



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 : Dolon Sen Sharma

UHID NO. : 191020039120-1 BED NO. : 116

SEX : MALE / FEMALE

AGE : 52 YEARS

ADDRESS : 41/2 SARAT CHANDRA DHAR ROAD

PS - BARANA GURB PIN - 700090

DIST - (N) 24 PGS STATB - WEST BENGAL

Date of Admission : 15/8/25

Time of Admission : 11.25 PM

Date of Discharge : 24/8/25

Time of Discharge :

I, Dr. K. B. Roy hereby certify that the
above mentioned patient was under my treatment in this Nursing Home.

REASONS FOR ADMISSION : PRESENTING COMPLAINTS

Severe SOB

FINAL DIAGNOSIS

LRT I

UTI

Type II RF

Hypokalemia

ICD 10 CODE :

MLC Y/N

Yes / No / Not Known

H/O ALCOHOLISM / TOBACO / OTHERS

NAME OF THE PATIENT :

SIGNIFICANT PAST MEDICAL AND SURGICAL AND ALLERGY OR FAMILY HISTORYRPH (MS) - ON MEDICATION
RHDSUMMARY OF KEY INVESTIGATION REPORT TO ARRIVE AT THE DIAGNOSIS

ATTACHED

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

Referred Doctors Name :

DR RANJAN KUMAR
SHARMA
(CARDIOLOGIST)

Specialist Name

Dr K B. Roy

Specialist

MEDICINE MD
GENERAL PHYSICIANNOTES ON MEDICAL MANAGEMENT

PATIENT WAS ADMITTED HERE WITH ABOVE MENTIONED COMPLAINTS. ALL RELEVANT INVESTIGATION WERE DONE. PATIENT WAS TREATED BY CONSERVATIVELY. INITIALLY IN ICU LATER IN GENERAL WARD. NOW PATIENT IS HEMODYNAMICALLY STABLE AND IS BEING DISCHARGE WITH FOLLOWING ADVICE

Medical Treatment

Blood Transfusion

PRBC Yes / NoNos

FFP Yes / NoNos

Human Albumin Yes / NoNos

TPN Yes / NoNos

Pethidine/Fentanyl/Morphin Yes / NoNos

Antibiotic Used :

Iv TICOMUST- 400

Iv AQUIMER 1gm

Iv FEDRA DOX-100

Anti Emetic Used : Iv ZOFER 4

PPI: Iv PAN40

Other Supportive Medicines :

TAB MUCIFLO TAB URSODOL, STEAM INHALATION, IN LASIX
TAB ALDACTON (25)

Nebulisation

Oxygen

NIV Support

Phototherapy

(Yes) / No

(Yes) / No

(Yes) / No

Yes / No

Medicine Used

LEVOLIN (0.6%) + BUDDEORT (0.5%)

Iv LAROXIN Dialysis

0.25

Mechanical Ventilator Support

Yes / No

.....Nos

Yes / No

DOLON SEN SHARMA

NAME OF THE PATIENT :

Procedures :

Intubation	Yes / <input checked="" type="checkbox"/> No	Lumber Puncture	Yes / <input checked="" type="checkbox"/> No
Central Line	Yes / <input checked="" type="checkbox"/> No	Aspiration	Yes / <input checked="" type="checkbox"/> No
Catheterisation	Yes / <input checked="" type="checkbox"/> No	USG Guided Aspiration	Yes / <input checked="" type="checkbox"/> No
Ryles Tube	Yes / <input checked="" type="checkbox"/> No	TPM	Yes / <input checked="" type="checkbox"/> No
Chest Drain	Yes / <input checked="" type="checkbox"/> No	Pleural Tapping	Yes / <input checked="" type="checkbox"/> 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/CIAP 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 complications to be

Inform Dr K B Ray

FOLLOW UP ADVICE Review after 2 days or earlier SOS

NAME OF THE PATIENT :

ADVICE ON DISCHARGE

- ~~Wash~~
- Salt & fat restricted diet
wash intake 1.8 lit/day 1 — x — x 30d
 - Cap PAN-D
1 — x — x 30d
empty stomach
 - Tab Ursodox 300
1 — x — x 30d
after food
 - Tab Muiflo
1 — x — x 3d
after food
 - Tab Mero O (EPR) 300
1 — x — x 9d
after food
 - Tab Nifed 100
1 — x — x 9d
after food
 - Tab Dytol Plus 10
1 — x — x →
8 AM
 - Tab Xarelto 20
x x — x →
after dinner
 - Tab Ato ZCV
1 — x — x 30d
after Bst
 - Tab Bisonept 2.5
1 — x — x →
after Bst
 - $\frac{m}{\text{COST, CRP}}$
• FBS
• urine for
RE 4s
• ELG
after
2wks
 - Flup after 2wks/80

OD : 1 Once Daily (•) BD : Twice Daily (••) TDS : Thrice Daily (•••) QDS : Four Time Daily (••••)
AC : Before Meal PC : After Meal HS : At Night SOS : If necessary TSF : Tea Spoon Full

Signature of the Patient / Attendant

Signature of the Treating Doctor / RMO

Reg. No.

WBMC-51985