DEPARTMENT OF CRITICAL CARE MEDICINE
DISCHARGE SUMMARY

UHID	: 41352902	IP NO	: CBIP22/19795
Name	: Mr BALA SHOW REDDY T	Bed No	: MICU IV-18
Age/Gender	: 65 Years/Male	Admission Date	: 03/12/2022 08:03 AM
Primary Consultant	: Dr CRITICAL CARE TEAM	Date Of Discharge	: 08/12/2022 02:31 PM
Discharge Type	: NORMAL	Patient Mobile	: 8008269898

TYPE OF DISCHARGE : NORMAL

DISCHARGE DIAGNOSIS :

SYMPTOMATIC HYPONATREMIA

PEPTIC ULCER DISEASE WITH REFLUX ESOPHAGITIS

ABDOMINAL AORTIC ANEURYSM WITH THROMBUS

CO-MORBIDITIES : HYPERTENSION, DIABETES , CKD.

HISTORY/PRESENTING ILLNESS: 65 year old male was brought to the hospital with the complaints of abdominal discomfort since 2 days and H/O vomitings 20 days back for 2 days and also multiple episodes of vomitings 2 days back. Pt had decreased appetite since 20 days. Pt was evaluated outside and was found to have abdominal aortic aneurysm with thrombus.

EXAMINATION FINDINGS ON ADMISSION:

GCS- E3 V2 M5

BP- 100/60 mmhg   HR-91/min

SpO2- 84% on RA   Temp- 98.4 F

GRBS: 86 mg/dl

COURSE IN HOSPITAL: 65 yr old male was brought to the hospital with the above mentioned complaints. On evaluation, he was found to have hyponatremia for which 3% NaCl correction was started. Gradually patient improved neurolgically. But there was swallowing difficulty and he was retaining secretions in oral

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CARE HOSPITALS
Banjara Hills: 6-3-248/2, Road No-1, Hyderabad-500034, Telengana, Tel:(B) 040-68159836, (M) 040-68159835, (P) 04068159837, (R) 040-68159831, F: 040-30418488
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Print Date & Time: 08/12/2022 17:00

cavity, hence Upper GI endoscopy was done which showed Superficial duodenal ulcer and severe reflux esophagitis. Patient's nutrition was managed through nasogastric feeds. Vascular surgery consultation was taken in view of aortic aneurysm and infrarenal thrombus, for which surgery was advised but patient's attenders wanted time for taking the decision. As patients clinical condition improved and was hemodynamically stable, hence patient is being discharged on stable condition with Nasogastric tube and Foleys catheter insitu. He was advised to be in follow up with vascular surgery team, and were explained the risks and complications associated with it.

Discharge medication including inputs of all referral doctors, continuation of earlier regular medication

SL NO	Name of the Drug	Dose	Route	Frequency	Duration	Relationship to Meal
1	TAB FORCAN	150 MG	RT/ORAL	OD	5 DAYS	8 AM
2	TAB NATRISE	15 MG	RT/ORAL	OD	1 WEEK	2 PM
3	TAB OLANZAPINE	5 MG	RT/ORAL	OD	DAILY	10 PM
4	TAB PAN	40MG	RT/ORAL	BD	DAILY	7 AM-7PM
5	TAB LORAZEPAM	1 MG	RT/ORAL	OD	DAILY	10 PM
6	SYP SUCRAL	10 ML	RT/ORAL	TID	DAILY	8AM-2PM-8PM
7	TAB OPTINEURON FORTE	1 TAB	RT/ORAL	OD	15 DAYS	2 PM
8	TAB NIFTAS	100 MG	RT/ORAL	BD	10 days	8 AM-8 PM

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DISCHARGE ADVICE: Continue Nasogastric feeds as advised by Dietician. Oral liquids as tolerated. Avoid solid, spicy and hot food.

1. Review with Critical care team after 1 week with serum electrolytes report in IP Building 2nd floor Room no. 229.
2. Review with Vascular surgeon after 1 week in OPD.

HOW TO OBTAIN URGENT CARE

Emergency Contact No: 7702527440

For Ambulance Call: 18001088108

CALL CENTER NO: 1800 108 6666

Dr CRITICAL CARE TEAM

(CRITICAL CARE AND INTERNAL MEDICINE)

CONSULTANT

PATIENT / SURROGATE: -

I have been explained and understood, regarding the discharge summary in detail, including medication and any special needs in my local language and have received copies of discharge summary, laboratory and radiology reports.

NAME	
RELATIONSHIP	
SIGNATURE	
CONTACT DETAILS	