Inj. Pethidine 100mg ½ amp IV stat and SOS</p> <p>Inj. Prochlorperazine mesilate 12.5mg/ml 1 amp IV stat and SOS</p> <p>Tab. Metoprolol 25/50 mg 1+0+1 [Not given if Systolic BP<105mg, HR<65/min, pulmonary oedema or RV infarction]</p> <p>Tab. Ramipril 0.25/2.5mg 1+0+0</p> <p style="text-align: right;">Signature</p>
---	--

If patient comes within 12 hours and ST elevation present:

Inj. Streptokinase 1.5 million/unit

1 vial dissolved in 5ml of supplied solvent then further mixed with 95ml NS IV
@100microdrops/min

Inj. Hydrocortisone 100mg

1 vial IV stat

Contraindications to thrombolytic therapy:

1. Active internal bleeding
2. Previous subarachnoid or intracerebral haemorrhage
3. Uncontrolled hypertension
4. Recent surgery (within 1 month)
5. Recent trauma (including traumatic resuscitation)
6. High probability of active peptic ulcer

If streptokinase cannot be given:

Inj. Enoxaparin 60mg

1 PFS S/C stat and BD around the umbilicus- Upto hospitalization

If there is left heart failure:

Inj. Frusemide 20mg

2 amp IV stat and BD (8am and 4pm)

If there is cardiogenic shock:

Inj. Dopamine + Inf. NS/5%DA 500ml

IV @ 32microdrops/min

PCI: If presented within 120 minutes and there is ST elevation or new bundle branch block.

Rx on DC:

Tab. Aspirin 75mg

0+1+0 (A/M)- Continue

Tab. Clopidogrel 75mg

0+1+0 (A/M) - 1 year

Tab. Pantoprazole 20mg

1+0+1- SOS

Tab. Metoprolol 25/50 mg

1+0+1

Tab. Ramipril 1.25/2.5mg

1+0+0

Spray. Nitroglycerin

2 puffs stat and SOS- Continue

Tab. GTN 2.6mg

1+1+0- 1 month

Tab. Atorvastatin 20mg

0+0+1- Continue

Tab. Clonazepam 0.5mg

0+0+1- 14 days

Advice:

উপদেশঃ

- ১। নিয়মিত ওষুধ খাবেন।
- ২। বিশ্রাম 30-45 দিন।
- ৩। ভারী কাজ নিষেধদিন।
- ৪। ১ মাস সহবাস নিষেধ।
- ৫। ধূমপান , জরদা, সাদাপাতা ও গুল বহুবেহার নিষেধ।
- ৬। লবণ, চর্বি ও মিষ্টিজাতীয় খাবার পরিহার করবেন।
- ৭। মানসিক চাপ, উত্তেজনা ও দুশ্চিন্তা পরিহার করবেন।
- ৮। শরীরে ওজন, ডায়াবেটিস, উচ্চ রক্তচাপ নিয়ন্ত্রণে রাখবেন।
- ৯। পরবর্তীতে কোন সমস্যা হলে হৃদরোগ বহির্বিভাগে যোগাযোগ করবেন।
- ১০। চিকিৎসকের পরামর্শ ব্যতীত ওষুধের ব্র্যান্ড, ডোজ ও সময়কাল পরিবর্তন নিষেধ।
- ১১। পরিহার করুনঃ চর্বিযুক্ত খাবার, যেমন কোমল পানীয়, গরু, খাসির মাংস, কলিজা, চিংড়ি মাছ, নারিকেল, পাতে লবণ ও দুধের সড়।
খাবেনঃ সবজি, ফল, বাদাম।
- ১২। এ ছাড়পত্র সহ চিকিৎসার কাগজপত্র সংরক্ষণ করবেন এবং পুনরায় ভর্তি বা পরামর্শের জন্য তা সঙ্গে আনবেন।
- ১৩। নিয়মিত প্রতিদিন ৪০ মিনিট হাটবেন, হাসপাতাল থেকে ছাড়পত্র পাওয়ার ১ মাস পর থেকে।
- ১৪। সপ্তাহ পর নিচের পরীক্ষাগুলোর রিপোর্টসহ হৃদরোগ বিশেষজ্ঞের পরামর্শ নিবেন।