

VH VIBRANT MULTI SPECIALITY HOSPITAL

New Survey No. 1010, Near Mamlatdar Office, N.H.No. 48, BALITHA, VAPI. GUJARAT-396191
Call No : 0260-2409090, 7779092101, 7779082101, Email : vibranthospital@gmail.com

DISCHARGE SUMMARY

Name : SHAILESH D MEHTA

Dr. Name : DR. POOJA D TANDEL

Discharge Type : Improved

Room No: IPD-DX-DX321

Age/Sex : 62 Yrs./Male

IPD No : I/0122/1463

UHID : 3529

DOA & Time : 20-Jan-2022 10:00:59 PM

DOD & Time : 26-Jan-2022 12:01:19 PM

Diagnosis

: CVA: (RIGHT GANGLIO-CAPSULAR INFARCT) PRESENTED WITH LEFT UPPER LIMB ,LOWER LIMB HEMIPARESIS (RECOVERED)WITH NUTRITIONAL ANAEMIA IN K/C/O HYPERTENSION

History and Clinical Summary

: A 62 YEAR OLD MALE PATIENT PRESENTED TO THE HOSPITAL WITH C/O - NUMBNESS OF ALL THE LIMBS X 1 HOUR
- ASSOCIATED WITH SWEATING

P/H - K/C/O HYPERTENSION

O/E -

T - 98° F

P - 86/MIN

BP - 190/100MMHG

SPO2 - 98% AT RA

S/E

CNS - CONSCIOUS ORIENTED

POWER - V IV

V IV

TONE- N, DECREASED
N, DECREASED

PLANTER-B/L FLEXOR

CVS - S1 S2 HEARD

R/S - B/L CLEAR

P/A - SOFT

WITH ABOVE MENTIONED COMPLAINTS PATIENT WAS ADMITTED

COURSE IN HOSPITAL

DAY 1 (20/01) ICU

PATIENT WAS STARTED TREATMENT WITH INJ MANNITOL 100ML IV STAT, TAB

DISPRIN 325MG P/O STAT, TAB CLOPIDOGREL 300MG P/O STAT, TAB

ATORVAS 80MG P/O STAT, INJ LMWX 0.6 S/C BD, INJ NOOTROPIL 60ML IV

STAT F/B 15ML IV QID, INJ STROCIT 500MG IV BD, TAB TELMA 40MG SOS

AND OTHER SUPPORTIVE AND SYMPTOMATIC TREATMENT

ALL RELEVANT INVESTIGATIONS WERE SENT

MRI BRAIN WITH MR ANGIOGRAPHY (20/01/2022)

-SMALL AREA OF RESTRICTED DIFFUSION IS SEEN WITHIN THE RIGHT CORONA RADIATA AND THE GANGLIOCAPSULAR REGION REPRESENTING ACUTE NON-HEMORRHAGIC LACUNAR INFARCT.

-MULTIPLE SMALL CHRONIC LACUNAR INFARCTS WITH GLIOSIS SEEN WITHIN THE B/L GANGLIOCAPSULAR REGION AND CORONA RADIATA

-MULTIPLE DISCRETE CHRONIC ISCHEMIC FOCI ARE SEEN SCATTERED WITHIN THE B/L FRONTOPIRIETAL PERIVENTRICULAR AND DEEP WHITE MATTER

-NO HEMODYNAMICALLY SIGNIFICANT MAJOR ARTERIAL STENOSIS SEEN

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DISCHARGE SUMMARY

WITHIN THE INTRACRANIAL VESSELS. MILD NARROWING IS SEEN WITHIN
THE P2 SEGMENTS OF THE B/L PCAs
HB-8.7 TLC-4780 PLT-260000 NA+-141 K+-5.25 UREA-27.41
S.CREAT-0.92 SGOT/PT-18/13

DAY 2 (21/01) WARD
PATIENT CONSCIOUS ORIENTED
HEMODYNAMICALLY STABLE
POWER - V IV
 V IV

TONE- N, DECREASED
 N, DECREASED

PLANTER-B/L FLEXOR
C/O - COUGH WITH EXPECTORATION
ADVICE - SYP RESPIFRESH LS 2 TSF TDS
 - TO HOLD ANTIHYPERTENSIVE MEDICATIONS
 - PHYSIOTHERAPY
NEUROPHYSICIAN (DR GAURANG GHEEWALA) REFERENCE TAKEN
ADVICE - 2D ECHO
 - S. HOMOCYSTINE
 - CONTINUE SAME TREATMENT
BP - 200/130 MMHG
ADVICE - TAB TELMA 20MG P/O STAT
 - SHIFT TO ICU FOR CONTINUOUS BP MONITORING
REST SAME TREATMENT WAS CONTINUED

DAY 3 (22/01) ICU
PATIENT CONSCIOUS ORIENTED
HEMODYNAMICALLY STABLE
POWER - V IV
 V IV

TONE- N, DECREASED
 N, DECREASED

PLANTER-B/L FLEXOR
R/S - B/L RONCHI SPASM+
ADVICE - TAB AZITHRO 500MG OD
 - NEB DUOLIN + BUDECORT QID
REST SAME TREATMENT WAS CONTINUED

