



SPARSH HOSPITAL & CRITICAL CARE

AMERICAN  
ONCOLOGY  
INSTITUTE  
PRECISION CANCER CARE

## Discharge Summary

Report on VACCINOTHERAPY  
Received: Jun 26, 2018  
Page: 3

A-407  
Sahid Nagar  
Block 8, State of Kisan Jyoti Scheme  
Bhubaneswar, Odisha  
0674 662 6666

BUN	25.0 mg/dL	Bilirubin, Total	0.4 mg/dL
Creatinine	0.8 mg/dL	Bilirubin, Direct	0.2 mg/dL
Alkaline Phosphatase	56.0 IU/L	AST (SGOT)	23.0 IU/L
ALT (SGPT)	26.0 IU/L	WBC	2.6 $10^9/L$ (LOW)
HGB	11.4 g/dL (LOW)	Platelet Count	210.0 $10^9/L$
Neutrophils (Gran)	1.508 $10^9/L$ (LOW)		

### Toxicities:

The following toxicities were assessed as a 1:  
Fatigue - Fatigue relieved by rest. Pain - Mild pain.

### Condition at the time of discharge:

Patient is being discharged in stable condition. Post chemo therapy is uneventful.

### Advice at the time of discharge

#### Medication Advice:

1. Tab Velox(20)1-0-0 once daily before food to cont.
2. LiveFlam Oral Gargle 1-1-1 thrice daily to continue.
3. Tab Capecitabine(500)mg(Intas)3tabs(AL)+ 2tabs(AD) from D2-D15(30.06.2018-13.07.2018)
4. Phlebotroy QPS drops 1-1-1 thrice daily
5. Tab B-Long(100)1-0-0 once daily before food from D2-D15(30.06.2018-13.07.2018)
6. Liq Ranidom O 4tsf x SOS (if hiccups)
7. Liq Gudlax Plus 3tsf x SOS (if constipation)
8. Cap Redotril 1-1-1 thrice daily (if diarrhoea)
9. Liq BCAA 1 bott. once daily.
10. Liq Protosil(10ml)twice daily to cont.
11. Liq Sucral O (10ml)QID 4 times a day to cont.

#### NOTE :

\*Post discharge precautions and discharge medications, safe and timely intake was explained to the patient& family. Also given guidance for avoiding Food- Drug Interaction & Drug-Drug interaction.

\* Call if fever, excess vomiting or shortness of breath on 8658644402 ( Dr.Subash)

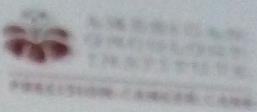


Cancer Treatment Services Hyderabad Pvt. Ltd. ; A-407, Sahid Nagar, Bhubaneswar - 751 007, Odisha  
T. +91 674 662 6666, 2540 183/188/189 E: webinfo@americanoncology.com  
CN: U85110AP2006PTC051690

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SPARSH HOSPITALS  
& CRITICAL CARE



### Discharge Summary

Manager on VARIANCTK080  
Printed: Jun 29, 2018  
Page: 1

Address:  
Sahid Nagar  
Back Side of Kalyan Chambers  
Bhubaneswar, Odisha  
0674 662 0888

Patient ID: 128453  
Date of Birth: Dec 28, 1975 Age: 42  
Treatment: CAPEOX(3WEEKLY)CYCLE-4

Patient Name: BIMAL KRUSHNA PANIGRAHY  
Date of Admission: Jun 29, 2018

Date of Discharge: Jun 29, 2018

#### Diagnosis & Stage

Primary - CA STOMACH, Diagnosed Nov 8, 2017 (Active)

#### Past Medical History and Comorbidities

Mr. PANIGRAHY's medical history consists of cancer (CA STOMACH) in 2017.

#### Surgical History

Mr. PANIGRAHY's surgical/procedural history consists of EXTENDED TOTAL GASTRECTOMY in 2017 - EXTENDED TOTAL GASTRECTOMY SX BY DR.NAGRAJ BIOPSY TEKEN.

#### Allergies

No Known Allergies.

#### Family History

NO FAMILY HISTORY OF MALIGNANCY .

#### Presenting Complaints

A 42year old male K/C/O-Ca Stomach(proximal) pT3N1Mx went to manipal hospital for Radiotherapy & planned for 25# but received RT 30Gy/15# from 19.2.18 to 9.3.18 due to intolerance to RT. patient taking Tab Xeloda 500mg 2tab twice daily x 15days at the time of RT.

Patient planned for chemotherapy (4# of CAPEOX regimen)

Today patient has came for C4#. VITALS STABLE

#### Chief complaints :

Now C/O- Generalised weakness.

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## Discharge Summary

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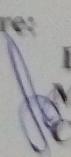
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0674 662 6666

& 9938190845(Dr Bharat)

### Followup:

1. CBC, UR/CRT,FBS,LFT,Sr CEA & PET-CT SCAN before next chemo on 25.07.2018.
2. Next Chemo on 26.07.2018 (FOR EVALUATION).

### E-Signature:



Dr. Ghanshyam Biswas  
MD(Med),DM  
Consultant Medical Oncologist