



# SHUSRUSHA®



A UNIT OF SHUSRUSHA NURSING HOME PVT. LTD.  
P-290, C.I.T. Scheme VIM, Swami Swarupananda Sarani, Kolkata - 700 054  
Phone : 2362 8863, 2362 8430, 2364 8910

## DISCHARGE | ~~TRANSFER~~ | ~~DISCHARGE AGAINST MEDICAL ADVICE~~ CERTIFICATE

NAME : SRIKANTA BASU MALLIK

UHID NO. : 1910200 39133-1 BED NO. : 206

SEX : MALE / ~~MALE~~ FEMALE

AGE : 74 yrs

ADDRESS : P-185, C.I.T. ROAD SCHEME, V.I.H., NEAR INDIAN  
OVERSEAS BANK, KANKURGACHI, PHOOLBAGAN - 700054 KOLKATA W.B.

Date of Admission : 16/08/2025

Time of Admission : 3:00 PM

Date of Discharge :

Time of Discharge :

I, Dr. Sibasis Bhattacharya hereby certify that the  
above mentioned patient was under my treatment in this Nursing Home.

### REASONS FOR ADMISSION : PRESENTING COMPLAINTS

patient found unconscious at 11:00 AM, with defecation and  
urination and vomiting (duration unknown). Pt droopy but  
arousable. Extremely dehydrated. SpO<sub>2</sub> - 91% to 92% on Rm  
on admission. Patient unable to lift both legs.

### FINAL DIAGNOSIS

- Lower Respiratory Tract Infection.
- ? seizure / ? lymphoma

ICD 10 CODE :

MLCY / N  
Yes / No / Not Known

H/O ALCOHOLISM / TOBACO / OTHERS



NAME OF THE PATIENT : .....

SIGNIFICANT PAST MEDICAL AND SURGICAL AND ALLERGY OR FAMILY HISTORY

M7N.

SUMMARY OF KEY INVESTIGATION REPORT TO ARRIVE AT THE DIAGNOSIS

Ended

SUMMARY OF TREATMENT [NAME OF THE PROCEDURES/SURGERIES (IF ANY)]

Referred Doctors Name :	Specialist Name	Specialist
Dr. S.S. Choudhry	Neurologist	
Dr. Urmila Das	Neurologist	
Dr. Saikat Nag	Pulmonologist	

NOTES ON MEDICAL MANAGEMENT

Patient admitted with above complaints. On initial evaluation, his WBC - 20600, CRP - 61. He was started on 10 Antibiotics, IV fluid, Nebulisation. Patient gradually improved. His urine for toxicology panel was positive for Benzodiazepines. His EEG Brain was suggestive of slow waves from temporo-parietal region. (7-Scan of Brain - periventricular white matter ischemic changes).

Medical Treatment	Yes / No	.....Nos
Blood Transfusion		
PRBC	Yes / No	.....Nos
FFP	Yes / No	.....Nos
Human Albumin	Yes / No	.....Nos
TPN	Yes / No	.....Nos
Pethidine/Fentanyl/Morphin	Yes / No	.....Nos

Antibiotic Used : \_\_\_\_\_

Anti Emetic Used : At gradually reduced

PPI : Hemodynamically stable.  
WBC & CRP decreased to  
satisfactory level.

Other Supportive Medicines :

Nebulisation	Yes / No
Oxygen	Yes / No
NIV Support	Yes / No
Phototherapy	Yes / No

Medicine Used	_____	
Dialysis	Yes / No	.....Nos
Mechanical Ventilator Support	Yes / No	



NAME OF THE PATIENT : .....

**Procedures :**

Intubation	Yes / No	Lumber Puncture	Yes / No
Central Line	Yes / No	Aspiration	Yes / No
Catheterisation	Yes / No	USG Guided Aspiration	Yes / No
Ryles Tube	Yes / No	TPM	Yes / No
Chest Drain	Yes / No	Pleural Tapping	Yes / No

Others .....

**SURGICAL MANAGEMENT : NAME OF THE SURGERY / PROCEDURE**

**COMPLICATIONS IN THE COURSE OF HOSPITALISATION**

**PATIENT CONDITION AT THE TIME OF DISCHARGE**

AMBULATORY ☒ NON AMBULATORY ☐ WITH OXYGEN ☐  
WITH BIPAP/CPAP SUPPORT ☐ ANY OTHER SUPPORT .....

**WHEN & HOW TO OBTAIN URGENT CARE & FOLLOW UP ADVICE**

FEVER ☒ WOUND OOZING ☐ SOB ☒ SURGICAL SITE PAIN

URINE RETENTION ☐ BLEEDING ☐ ANY OTHER *Capricious and pharyngeal*  
*Care in mouth*

FOLLOW UP ADVICE ..... *Bld for CBC, CRP, Na<sup>+</sup>/K<sup>+</sup>/Uo<sup>+</sup>/Creatine.*  
*after 7 days and the Review with Dr. Sibasis Bhattacharya*  
*Review with Neurologist & Cardiologist after discharge.*

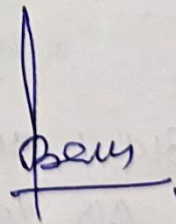


NAME OF THE PATIENT : .....

ADVICE ON DISCHARGE

- 7b. Pantocid DSR - 1b BBT x 10d
  - 7b. usimax D - 1b WHS (10PM) to continue
  - 7b. Olkem AM 20 (2015) - 1b at 9PM. Continue
  - 7b. Nauseo Plus - 1b twice daily x 10 days
  - 7b. Nikoran (10) twice daily x continue
  - 7b. Coartem D - 1b at bed time x 1 month.
  - 7b. Rozavel (10) - 1b WHS (10PM) x continue
  - 7b. Levera (500) twice daily x cont
  - 7b. Nitrocarlen (2.6)  $\begin{cases} 8AM \\ 9PM \end{cases}$  x cont.
- Bld for CBC, CRP,  $Na^+/K^+$  /  $UO_1$  /  $U_{osm}$  afi 5 days.
- Ren with Dr. Sibasis Bhattacharya afi 7 days of discharge

— Rr will Neurologist & Cardiologist afi discharge.



Signature of the Patient / Attendant

Signature of the Treating Doctor / RMO

Reg. No.