DAY 4 (23/01) ICU
PATIENT CONSCIOUS ORIENTED
HEMODYNAMICALLY STABLE
POWER - V IV
 V IV

TONE- N, DECREASED
 N, DECREASED

PLANTER-B/L FLEXOR
ADVICE - TAB FERIU XT OD
REST SAME TREATMENT WAS CONTINUED

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DISCHARGE SUMMARY

DAY 5 (24/01) ICU
PATIENT CONSCIOUS ORIENTED
HEMODYNAMICALLY STABLE
CNS-P-V/V
T-NORMAL
PLANTER -FLEXOR
R/S - IMPROVED
ADVICE - NEB DUOLIN + BUDECORT SOS
- SHIFT TO WARD
REST SAME TREATMENT WAS CONTINUED

DAY 6 (25/01) WARD
PATIENT CONSCIOUS ORIENTED
HEMODYNAMICALLY STABLE
CNS- P-V/V
T-NORMAL
PLANTER -FLEXOR
C/O CONSTIPATION
ADVICE - SYP CREMAFFIN 3TSF STAT AND HS
STOOL NOT PASSED
ADVICE - DULCOLAX SUPPOSITORY,FOLLOWED BY PC ENEMA, FOLLOWED BY
SOAP WATER ENEMA AFTER STOOL PASSED
REST SAME TREATMENT WAS CONTINUED

DAY-7 (26/01)
PATIENT CONSCIOUS ORIENTED
HEMODYNAMICALLY STABLE
CNS- P-V/V
T-NORMAL
PLANTER -FLEXOR
NO FRESH COMPLAINTS NOTED
PATIENT DISCHARGE ON ORAL MEDICATION

Treatment Given

: TAB DISPRIN 325MG P/O STAT
TAB CLOPIDOGREL 300MG P/O STAT
TAB ATORVAS 80MG P/O STAT
INJ LMWX 0.6 S/C BD X 5 DAYS
TAB AZEE 500MG P/O OD X 5 DAYS
INJ MANNITOL 100ML IV STAT
INJ NOOTROPIL 60ML IV STAT F/B 15ML IV QID X 3 DAYS THEN SHIFT TO TAB
NOOTROPIL C P/O BD X 3 DAYS
INJ STROCIT 500MG IV BD X 3 DAYS THEN STOPPED
TAB TELMA 40MG/20 MG P/O SOS ,TARGET BP> 180/90 MM OF HG
TAB FERIU XT P/O OD X 2 DAYS
DULCOLAX SUPPOSITORY,FOLLOWED BY PC ENEMA, FOLLOWED BY SOAP
WATER ENEMA

Radiological Investigations

:MRI BRAIN WITH MR ANGIOGRAPHY (20/01/2022)
-SMALL AREA OF RESTRICTED DIFFUSION IS SEEN WITHIN THE RIGHT CORONA RADIATA AND THE GANGLIOCAPSULAR REGION REPRESENTING ACUTE NON-HEMORRHAGIC LACUNAR INFARCT.
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DISCHARGE SUMMARY

-NO HEMODYNAMICALLY SIGNIFICANT MAJOR ARTERIAL STENOSIS SEEN WITHIN THE INTRACRANIAL VESSELS. MILD NARROWING IS SEEN WITHIN THE P2 SEGMENTS OF THE B/L PCAs

Laboratory Investigations : -ALL INVESTIGATION REPORT WITH PATIENT.

Condition On Discharge : PATIENT HEMODYNAMICALLY STABLE

RX(Advise On Discharge)

TAB TELMA 20 MG 1--0--0 (IN MORNING AFTER FOOD) X 5 DAYS
TAB CLODREL FORT(75/75) 0--1--0 (AT AFTERNOON AFTER FOOD) X 5 DAYS
TAB ATORVAS 40 0--0--1(AT NIGHT AFTER FOOD) X 5 DAYS
TAB FERRIUM XT 0--1--0 (AT AFTERNOON AFTER FOOD) X 5 DAYS
TAB NOOTROPIL C 1--0--1 (2 TIME A DAYS AFTER FOOD) X 5 DAYS
TAB PANTOP 40 MG 1--0--0(IN MORNING BEFORE FOOD) X 5 DAYS
TAB EVOLVIT 0--1--0 (AT AFTERNOON AFTER FOOD) X 5 DAYS
SYP CREMAFFIN 3 TSF AT BEDTIME

Advice On Discharge/ : -KINDLY CALL ON 7046753330 IN CASE OF

Urgent Care : -NUMBNESS IN ANY LIMBS
-HEADACHE

Follow up : -AFTER 5 DAYS

GENERAL INSTRUCTION :

All the Medicines with their importance as well as their side effects has been explained to me (Patient / Relative) in my own language & I agree that I have understood it well and shall follow the same.

મને (દર્દી / સંબંધી) મારી ભાષા માં જાણી જ દવાઓની અગત્યતા અને આડઅસરો વિષે સમજાવવામાં આવેલું છે. આ વિષે મને સારી રીતે સમજણ પડી છે. અને તે અનુસરીશ.

સહી :

નામ :

સંબંધ :

તારીખ :

Prepare By : Dr. Himani Patel

DR. POOJA D TANDEL

Signature