

TRIVENI HEALTH CARE

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

DEPARTMENT OF ORTHOPAEDICS DISCHARGE SUMMARY

Patient Name	: Mr. NEERAJ KUCHBANDHIYA	Admission No	: IP2212046
Age/Gender	: 30 Years/Male	UMR No	: UMR7321
Admission Dt	: 17-Dec-2022	Discharge Dt	: 23-Dec-2022
Consultant	: Dr.JITENDRA JAMDAR	Referred By	: Walk-in
Department	: ORTHOPAEDICS	Ward	: DISCHARGED/421/7
Patient Address	: JBP Jabalpur , MADHYA PRADESH 9893858273		

DIAGNOSIS

compound fracture tibia fibula right with badly crushed injury with compound fracture lower end femur right,
with infected wound with vascular deficit
respiratory failure, sepsis, septic shock
? transfusion related acute lung injury, ? fat embolism syndrome,

CHIEF COMPLAINTS

severe pain and swelling and bleeding with open compound crushed wound right leg since trauma on
17/1/22 at 5:30 pm

ICD CODE

S82.2 ,S87.81xa,S72.4

CLINICAL EXAMINATION

HR-96/M, BP-140/80MMHG, RR-20 /M, SPO2-nill right lower limb , Temp.-98F , Blood sugar (F)-135
mg/dl, pallor present , jvp not raised , no edema feet, no icterus, no cyanosis, right lower limb compound
segmental fracture tibia fibula crushed injury ? vascular injury ,open wound

R/S:-B/L Vesicular

CVS:- Heart sound normal,tachycardia

CNS:- Conscious, oriented, no focal deficit

P/A:- Soft,no tender, no organomegaly

INVESTIGATION

HB % 12.4gm % Platelets count 2.42 Lacs/cumm.TLC 10600/cumm ESR 18mm
DLC P-68%, -L-29%E-02%, -M-01%,Sugar (R) 157mg/dl,S.Bilirubin (T) 0.79mg/dl.
SGOT 33units/ml. S. Creatinine 1.1 mg/dl SGPT 35units/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

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CONSULTANT NAME SIGN AND DATE

Dr.Jitendra jamdar MS ortho

COURSE IN HOSPITAL

mr neeraj kuchbandhiya 30y/m presented with severe pain ,swelling and bleeding with compound crushed wound in right leg ? vascular injury right lower limb since trauma due to RSA on 17/12/22 at 05:30 PM, on admission He was pale, with crush wound on rt leg with dorsalis pedis present, with hypotensive (bp-80/60), tachycardic (pulse 120/min) orthopedic opinion and vascular surgeon opinion was taken he examined and advised right lower limb ct angio was done which showed no vascular injury, blood investigation showed Hb-6.9, after protocol based pre-medical and pre-anesthetic checkup, planned for surgery on 19/12 ,22 ORIF LOCKING PLATE TIBIA RIGHT, with dressing done by dr. pawan agrawal (vascular surgeon) and second dressing and debridment done on 22/12/22, wound showed very infected and foul smelling, and advised weight and watch, wound culture showed growth of klesiella start antibiotics as per culture and sensitivity report, he was treated with antibiotics as per culture and sensitivity report and surgery and planned for further but on 22/12/22 he was hypoxemic spo2-84% on room air and patient tachypnoic so patient taken on bipap support, risk and prognosis explained to relatives, in view of prognosis his relatives want discharge against medical advice risk and consequences explained to relatives, accordingly he is being discharged against medical advice

SPECIAL INSTRUCTION

ventilator support

TREATMENT ON DISCHARGE

PRESENT TREATMENT:-

ventilator support

iv meropenam 1 gm + 100 ml ns thrice a day

iv levoflox 100 ml once a day

iv pantocid 40 mg once a day

iv tramadol 100 mg = 100 ML NS thrice a day

iv fentanyl infusion @ 5 ml /hr

s/c clexane 40 mg once a day

DATE OF FOLLOW UP

referred to medical college

Patient Name : Mr. NEERAJ KUCHBANDHIYA

Admission No : IP2212046

Transcribed By : DRNARENDRA

Resident Doctor

Dr.JI TENDRA JAMDAR
CONSULTANT ORTHOPAEDIC SURGEON