

TRIVENI HEALTH CARE

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

Patient Name	: Mrs. PUSHPA SAHU	Admission No	: IP2201009
Age/Gender	: 75 Years/Female	UMR No	: UMR2272
Consultant 1	: Dr.JITENDRA JAMDAR	Ward	: 409 T/409/3
Department 1	: ORTHOPAEDICS	Date Of Admission	: 08-Jan-2022 2:04 pm
Consultant 2	:	Date of Discharge	: 13-Jan-2022
Department 2	:		
Address	: PATAN ROAD TIMRI Jabalpur , MADHYA PRADESH 7560902136		
Referred By	: WALK-IN		

DIAGNOSIS

: **UTI with AKI with Pressure ulcers both buttocks with Rheumatoid Arthritis with multiple bone deformities with ILD with CAD- Post PPI (LVEF-20%)**

CHIEF COMPLAINTS (REASON FOR ADMISSION)

: C/O generalised weakness, burning micturition . fever since 5 days.
On examination - Bp- 110/60mmHg
HR-70/min R/R-20/min SpO2- 94%on room air.

Patient is conscious , dull drowsy responds to simple verbal commands.

CVS- S1S2+

R/S- rhonchi+

P/A- Soft bowel sounds +

Local examination- Bone deep pressure ulcer midline above buttock. (grade 4)
pressure sore both buttocks as well.

INVESTIGATIONS

: HB % 9.3gm % Platelets count 1 Lacs/cumm.TLC 11200/cumm
DLC P-83%, -L-15%E-01%, -M-01%,Sugar (R) 92mg/dl,S.Bilirubin (T)
0.59mg/dl.
SGOT 20units/ml. S. Creatinine 2.4mg/dl SGPT 23umits/ml.,B. Urea 136mg/dl
Alkaline Phosphatase 199IU/L
S. Proteins (T) 4.9gm/dl,
Urine routine suggestive of 10-12puscells
culture suggestive of growth of E. Coli.

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TREATMENT GIVEN

: I/v fluids, I/V antibiotics, I/V PPI, antipyretics, oral antiplatelets and symptomatic and supportive treatment.

COURSE IN HOSPITAL

: Patient was admitted with complaints of fever and burning sensation in urine and with generalized weakness. Patient is a bedridden patient, a known case of Rheumatoid arthritis with bone contractures, with history of CHB-PPI in situ (LVEF-20%) and also ILD. Was investigated likewise. Routine blood investigations were suggestive of raised WBC counts, low serum albumin, mildly deranged lfts and kfts, Urine routine was suggestive of raised pus cells and culture was suggestive of growth of E.Coli. Patient had multiple pressure ulcers due to her persistent bedridden state out of which one is a grade 4 bone deep ulcer. Physician's and nephrologist's opinion was taken and advice followed. Plastic surgeon's opinion was advised. Patient was managed with I/V fluids, I/v antibiotics, ppi, analgesics, antipyretics and symptomatic and supportive treatment. Pressure ulcer dressing was done twice daily. Patient is being discharged on urinary catheter and care as explained has to be done. Patient requires constant care and monitoring but is being discharged as requested by relatives.

CONDITION ON DISCHARGE

: Patient requires regular nursing care as she is bedridden and has pressure sores which require regular dressing.
Due to her comorbidities and present condition, she has guarded prognosis and requires constant care.

ADVISED

: TOTAL WATER INTAKE 1-1.2 LITRES/ 24 HOURS.
Encourage oral feeds.
Nephro HP powder 2 scoops twice daily with water.
Air bed or huntleigh mattress as advised.
Pressure ulcer dressing as advised.
Urinary catheter care as advised.

TREATMENT ADVISED

: **Tab OREPENEM -ER 300MG 1BDx 7days**
Tab Pantaprozole 40mg 1 OD x 10 days
Tab PREGABA-M 1ODx30 days

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Tab Cardivas 3.125

1BD (to continue till next order)

Tab Ecosprin-AV 75/10

1 OD (to continue till next order)

Tab Zincovit

1 ODx 30 days

FOLLOW UP

: follow up after 5days or SOS in medicine OPD.

followup investigations- CBC, Urine R/M , KFT

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

Medical Officer

Dr.JI TENDRA JAMDAR
CONSULTANT ORTHOPAEDIC SURGEON

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