

MEDICINE RECONCILIATION

S. No.	Drug	Dosage	Route	Frequency	To be continued
1)	INJ. MAGNESIUM SULFATE 1.5g	1.5g	IV	bid	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2)	INJ. PIPERAZINE	4.5g	IV	tid	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3)	INJ. METRO	100mg	IV	tid	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4)	INJ. AMIKACIN	500mg	IV	bid	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
5)	INJ. ESSOM	40mg	IV	bid	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
6)	INJ. ENFECT	4mg	IV	tid	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
7)	INJ. PCM	2g	IV	tid	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

Significant Outside Investigations:

Sr. No.	Name of Investigation	Values/Findings	Sr.No.	Name of Investigation	Values/Findings
4/10/2024	Haemoglobin	10.3			
	WBC	3990			
	Platelet	1.41			
	S. Sodium	128.8			
	S. Potassium	3.55			
	Chloride	10.5-8			

Investigations to be sent

<input checked="" type="checkbox"/> CBC	<input checked="" type="checkbox"/> LFT	<input checked="" type="checkbox"/> RFT	<input checked="" type="checkbox"/> PT/INR	<input checked="" type="checkbox"/> ECG	<input checked="" type="checkbox"/> ABG	<input checked="" type="checkbox"/> Urine Routine
<input checked="" type="checkbox"/> Viral Marker	<input type="checkbox"/> Thyroid Profile	<input checked="" type="checkbox"/> 2D ECHO	<input checked="" type="checkbox"/> Chest X-Ray	<input type="checkbox"/> Trop I		
<input type="checkbox"/> NCCT Brain	<input checked="" type="checkbox"/> Blood Culture	<input checked="" type="checkbox"/> Urine Culture	<input type="checkbox"/> USG abdomen + pelvis			
Any Other:	Blood group		* High abdomen study			

Provisional Diagnosis:

Acute Appendicitis ? perforated appendix
Cholangitis Bm positive