

**OMNI RK™**Super Speciality Hospital  
(a unit of Omni Hospitals Vizag Pvt. Ltd.)Name P. Leela kumari Age 65 Sex F Wt.....MR.No. 8125 IP.No. 2352**INITIAL ASSESSMENT**

(TO BE FILLED BY DOCTORS)

**COMPLAINTS**

Ⓡ Shoulder pain — ∴ 4 days.  
 pain radiating to back.  
 associated w sweating ⊕.  
 % gripping pain in chest — ∴ 4 days.  
 Lethargy — ∴ 4 days.

**HISTORY OF PRESENT ILLNESS**

No H/O P/C/C.

palpitations ⊕, ↓ sleep.

Stable pedal edema ⊕.

**HISTORY OF PAST ILLNESS**

H/O Hypotensive episodes since 2 days (90/60 mmHg) yesterday  
 (85/60) today morning.

H/O Stentization done. (13 yrs back).

DOCTOR'S ORDERS

Date/Time	PROGRESS NOTE	DOCTOR'S ORDERS
<u>12/12/17</u>	<p>c/s by Dr. Ravi Kumar.</p> <p>GRBS - 415 mg/dl.</p> <p>Adv:</p> <p>CBC</p> <p>Sr. CREATININE</p> <p>HBAC.</p> <p>Sr. ELECTROLYTES.</p> <p>SCREENING.</p> <p>TROP-T.</p> <p>2DECHO.</p> <p>CXR</p> <p>ECG.</p>	<p>Re:</p> <p>① Ins. MIXTARD.</p> <p>12 UNITS ————— 12 UNITS.</p> <p>② Ins. PARVOP, 40 MG / 3U / OD.</p> <p>③ TAB. CLOPAB, 75 MG 4 TABS, STAT.</p> <p>④ TAB. AZTOR, 80 MG, 1 STAT.</p> <p>⑤ TAB. ECOSPRIN, 325 MG, 1 STAT.</p> <p>⑥ NTG - 2.5 ML / HOUR.</p> <p>⑦ O<sub>2</sub> INHALATION.</p> <p>⑧ GRBS TID.</p>

*[Signature]*

Name.....P. Leela Kumar..... Age.....65..... Sex.....F..... Wt.....

MR.No.....8055..... IP.No.....2382.....

## DOCTOR'S ORDERS

Date/Time	PROGRESS NOTE	DOCTOR'S ORDERS
	<p>Angina 2+</p> <p>203 2+</p> <p>W 5.2</p> <p>L. ch</p> <p>ECG</p>	<p>AD AU</p> <p>unstable angina</p> <p>DM OUA</p> <hr/> <p>① inj. Moranyl 100 ————— 100 2x</p> <p>② T. Pantoprazole 40 mg</p> <p>③ T. Clopidogrel 75 mg</p> <p>④ T. Aspirin 100 mg</p> <p>⑤ T. Sorbitrate 1 gm</p> <p>⑥ inj. Clozapine 0.6u 3x</p> <p>⑦ inj. Moranyl 1g 2x</p>





## REQUEST FOR CASHLESS HOSPITALISATION FOR MEDICAL INSURANCE POLICY

Medi Assist

Name of the Hospital:

Hospital Location:

Hospital Fax No.:

DETAILED OF THIRD PARTY ADMINISTRATOR

a) Name of TPA company: Medi Assist Insurance TPA Pvt Ltd

b) Toll Free Phone Number: 1800 425 9449

c) Toll Free FAX Number: 1800 425 9559

To Be filled in By Insured / Patient

a) Name of the Patient:

b) Gender:

c) Contact number:

g) Policy number/Name of Corporate:

h) Currently do you have any other Medical/Health Insurance:

Give details:

i) Do you have a family physician:

k) Contact number, if any:

(PLEASE COMPLETE DECLARATION ON THE REVERSE SIDE OF THIS FORM)

TO BE FILLED BY THE TREATING DOCTOR / HOSPITAL

a) Name of the treating doctor:

c) Name of ILLNESS / Disease with presenting complaints:

e) Duration of the present ailment:

f) Provisional diagnosis:

g) Proposed line of treatment:

h) Investigation / or Medical Management provide details:

i) If Surgical name of surgery:

j) If other treatments provide details:

l) In case of accident:

m) In case of Maternity:

Details of the patient admitted:

a) Date of admission:

c) Is this an emergency/planned hospitalization event:

d) Expected no. of days stay in hospital:

f) Per Day Room Rent + Nursing &amp; Service charges + Patient's Diet:

g) Expected cost for investigation / diagnostic:

h) ICU Charges:

i) OT Charges:

j) Professional fees Surgeon + Anaesthetist fees + Consultation Charges:

k) Medicines + Consumables Cost of Implants (if applicable please specify):

l) All included package charges (if any):

m) Sum Total expected cost of hospitalization:

b) Contact Number:

d) Relevant clinical findings:

k) Past history of present ailment any:

I. ICD 10 Code:

II. ICD 10PCS Code:

I. ICD 10PCS Code:

k) How did injury occur:

II. Reported to Police:

VI. Test conducted to establish this:

Date of Delivery / LMP:

Mandatory:

Past History of any chronic illness if yes, since:

Diabetes

Heart Disease

Hypertension

Hyperlipidemia

Osteoarthritis

Asthma / COPD / Bronchitis

Cancer

Alcohol or drug abuse

Any HIV or STD / Related ailments

Any other Ailment give details:

DECLARATION

(PLEASE READ VERY CAREFULLY)

We confirm having read understood and agreed to the Declaration on the reverse of this form

a) Name of the treating doctor:

b) Qualification:

Hospital Seal (Must include Hospital ID)

Dr. G. RAVI KUMAR, MD, DM.

