## TRIVENI HEALTH CARE

1480, Wright Town, Near Wright Town Stadium Jabalpur 482002/ 7566003344

Patient Name : Mr. PAWAN THAKUR Admission No : IP2201026

Age/Gender : 25 Years/Male UMR No : UMR2435

Consultant 1 : Dr.AMIT SHRIVASTAVA Ward : 409 T/409/2

Department 1 : ORTHOPAEDICS Date Of Admission : 20-Jan-2022 8:40 pm

Consultant 2 : Date of Discharge : 25-Jan-2022

Department 2 :

Address : UJAR PURWA BALDEOBAG

Jabalpur , MADHYA PRADESH

9**D**\$446490

Referred By : WALK-IN

DIAGNOSIS

: A case of RTA, Fracture base 2nd, 3rd, 4th proximal phalanx Lt. hand and hemarthrosis Lt. knee. Post Op- Closed Reduction 2nd,3rd,4th proximal phalanx base.

Kwire fixation done under brachial block.

Aspiration Lt knee done.

CHIEF COMPLAINTS (REASON FOR ADMISSION) Alleged history of RTA on 20/1/2022 at 1pm near Chandalbhaata, Damoh Naka. Sustained injury over Left upper Limb and lower limb. C/O pain in this and swelling in this region since then.

**CLINICAL EXAMINATION** 

Odema,tenderness, deformity -2nd,3rd,4th proximal phalanx Lt. and odema and tenderness Lt. knee.

## GENERAL EXAMINATION-

BP-130/70mmHg, HR-100/min, R/R-18/min, SpO2-98% on room air.

## SYSTEMIC EXAMINATION-

CNS-Patient is conscious alert, responds spontaneously to verebal commands.

CVS-S1, S2+

R/S-B/L air entry clear.

P/A-Soft, BS+

:HB % 13.1gm % Platelets count 1.37Lacs/cumm.TLC 8000/cumm

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SGOT 33units/ml. S. Creatinine 1.1 mg/dl SGPT 35umits/ml.,B. Urea 49mg/dl Prothombin Time 13.8second , Blood Group O"+",S. Alkaline Phosphatase 289IU/L

S. Proteins (T) 5.9gm/dl, HIV & Australia Antigen Negative,S. Sodium 139mEq/L

S. Potassium 5.8mEq/L, Urine RM 18 to 20 pus cells Urine Culture: Growth of E coli seen, HbA1c: 8.4%

USG Abdomen: PVR +200ml, TSH 2.20

X RAY

\*Xrays done which were suggestive of Fracture base 2nd, 3rd, 4th proximal phalanx Lt. hand and hemarthrosis Lt. knee.

COURSE IN HOSPITAL

Patient was admitted with complaints of history of trauma and severe back pain radiating to left lower limb and upperlimb. Xrays done which were suggestive of Fracture base 2nd, 3rd, 4th proximal phalanx Lt. hand and hemarthrosis Lt. knee.

After a protocol based PMC and PAc, patient was planned for surgery.

Date-20/1/2022

Closed Reduction 2nd,3rd,4th proximal phalanx base.

Kwire fixation done under brachial block.

Aspiration Lt knee done.

CONDITION ON DISCHARGE

:Better.

Vitals stable.

Systemic Examination- normal.

**ADVISED** 

: Physiotherapy as advised.

-Avoid:

Forward bending, Heavy Weight Lifting, Use Western Commode Toilet, jerk,

Do not Sit on the ground.

TREATMENT ADVISED

Tab Cefuroxime 500mgTab Ultracet1BD x 5 days (Twice a day after food)1BD x5days (Twice a day after food)

Patient Name : Mr. PAWAN THAKUR Admission No : I P2201026

Referred By : WALK-IN

Tab Pantaprozole 40mg 1 OD x 10 days (once a day before

breakfast)

Tab Callad 1 HS x30 days (once a day after food)

Tab Convidex Forte1BDx 15 daysTab Limcee1BDx15days.Tab CHYMORAL forte1BDX 5days.Artho Touch patchDaily x 7 days

FOLLOWUP AND REVIEW DATE

Follow Up Advice & Review Date :

Review on 10th feb,2022 inOrtho OPD

How to obtain urgent care in case of emergency 24x7 -(: 0761-2410333,

2415333, 2412333 , Whatsapp: 7566003344 (between 10.00AM to 06.00PM)

In Case Of Any Quries Or Emergencies Please Contact. Phone No:9676404488/04023783000

Medical Officer

Dr.AMIT SHRIVASTAVA
CONSULTANT ORTHOPADEDIC SURGEON

Created By DRNARENDRA
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