

TRIVENI HEALTH CARE

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

DEPARTMENT OF ORTHOPAEDICS DISCHARGE AT REQUEST

Patient Name	: Mr. VEDPRAKASHKUSHWAHA	Admission No	: IP2303059
Age/Gender	: 35 Years/Male	Weight	: 84
		UMR No	: UMR12649
Admission Dt	: 13-Mar-2023	Discharge Dt	: 21-Mar-2023
Consultant	: Dr.ASHWIN DESHMUKH	Referred By	: Dr.ASHWIN DESHMUKH
Department	: DENTAL	Ward	: 4TH FLOOR/412/1
Patient Address	: RANI DURGAWATI NO 1 SEMRABAG SAGAR Sagar , MADHYA PRADESH 9522561010		

DIAGNOSIS

Rt. Frontal Contusion with Hyponatremia with 1 Week Old IDK Rt. with # Rt. Zygomatic Arch with IDK Rt. with Doubtful Avulsion # Posterior Tibial Spine.

ICD CODE

M23.91, S02.40EA,, G81.91, R56.9,

CHIEF COMPLAINTS

Trauma on 07.03.2023 at around 02.30 PM due to RSA.

Primary t/t elsewhere.

C/o- Pain & Swelling- Rt. knee & Rt. side of face since trauma.

CLINICAL EXAMINATION

Local: Oedema, Tenderness & Deformity- Rt. side of face & Rt. knee. Redness Rt. eye.

General: HR- 62/min, BP- 120/60 mmHg, RR- 20/min, SpO2- 96%, Temp.- 94.9 Degree F.

RS - B/L Clear. -CVS - S1 S2+.

PA - Soft. -CNS - Conscious.

INVESTIGATION

HB- 12.8, TLC- 8700, Platelets- 2.38, BSR- 119, Creatinine- 0.7, PT Test- 15.6, INR- 1.2,

Sodium- 118, Potassium- 4.0, Total Bilirubin- 1.46, SGPT- 38, SGOT- 112,

HBsAg- Negative, HIV- Negative,

CT Head Shows- Left temporal thin EDH, minimal mass effect, no MLS.

14/03/2023 NCCT Head Report- Fracture of zygomatic bone and maxillary sinus causing hemosinus. EDH in left temporal region.

14/03/2023 MRI Brain Plain- Few contusions are seen in right frontal and temporal lobes with mild adjacent vasogenic edema and few of them show hemorrhagic foci within. Acute EDH is seen along left temporal lobe convexity of size 3.5x0.8cm. Thin acute SDH are seen in along left cerebral convexity of max thickness of 1.6mm. No significant midline shift is seen.

Patient Name : Mr. VEDPRAKASHKUSHWAHA

Admission No : IP2303059

TREATMENT GIVEN

ICU Care, Inj. C-Tri 1gm, Inj. Pantocid 40mg, Inj. Fosolin 1200mg loading dose, Inj. Lopez 2ml, Inj. Pantocid 40mg, Inj. Fosolin 150mg Inj. Levipil 500mg,

COURSE IN HOSPITAL

Mr. Ved Prakash Kushwaha, 35y/M, presented with pain & swelling right knee and right side of face due to RSA on 07/03/2023 at around 02.30 PM. Took primary treatment elsewhere then came in this hospital on 13/03/2023. Seen by Orthopedic surgeon, X-ray right knee shows doubtful avulsion fracture posterior tibial spine and advised application of cylinder slab. Seen by Dental surgeon advised OPG which revealed fracture right zygomatic arch and advised surgery. Blood investigation were done, which were normal. Patient was posted for zygoma surgery on 14/03/2023 but in the morning patient developed slurred speech and had convulsive episode. CT Scan revealed right frontal contusion. Patient shifted to ICU. Blood investigation revealed hyponatremia treated in the ICU for head injury, convulsive disorder and hyponatremia. Patient recovered and shifted to ward. Now being discharged on request with advice to review as early as possible for zygoma surgery.

SPECIAL INSTRUCTION

Static quadriceps exercises.
Ankle exercises.

TREATMENT ON DISCHARGE

Tab Levipil 1 BD (Twice a day) x 15 days
Tab Ceftum 250mg 1 BD (Twice a day) x 15 days
Tab Pantocid 40mg 1 OD (Once a day) x 15 days
Tab Ketotru S/L SOS (for severe pain)
Tab Calpol 650mg SOS (for fever)
Syp Glycerol 15ml with water Thrice a day.
Eye Drop Misiflox Thrice a day.

DATE OF FOLLOW UP

Review for surgery as early as possible.

Transcribed By : ASHISH

Resident Doctor

Dr.ASHWIN DESHMUKH
CONSULTATION DENTIST