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.			

DATE OF ICU ADMISSION: 05-10-2024 00:00:00

ADMITTED FROM: ER

DATE OF TRANSFER: 28-10-2024 00:00:00

TRANSFERRED TO: 518

PRIMARY CONSULTANT: DR. PRASHANT ATHALE

REFERRED CONSULTANT: DR. PRADEEP, DR. SHUSHILKUMAR PATIL, DR.DIVYASHREE, DR.CHATTERJEE, DR.GAURI K, DR.SAGAR SATPUTE, DR.VERMA, DR.VINITA B, DR.TUSHAR S, DR.ACHARYA

DURATION OF ICU STAY: 22 DAYS

COURSE IN ICU:

The patient,Mr Kiran Bhagwan Taware,UHID;MGM 240017131;IPD;MGMIP2406720,56 years male,was admitted on 5/10/2024 under surgeon,Dr Prashant Athale, with complain of fever with joint pain and headache one week back for 2 days followed by severe abdominal pain and distension since 1 day,urinary incontinence,bilateral pedal edema and giddiness.He was diagnosed Chikungunya (IgM Positive).CECT abdomen was done in outside hospital showed changes of acute appendicitis,air noted sorrounding appendix and pelvic region? perforated appendix.He was electively intubated and ventilated and immediately shifted to operation theatre.Patient underwent exploratory laparotomy with appendicectomy under general anaesthesia.He was received in ICU on ventilatory support.Hydration was resumed,drains and urine output were monitored.Femoral central and arterial lines were cannulated and inotropic support was started.He had refractory hypotension ,hence vasopressors were increased and stress dose steroid was also started.Intravenous packed cell and ALBUMIN were given and gradually inotrope was gradually tapered.Sedation was started and patient was electively ventilated in view of hemodynamic instability.Physician review reference was given and antibiotics were started accordingly.Nephrology reference was given in view of raised creatinine levels.Dermatology opinion was taken as patient had tiny blisters in right forearm and flank.Patient responded to the above treatment and gradually inotrope was tapered and stopped.He had fever spikes,Ultrasound abdomen was done to check for any collection which was normal.Patient had hypernatremia,corrective measures were started.Off sedation trial was given,however as patient was not getting awake,neurology opinion was taken and MRI Brain plain was done showed leptomeningeal enhancement.Furthur fever spikes were noted and inflammatory markers were raised,hence antibiotic was upgraded,fundoscopy was done to rule out papilloedema and lumbar puncture was done for CSF analysis and sample was sent for biofire and autoimmune encephalitis panel.CSF routine microscopy report showed raised protein levels,EEG was done showed normal study.Patient was drowsy,not getting awake.He underwent tracheostomy on

Plot 35, Sector 3, Vashi, Navi Mumbai 400 703 | Tel: (022) 50666777/888 | Toll free: 18002665456 | Emergency Hotline: 14466
vashimgm@gmail.com / online@mgmhospitalvashi.net | www.mgmhospitalvashi.net | MGM Hospital Vashi | mgmvashi | MGM_Vashi