

TRIVENI HEALTH CARE

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

DEPARTMENT OF ORTHOPAEDICS DISCHARGE AGAINST MEDICAL ADVISE

Patient Name	: Mr. NIKHIL MEHTO	Admission No	: IP2303091
Age/Gender	: 24 Years/Male	UMR No	: UMR12969
Admission Dt	: 18-Mar-2023	Discharge Dt	: 19-Mar-2023
Consultant	: Dr. ORTHOPEDIC DEPARTMENT	Referred By	: Dr. VISHNU AGRAWAL
Department	: ORTHOPAEDICS	Ward	: SICU/SICU - 01
Patient Address	: JABALPUR Jabalpur , MADHYA PRADESH 9893576760		

DIAGNOSIS

Crush injury in B/L leg with Facial injury with compound segmental fracture L 3rd tibial and fibula rt with bone loss, with compound segmental fracture lower end left leg with vascular deficit

CHIEF COMPLAINTS

Trauma on 18/03/2023 at around 12:30pm due to railway injury
Primary t/t at medical collage jabalpur
C/o- Pain, swelling with crushed wound on both leg with bone loss

CLINICAL EXAMINATION

Local: Oedema, Tenderness & Deformity, with large open crushed wound in both leg with bone loss with absent of bilateral dorsalis pedis

General: HR- 120/min, BP- 130/80mmHg, RR- 24 /min, SpO2- 98%% Absent in both lower limb,
Temp.- Normal.

RS - Vesicular

CVS - Heart sound normal, no murmur present

PA - Soft, non tender

CNS - Conscious and oriented, no focal deficit

INVESTIGATION

Hb-8.6, tlc-19,200, plat-2.09, urea-20, creatinine-1.0, Na-137, K-3.79, Blood sugar-132, PT-16.9,
INR-1.2, HIV and Hbsag--Negative

COURSE IN HOSPITAL

Mr. nikhil mehto, 20 year/male, presented with Pain, swelling with crushed wound on both leg with bone loss due to railway injury on 18/03/2023 at around 12:30pm. On admission he was pale, open crushed wound on both leg with absent of bilateral dorsalis pedis, absent of spo2 in both leg with tachycardic (HR-120/m), lung sounds was normal, abdomen soft and non tender, conscious and oriented no focal deficit, lab investigations showed Hb-8.6, tlc-19,200, rest lab investigations were normal, CT angio lower

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limbs showed absent of blood supply in distal to crush injury, seen by orthopedic surgeon and advised B/L BK amputatin, but his relatives not willing and want discharge against medical advise, he was treated conservatively with 1 bag of blood transfusion and supportive treatment, risk and consciquences of injury and need of surgery explaine to relatives accordingly he is being discharge against medical advise and refer to NSCB medical collage and hospital jabalpur for further managment

TREATMENT ON DISCHARGE

IV- NS @ 100ml/h

IV- Tazar 4.5gm + 100ml NS TDS

IV- Lines 1amp BD

IV- Pantocid 40mg OD

IV- Emeset 1amp SOS

IV- Tramazac 100mg + 100ml NS TDS

IV- Packed cell 1 bag

N/D- Otrivin nasal droup

Transcribed By : DR. VIPIN

Resident Doctor

Dr.ORTHOPEDIC DEPARTMENT
CONSULTANT ORTHOPADEDIC SURGEON