



# 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 ADVISE CERTIFICATE

NAME : Mrs. Bina Jaiswal.

UHID NO. : 191020039341-1 BED NO. : 109

SEX : ~~MALE~~ / FEMALE

AGE : 64 yrs

ADDRESS : 40 Mr. Ravi Jaiswal NA, Bholarathi  
Sarani Road, Teghona, Rajaulhat, Gopalgur,  
Bagnihati 700154.

Date of Admission : 24/8/25

Time of Admission : 10:00 am

Date of Discharge : 26/8/25

Time of Discharge : /

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

### REASONS FOR ADMISSION : PRESENTING COMPLAINTS

vomiting, abdominal distension - meals.

### FINAL DIAGNOSIS

Subacute intestinal obstruction.

HTN

Hypertrophic

Hepatitis C Positive

### ICD 10 CODE :

MLCY/N ☒  
Yes / No / Not Known

H/O ALCOHOLISM / TOBACO / OTHERS



NAME OF THE PATIENT :

GENERAL V. 109

SIGNIFICANT PAST MEDICAL AND SURGICAL AND ALLERGY OR FAMILY HISTORY

H/O T.A.H. + B.S.D → Aetna 8x lower abd, (R) nephrectomy

SUMMARY OF KEY INVESTIGATION REPORT TO ARRIVE AT THE DIAGNOSIS

CECT: Collapsed long segment ileum.  
Soc adhered to (R) suprarenal glands.

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

Referred Doctors Name :

Specialist Name

Specialist

NOTES ON MEDICAL MANAGEMENT

Received Cap. Vizylac Buh, Zedett, oks, Pan 40.  
Loloxa retard.

Medical Treatment

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 :

PPI :

Other Supportive Medicines :



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**

*Patient responded to conservative treatment.*

**COMPLICATIONS IN THE COURSE OF HOSPITALISATION**

**PATIENT CONDITION AT THE TIME OF DISCHARGE**

AMBULATORY ☒ NON AMBULATORY ☐ WITH OXYGEN ☐  
WITH BIPAP/CI AP 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

FOLLOW UP ADVICE



NAME OF THE PATIENT :

ADVICE ON DISCHARGE

- ① Ambulalium / semisolid diet
- ② Tab Auro 5 1 tab od after Bf x cont
- ③ Tab Thyroxine 100 1 tab od after Bf x cont
- ④ Tab Telma 40 1 tab od after lunch x cont
- ⑤ Tab Pan 40 - oday x cont 10 days
- ⑥ Tab Ondem MD 4mg - 6 day x 3 days
- ⑦ Sy. moricel 25 ml Syrup + 10 ml lukewarm water at bedtime x cont. 7 days.

⑧ After 7 days :-  
Review with :

- a) Dr. P. Reddappa - Liver Specialist for Hepatitis C (HS DM).
- b) PET CT scan for evaluation of secondary to (R) suprarenal glands.
- c) Review for Rx after 2 weeks.  
attest edition / for sos.

Signature of the Patient / Attendant

Signature of the Treating Doctor / RMO

Reg. No.

26/8/2025