DISCHARGE SUMMARY

DEPARTMENT OF CARDIOLOGY

REG/IP NO

:

2310762 / 370154

NAME

:

Mr.GOPAL

AGE

:

55 Years

ADMITTED ON

:

07-06-2021

SEX

:

MALE

DISCHARGED ON

:

13-06-2021

BED NO

:

C-M-01

UNIT HEAD

:

Dr.SUNIL KUMAR S MBBS,MD,DM

UNIT NAME

:

Unit I

ADDRESS

:

WORD 27 3RD CROSS VALLAB BAI ROAD HASSAN

HASSAN

DIAGNOSIS :

ACS-INFERIO-POSTERIOR WALL MI

DEPRESSED LV FUNCTION, EF-35%

ACUTE ON CKD

SEVERE ANAEMIA

CONGESTIVE CARDIAC FAILURE

TYPE 2 DIABETES MELLITUS

HYPERTENSION

OLD PULMONARY TB- (TREATED 4 YEARS BACK)

UTI

HISTORY :

Patient name Mrs. Gopal, 55 years, male, k/c/o Type 2 DM, HTN, old pulmonary TB, presented with c/o retrosternal chest pain, associated with sweating since 3 days. He also complained of exertional dyspnoea, NYHA class III severity. On evaluation ECG showed ST elevation in III aVF, ST depression in I, aVL, T inversion in V4-V6. He was admitted to CCU for further management.

COURSE IN THE HOSPITAL :

2D Echo showed IHD, RWMA, Mild concentric LVH, mild MR & TR, depressed LV function, EF-35%, severe pulmonary hypertension, trace pericardial effusion. Patient was treated with antiplatelet agents, statins, anticoagulants, antihypertensives, IV antibiotics & other supportive measures. RT-PCR for COVID-19 was negative. Cardiac Biomarkers were elevated. D-Dimer was elevated. RFT was deranged . Nephrologist opinion was taken for acute on CKD and treated accordingly. USG abdomen showed Bilateral grade II MRD, prostatomegaly, right minimal pleural effusion with underlying subsegmental lung collpase/consolidation. PRBC was transfused to correct anemia. Physician opinion was taken for hyperglycemia and significantly elevated inflammatory markers with RTPCR being negative for COVID-19. Condition of the patient stabilised gradually. Since patient had no further ongoing rest angina, and in view of altered renal parameters, CAG was postponed to a later date. Suggested CAG if symptoms recurs or need for maintenance hemodialysis arises. Post stabilisation, he was shifted to the ward for further observation. Details of investigation reports enclosed. His ward stay was uneventful. He was discharged with stable hemodynamics with following advice.

CONDITION AT DISCHARGE: STABLE

ADVICE AT DISCHARGE: LOW SALT LOW FAT, RENAL & DIABETIC DIET.

TAB. ECOSPRIN 75MG 0-1-0 X CONTINUE

TAB. CLOPILET 75MG 1-0-0 X CONTINUE

TAB. ATORVA 40MG 0-0-1 X CONTINUE

TAB. NIKORAN 5MG 1-0-1 X CONTINUE

TAB. MINIPRESS XL 2.5MG 0-0-1 X CONTINUE

TAB. CILACAR 10MG 1-0-1 X CONTINUE

INJ. H-ACTRAPID S/C 10-10-8 UNITS X CONTINUE

INJ. LANTUS S/C 0-0-8 UNITS X CONTINUE

INJ. RENORISE 5000 S/C TWICE IN A WEEK

TAB. PANTOCID 40MG 1-0-0 X 2 WEEKS (BEFORE FOOD)

SYP. CREMAFFIN 15ML 0-0-1 X 5 DAYS

TAB. CIPLOX 250MG 1-0-1 X 5 DAYS

FUCIDIN TOPICAL APPLICATION

\*DON'T STOP ANY MEDICATION WITHOUT CONSULTING DOCTOR

Contact in Emergency

1.Severe pain, swelling or bleeding from procedure site

2.Chest pain or breathlessness

3.Sweating,disorientation or giddiness

IN CASE OF EMERGENCY/URGENCY PLEASE CALL 0821-2335000 OR VISIT EMERGENCY SERVICES AT GROUND FLOOR OF HOSPITAL WHICH IS OPEN 24X7X365. DIAL OUR EMERGENCY AMBULANCE HELPLINE NUMBER TO SEEK MEDICAL HELP: 14455 (24/7)

Review with Dr. Sunil Kumar S., MD, DM in cardiology OPD on 17-06-21 with RFT, FBS, PPBS reports. OPD days: Mondays/ Thursdays.

For appointment please contact 0821-2335261.

Follow up with Nephrologist on OPD basis with RFT reports.

Follow up with Physician on OPD bsis.

Prepared by : Dr. Poornima K S/Dr. GPBV/ Mrs. Shilpa Verified by : Dr. Sunil Kumar S

Discharged Date & Time : Discharged By :

DR. SUNIL KUMAR S., MD, DM

ASSOCIATE PROFESSOR

SR. INTERVENTIONAL CARDIOLOGIST

KMC NO. - 45861

Dr.SUNIL KUMAR S