Regd. No. 50031

Consultant Cardiologist

OMNI RK Super Special Hospital  
(A Unit of INCOR Hospital Pvt. Ltd.)  
Visakhapatnam-4

Patient/Insured Name &amp; Signature:

IMPORTANT: PLEASE TURN OVER



Name p. leela kumari Age 56 Sex f Wt.....

MR.No. 80355 IP.No. 23822

**MEDICATION CHART**

H/O. DRUG ALLERGY..... ANY CHANGE IN PLAN OF CARE, PLEASE SPECIFY.....

TO BE FILLED BY DOCTOR							TO BE FILLED BY NURSE					
S. No.	Date/Time	NAME OF THE DRUG	Dose	Route	Freq	Sig.		Sig.		Sig.		Sig.
							Time	With Name	Time	With Name	Time	With Name
	12/12/17	TAB: ECOSPINIC	325mg	PO	STAT	✓	1:30pm					
		TAB: CLOPILAT	300mg	PO	STAT	✓	1:30pm					
		TAB: AZTOR	80mg	PO	STAT	✓	1:30pm					
		PNL: PANTOP	40mg	IV	STAT	✓	1:30pm					
		PNL NICH	1cup	IV	STAT	✓	1:30pm					
		Inj. H-Achripid	2ml	IV	STAT	✓						
		Tab- Sorbitrate	5mg	PO	BD							
		Inj: cloxacrine	0.6	SL	BD							
		Inj: (H) miltatrad	10 <sup>u</sup> 10 <sup>u</sup>									
		Inj: Monocet	1gm	IV	BD							

Note : 1. Please write GENERIC NAME Preferably 2. Please write in CAPITAL LETTERS  
3. Do not use abbreviations - MS, MSO<sub>4</sub>, MgSO<sub>4</sub>, U, IU, QD, QOD, Trailing Zero,  
Lack of Leading Zero (Eg : Wrong is 1, 1.1 Correct is 1.0, 0.1)



12/13/2017 6:22:57 AM

Micu - 6

Rate 101 Age not entered, assumed to be 50 years old for purpose of ECG interpretation  
 PR 147 Sinus tachycardia.  
 QRS 87 Probable left atrial enlargement.  
 QT 343 P > 50ms, < -0.10mV V1  
 QTc 445 all extremity leads < 0.5mV  
 Abnormal R-wave progression, late transition. QRS area < 0 in V5/V6  
 Abnormal T, consider ischemia, lateral leads. T < -0.20mV, I aVL V5 V6

--AXIS--

P 69

QRS 85

T 257

12 lead; standard placement

Unconfirmed Diagnosis

- ABNORMAL ECG -



Device:

Speed: 25 mm/sec

LimB: 10 mm/mV

Chest: 10.0 mm/mV

F 50-0.50-40 Hz W

100B CL

P2

Patient Name Mrs. P LEELA KUMARI  
MR No MR080355  
Age 56Years  
Sex Female

Consulting Dr. Dr Ravi Kumar G  
Report Date 12-12-2017 15:41  
Phone No  
Visit Id IP023822

## Radiology Report

### Radiology

## ECHOCARDIOGRAM REPORT

### DIMENSIONS:

LV		mm	AO (ed)	35	mm
LVIDS	29	mm	LA (es)	37	mm
ESV	31	mm	IVSD (ed)	11	mm
EDD		mm	LVPWD (ed)	42	mm
EDV	95	mm	RV (ed)		mm
			MVA		mm
SV					
EF	57%				
FS	26%				

MITRAL VALVE	:MILD TO MODERATE MR
AORTIC VALVE	:Normal
TRICUSPID VALVE	:MILD TR
PULMONARY VALVE	:Normal
INTERATRIAL SEPTUM	:Intact
INTERVENTRICULAR SEPTUM	:Intact



Patient Name Mrs. P LEELA KUMARI  
MR No MR080355  
Age 56Years  
Sex Female

Consulting Dr. Dr Ravi Kumar G  
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PULMONARY ARTERY	:Normal
AORTA	:Normal
RIGHT ATRIUM	:Normal
RIGHT VENTRICLE	:Normal
LEFT ATRIUM	:Normal
LEFT VENTRICLE	:Normal
PERICARDIUM	:Normal

