

C. Nature of Illness / Disease with presenting complaint: CHRONIC LIVER DISEASE ; PEDAL EDEMA , CRAMPS

D. Relevant Critical Findings: JAUNDICE, PEDAL EDEMA

E. Duration of the present ailment: 1 year Days

i. Date of First consultation: 8/1/24 (DD/MM/YYYY)

ii. Past history of present ailment, if any Detected as CLD 8 years ago elsewhere.

F. Provisional diagnosis: DECOMPENSATED CHRONIC LIVER DISEASE.

i. ICD 10 code _____

G. Proposed line of treatment:

i. Medical Management	()
ii. Surgical Management	(✓)
iii. Intensive care	(✓)
iv. Investigation	()
v. Non-allopathic treatment	()

H. If investigation and / or Medical Management, provide details _____

i. Route of Drug Administration : _____

I. If surgical, name of surgery LIVER TRANSPLANTATION.

i. ICD 10 PCS code _____

J. If other treatment, provide details _____

K. How did injury occur _____