## TRIVENI HEALTH CARE

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

## DEPARTMENT OF ORTHOPAEDICS DISCHARGE SUMMARY ORTHO

Patient Name : Mrs. PREM LATA SHARMA

Admission No : IP2209001

Age/Gender : 79 Years/Female

UMR No : UMR5223

Admission Dt : 04-Sep-2022

Discharge Dt : 12-Sep-2022

Consultant : Dr.DEEPAK WARKADE

Referred By : Walk-in

Department : GENERAL MEDICINE

Ward · 4 DELUXE/401

Patient Address : SUSHIL KUMAR S

: SUSHIL KUMAR SHARMA, S/O H.R.S. SHARMA, FLAT NO. 105, KOUSHALYA COSMO CITY, NEAR GORAKHPUR POLICE STATION GORAKHPUR KHAMHARIYA, JABALPUR, JABALPUR, M.P. 482001

Jabalpur , MADHYA PRADESH

9424305632

DIAGNOSIS

Bilateral atypical viral pneumonia, bilateral pleural effusion with CAD, k/c/o-DM type-2,HTN.

ICD code:- J12.9, J91.8, J25, E11.9, R03.0

CHIEF COMPLAINTS (REASON FOR ADMISSION)

fever on/off ,brethlessness, ghabrahat, hypoxia generalised weakness since 7days.

H/O-Patient took primary treatment elsewhere.

GENERAL EXAMINATION

Pulse- 58/min, BP- 140/90 mmHg, RR- 20 /min, Temp-97.

RS - B/L crept.

CVS - S1 S2 +.

PA - Soft.

CNS - Conscious.

INVESTIGATIONS

HB %-9.2gm % Platelets count-1.17 Lacs/cumm.TLC-4.64/cumm ESR- 18mm

DLC P-74.9%, -L-20.2%E-0.1%, -M-01%, Sugar (R)- 157mg/dl, S.Bilirubin (T) 0.79mg/dl.

SGOT-26.9units/ml. S. Creatinine- 1.4 mg/dl SGPT -11.4umits/ml.,B. Urea- 29mg/dl

Blood Group O"+",S. Alkaline Phosphatase -82IU/L

S. Proteins (T) -5.8gm/dl, S. Sodium 132mEq/L

S. Potassium -3.8mEq/L, Urine RM 18 to 20 pus cells, HCV-negative, HBsAg-negative.

CT SCAN

HRCT THORAX- Moderate pleural effusion is seen on right side.

- -Mild pleural effusion is seen on left side.
- -Few patchy ground glass nodules are seen scattered in the both lungs.

Patient Name: Mrs. PREM LATA SHARMA Admission No: I P2209001

-Consolidation is seen in the posterobasal segment of the both lower lobes.

SEEN BY

Dr.Deepak Warkade

Dr.Deepak Shukla

COURSE IN HOSPITAL

Mrs.Prem Lata Sharma, 79yr,F,presented with fevere on and off ,breathlessness, hypoxia and generalised weakness. General physicion's and chest physicion's opinion were taken and O2 support was given. Blood investigations were done. Patient was managed with i/v.fluid, i/v.antibiotic, i/v. analgesic,i/v. antacid,and symptomatic treatment given.Patient is being discharged in stable condition.

CONDITION ON DISCHARGE

Better on discharged condition.

**ADVISED** 

-Diabetic diet and low salt diet.

TREATMENT ADVISED

Tab. Cefixime 400mg1BDx 7days (Twice a day after food)Tab. Pulmoclear1BD x7days (Twice a day after food)Tab. Temiflu 75mg1BD x 7 days (Twice a day after food)

Tab Pantacid DSR 1OD x 7days (once a day before breakfast)

Tab.Olmesar 20mg 1ODx7days (once a day after food)

Nebulization with foracort BD Nebulization with duolin TDS

Note- Continue medicine for DM type2 as per adviced by diabetologist.

FOLLOWUP AND REVIEW DATE

Follow Up Advice & Review Date:

Review on 19/09/22 to Dr.Deepak Warkade and Dr.Deepak Shukla.

Online free video consultation:- Doctor consultation.

When to obtain urgent care: Headache, vertigo, Vomiting, Fever.

How to obtain urgent care in case of emergency 24x7 -(: 0761-3500283)

Whatsapp

: 7566003344 (between 10.00AM to 06.00PM)

Transcribed By : AKRITI

Resident Doctor

Dr.DEEPAK WARKADE CONSULTANT GENERAL PHYSICIAN