**DOPPLER / COLOUR STUDY:**

MV FLOW : E>A

AV FLOW :1.3m/sc

PV FLOW :1.0m/sc

**FINAL IMPRESSION :**

NO RWMA  
NORMAL LV/RV SYSTOLIC FUNCTION  
MILD TO MODERATE MR  
NO AR  
MILD TR, NO PAH  
NO PERICARDIAL EFFUSION  
NO CLOTS  
NO VEGETATIONS

Dr.G. RAVI KUMAR MD,DM  
CARDIOLOGIST



## Laboratory Report

Waltair Main Road, Ramnagar,  
 Opp, Lions Club, Visakhapatnam-530002  
 Ph: 0891-3080300, www.omnihospital.in

Patient Name Mrs. P LEELA KUMARI  
 MR No MR080355  
 Age 56y  
 Sex Female

Consulting Dr. Dr Ravi Kumar G  
 Sample Date 12-12-2017 14:35  
 Report Date 12-12-2017 16:47  
 Visit Id IP023822

### Microbiology

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
HIV (TRIDOT)	NON-REACTIVE		


<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
HBsAg	NEGATIVE		

### Serology

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
HCV	NON-REACTIVE		

\*\*\* End Of The Report \*\*\*

- \* Test results related to the items tested
- \* This is a system generated Report, Personal signature may not be required
- \* No part of the report can be reproduced without written consent from the laboratory

  
 Lab Technician  
 Jhansi P

  
 Lab Pathologist

# Laboratory Report

Waltair Main Road, Ramnagar,  
Opp, Lions Club, Visakhapatnam-530002  
Ph:0891-3080300, www.omnihospital.in

Patient Name Mrs. P LEELA KUMARI  
MR No MR080355  
Age 56y  
Sex Female

Consulting Dr. Dr Ravi Kumar G  
Sample Date 12-12-2017 14:35  
Report Date 12-12-2017 16:46  
Visit Id IP023822

## Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
SERUM CREATININE	0.9	mg/dl	0.6 - 1.4

<u>Item Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
			Non Diabetic - 5-6 % Ion exchange resin
			Good Control : 6-7 %
HbA1c	6.9	%	Fair Control : 7-8 %
			Poor Control: 8-10 %
			Very Poor Control : >10%
MBG	151		Calculation

## ELECTROLYTES

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
SODIUM	132	meq/l	135 - 150
POTASSIUM	4.9	meq/l	3.5 - 5.5
CHLORIDE	109	meq/l	90 - 106

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Lab Technician





## Laboratory Report

Waltair Main Road, Ramnagar,  
Opp, Lions Club, Visakhapatnam-530002  
Ph: 0891-3080300, www.omnihospital.in

Patient Name Mrs. P LEELA KUMARI  
MR No MR080355  
Age 56y  
Sex Female

Consulting Dr. Dr Ravi Kumar G  
Sample Date 12-12-2017 14:35  
Report Date 12-12-2017 16:43  
Visit Id IP023822

### Pathology

INVESTIGATIONS	RESULTS	NORMAL VALUES
HAEMOGLOBIN	12.2	11.5 - 16.5 gms%
TC	13,300	4000 - 11000 Cells/Cumm
DIFFERENTIAL COUNT		
POLYMORPHS	80	40 - 70%
LYMPHOCYTES	17	20 - 40%
EOSINOPHILS	02	0 - 8%
MONOCYTES	01	0 - 6 %
PLATELET COUNT	1.40	1.4 - 4.0 Lakhs/cumm
PCV	37.9	37 - 52%
TRBC	4.38	4.5 - 6.5 millions/cumm
MCV	86.5	82-92 fl
MCH	27.9	27-32pg
MCHC	32.2	32-36 %

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Lab Technician  
Jhansi P

Lab Pathologist

## Laboratory Report

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Patient Name Mrs. P LEELA KUMARI  
MR No MR080355  
Age 56y  
Sex Female

Consulting Dr. Dr Ravi Kumar G  
Sample Date 12-12-2017 14:35  
Report Date 12-12-2017 19:20  
Visit Id IP023822

### Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
TROPONIN - T (QUANTITATIVE)	NEGATIVE		

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Lab Technician  
Gopi P

Lab Pathologist



## Laboratory Report

Waltair Main Road, Ramnagar,  
Opp, Lions Club, Visakhapatnam-530002  
Ph:0891-3080300, www.omnihospital.in

Patient Name Mrs. P LEELA KUMARI  
MR No MR080355  
Age 56y  
Sex Female

Consulting Dr. Dr Ravi Kumar G  
Sample Date 12-12-2017 15:53  
Report Date 12-12-2017 17:33  
Visit Id IP023822


### Pathology

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
<b>URINE ROUTINE(ALBUMIN, SUGAR, MICRO)</b>			
Albumin	TRACES	...	
Sugar	NIL	...	
Urine for Micro			
Pus Cells	3 - 5	/hpf	
Epithelial Cells	2 - 4	/hpf	
RBC	NIL	...	
Casts	NIL	...	
Crystal	NIL	...	

<u>Test Name</u>	<u>Result</u>
URINE FOR KETONE BODIES	POSITIVE (Small 15)mg/dL

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Lab Technician  
Jhansi P

  
Lab Pathologist