TRANSFER SUMMARY

Name of Patient	:	MR. KIRAN BHAGWAN TAWARE	**UHID**	:	MGM240017131
Age/ Gender	:	56 YEARS, 2 MONTHS / MALE	**IP No.**	:	MGMIP2406720
Date of Admission	:	05-10-2024 10:40:34	**Ward / Bed No.**	:	SURGICAL WARD UNIT / SW-518
Date of Discharge	:	13-11-2024 10:40:34	**Consultants**	:	DR.PRASHANT ATHALE
Document No.	:	MGMTS2400001562			
Diagnosis	:	Acute Appendicular perforation-post operative exploratory laparotomy with septic shock with demyelinating polyneuropathy and post operative tracheostomy and post operative bilateral VAC surgery.			

12/10/2024 in view of difficult to wean.Gradually he was weaned off ventilator and was taken on tpiece.Patient was on T piece,conscious,obeying commands,having quadriparesis.He has fever spikes and culture swab was sent from suture site.Chest and limb physiotherapy are resumed.Central and arterial lines were removed on 14/10/2024.Enteral feeds were started and rehabilitation was continued.Nerve conduction study was done showed sensorimotor demyelinating generalised polyneuropathy with axonopathic changes(severe).Intravenous Steroid was started and plan of Intravenous IMMUNOGLOBULIN was advised once sepsis subsides.He had hypernatremia,5% DEXTROSE was started alongwith free water was given through Ryles tube.Patient had persistent fever,indwelling arterial and central lines were removed and blood culture grew ACENATOBACTER (Colistin resistant), antibiotic was adjusted accordingly.Strict contact precautions was practised.Persistant fever spikes were present. USG abdomen and pelvis was done on 18/10/2024 showed perihepatic,subhepatic,right paracolic gutter,right iliac region free fluid with dense internal echoes with internal septations present,approximate volume-120-150 ml. He underwent ultrasound guided pigtail insertion by interventional radiologist. Therapeutic and diagnostic aspiration was done.Intravenous ALBUMIN was given.He had fever spikes alongwith increasing trend of inflammatory marker,hence antibiotic was furthur escalated.Chest and limb physiotherapy were resumed.Speech therapist reference was given and speech valve trial was given and ryles tube feeds were increased.Packed cell transfusion was done in view of drop in hemoglobin.Gradually limb power was improving with physiotherapy.Patient had pus discharge from perianal aspect.USG of perianal region was advised.USG local part was done showed track like pus in 8 o clock position,deeper extent cannot be commented upon(not visualised).Abdominal pus culture grew proteus mirabilis and escerichia coli,antibiotic was resumed as per sensitivity pattern.In View os persistent fever spikes,CECT abdomen (IV with Oral Contrast) and HRCT chest were done on 21/10/2024 showed mild peripherally enhancing fluid attenuation collection of maximum width 2.1 cm with air pockets within RIF,extending superiorly along right paracolic gutter-anterior pararenal space into perihepatic -subcapsular space.Inferiorly it is seen to extend along the right lateral pelvic wall,abutting adjacent lateral wall of the urinary bladder.Reference was given to interventional radiologist,sample aspirated and sent for cultures.Relatives explained the high risk and after giving blood transfusions,on 23/10/2024,patient underwent Exploration and drainage of perihepatic ,perivesical,perianal and lower part of main wound pus collection under general anaesthesia.Fentanyl infusion was started and patient was electively ventilated. monitoring continued. PS trial given which was well tolerated. Fentanyl continued. RT feeds were started. On 25/10/24 patient under went change of dressing with VAC dressing. PS ventilation continued. on 26/10/24 patient toletared t piece off O2 trial. He had one episode of ill sustained VT hence electrolyte correction given and cardiologist review taken and medical management continued. He had another such episode on 27/10/2024,cardiologist reviewed and advised oral betablocker.No furthur such episode was noted.Patient is hemodyanamically stable and can be shifted out to ward

ABNORMAL /CRITICAL LABORATORY FINDINGS:

DATE	LAB	RESULT
06-10-2024 00:00:00	Creatinine	1.9

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