



DEEPAM HOSPITALS TAMBARAM



8270666699 | 8300017171



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www.deepamhospitals.com



327, Muthurangam Road,
West Tambaram-600045.

DISCHARGE SUMMARY

PATIENT INFORMATION

Name : **Mr. BARANIDHARAN
RAJAKUMAR .**
UHID : **MR42888**
Age/Gender : 42Y 4D /MALE
Att. Name : MR.PRAVEENKUMAR
Mobile No : 9159409077
Address : F4, RUBY
MANORKUNDALAKESI
STREET,GANESH NAGAR
SELAYUR PIN-600073., INDIA ,

ADMISSION INFORMATION

IP/ER No : **2024IP18216**
Room : TEMP WARD1
Bed No : **null-220**
Admission. Date : 03/07/2025 19:33
Discharge. Date : 07/07/2025 13:53
Discharge. Type : **Normal Discharge**

DOCTOR INFORMATION

Admt. Doctor : Dr. ARUNPRASATH
Department : GENERAL MEDICINE
Ref. Doctor : DR.ARUN RAJ
Insurance : MEDI ASSIST

Consultant Attended:

Dr. D. ARUN PRASATH., M.D., {General Medicine}

Final Diagnosis:

DENGUE HEMORRHAGIC FEVER
SEVERE THROMBOCYTOPENIA
TRANSAMINITIS

On Admission:

Patient admitted with C/o fever since 4 days on & off. chills at night. H/o Headache since x 4 days. H/o multiple joints pain on & off x 4 days. H/o Eye ball pain + , Burning sensation since today. H/o Nausea since 4 days. No h/o abdominal pain / burning micturition. Patient was apparently well 4 days ago, when he developed intermittent fever associated with chills with Headache / myalgia since x 4 days. Eye burning sensation / nausea since today. No h/o vomiting / abdominal pain / loose stools. No other specific complaints. Now admitted for further evaluation and management.
Not known case of DM, HTN, CAD, and BA.

O/E:

Patient GC fair, Conscious, oriented, febrile (+)
Temp: 99.2°F
BP: 110/70 mm Hg
PR: 86 /mt
RR: 20/mt
GCS : 15/15
SPO2: 98 %
CVS: S1S2+
RS: B/LAE+
PA: Soft
CNS: NFND
CBG: 157 mg/dl

Investigations:

Done and enclosed.

Drugs Used:

Inj. Xone 1 gm iv BD, Inj. Pan 40 mg iv BD, Inj. Emeset 4 mg iv TDS, Inj. Astymin forte 1 amp



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iv OD, Inj. Vit C 1.5 gm iv OD, Tab. Udiliv 150 mg BD, Tab. Microdox LBX 100 mg iv BD, Tab. Zyme Q forte 1 OD, Tab. Montek LC 1 HS, Syp. Caripill 5 ml TDS, Nasoclear nasal spray 2° TDS, Tab. Atarax 10 mg ST, Inj. Para 1 gm iv SOS, Inj. Ibugesic IV ST.

Course in the Hospital:

Patient admitted with above mentioned complaints. His baseline investigation done shows Thrombocytopenia deranged LFT elevated ESR, CRP. Dengue profile positive periodic platelet monitoring done initially platelet reduce later on increased. General Physician opinion was obtained and order carried out. He was conservatively treated with IV fluids, IV antibiotics, PPIS, antiemetics, supplementation, Vit C [astymine] and platelet transfusion and other supportive drugs and measures. Patient improved symptomatically and clinically. His general condition stable and improved, hence discharged with following advice.

Discharge Advice:

Intake 4L/ day/ Blant diet

1. Tab. Microdox LBX 100 mg 1 - 0 - 1 x3 days
2. Tab. Nexpro RD [40/30] 1 - 0 - 1 x 10 days [before food]
3. Syp. Caripill 5ml -5ml -5ml x 10 days
4. Syp. Sucrafil O 10ml 1 - 1 - 1 x 10 days [after food]
5. Tab. Zyme Q forte 0 - 1 - 0 x 10 days
6. Tab. Udiliv 150 mg 1 - 0 - 1 x 10 days
7. Nasoclear nasal spray 1 - 0 - 1 x 10 days
8. Tab. Dolo 650 mg 1 sos

Incase emergency - Walk into hospital or contact : 044-43970205.

Remarks :

REVIEW WITH CONSULTANT: Dr. ARUN PRASATH with CBC/ESR/ LFT REPORTS.

DATE & TIME: 17.07.2025 @ 11am-1.30pm, 6pm - 9pm.

FOR APPOINTMENT NUMBER: 044 43970201 / 8300017171

FOR AMBULANCE NUMBER: 8300014141

Doctor's Signature

Dr.D. ARUN PRASATH
Reg No: 80731
General Medicine
Deepam Hospitals