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MGM NEW BOMBAY HOSPITAL, VASHI



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DISCHARGE 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.	: MGMD52400007327		
Discharge	: YES		*MGM240017131*
Diagnosis	: ACUTE APPENDICULAR PERFORATION POST OPERATIVE EXPLORATORY LAPAROTOMY WITH SEPTIC SHOCK WITH DEMYELINATING POLYNEUROPATHY AND POST-OPERATIVE TRACHEOSTOMY AND POST-OPERATIVE BILATERAL VAC SURGERY.		

Course in the Hospital

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 escherichia coli, antibiotic was resumed as per sensitivity pattern. In view of 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 underwent change of dressing with VAC dressing. PS ventilation continued. on 26/10/24 patient tolerated 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 further such episode was noted. Patient is hemodynamically stable and can be shifted to ward. His foley's catheter was changed and bladder wash given. Tracheostomy tube block trial given, he tolerated, hence tracheostomy tube rechecked. He was started on sips of water. His urine culture showed candida tropica so antibiotics escalated. His tracheostomy dressing changed. He had hypokalaemia, so correction given. Diuretic was on hold and gradually started. Physiotherapy done. Physician and speech therapist review done and advised was followed. ENT review was also done and his advised was followed. Patient remained vitally and hemodynamically stable. Hence being discharged.

Vitals at discharge-

Blood pressure- 130/90 mmHg

Pulse rate- 86 beats per minute

Respiratory rate- 20 breaths per minute

Oxygen Saturation- 98% on room air

Treatment given in the Hospital

INJECTION MEROPENEM, LULIFEN CREAM, INJECTION FLUCON, MOISOL EYE DROP, VENUSIA LOTION, CAPSULE NEUROWIRE, TABLET MET XL, NEB IPRAVENT, INJECTION PARACETAMOL, TABLET TETRAVOL PLUS, TABLET EVION LC, XYLOCAINE JELLY, INJECTION LASIX, TABLET PAN, INJECTION CLEXANE

Medications with Significant Residual Effect

Surgery / Procedure Details :

30/10/2024- CHANGE OF VACUUM DRESSING- ABDOMINAL AREA

11/11/2024 - FUNCTIONAL ENDOSCOPIC SINUS SURGERY.

1. Surgery / Procedure Name :

EXPLORATORY LAPAROTOMY WITH APPENDICECTOMY

Date & Time 05-10-2024

Surgical Team



Plot 35, Sector 3, Vashi, Navi Mumbai 400 703.

MGMV/F/Clin.Ward.09/Ver.5/24.03.2018 5 of 10



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