## **Princeton Hospital**

Address:25 Plainsboro Rd. Princeton NJ 08540 Phone:+1 999-000-1111 Email:Princetonhospital@phosp.med.us

| Date of visit-29/10                        | 0/2021      |                             |                                 |                                          |     |       |                 |                  |    |
|--------------------------------------------|-------------|-----------------------------|---------------------------------|------------------------------------------|-----|-------|-----------------|------------------|----|
| SSN-360021278                              |             |                             | <b>Health ID-</b> 3706165646208 |                                          |     |       |                 |                  |    |
| Patient Name-Kai Nelson                    |             |                             |                                 | Address-New York                         |     |       |                 |                  |    |
| <b>Age</b> -96                             |             | <b>Gender</b> -Male         |                                 |                                          |     |       |                 |                  |    |
| Blood Pressure                             | 121/78      | Height                      | 170                             | Weight                                   | 139 | Pulse | 90              | SPO2             | 97 |
| Problems: Stomach upset, vomiting, fatigue |             |                             |                                 |                                          |     |       |                 |                  |    |
| Vaccination Name- N/A                      |             |                             |                                 | Covid Vaccination Status: Not Vaccinated |     |       |                 |                  |    |
| Observation-                               |             |                             |                                 |                                          |     |       |                 |                  |    |
| Clear heart beat                           |             |                             |                                 |                                          |     |       |                 |                  |    |
| Diagnosis-                                 |             |                             |                                 |                                          |     |       |                 |                  |    |
| Diarrhoea                                  |             |                             |                                 |                                          |     |       |                 |                  |    |
|                                            |             |                             |                                 |                                          |     |       |                 |                  |    |
| Med<br>D:C : : 400                         | 0 1 1       | Frequency & Doses           |                                 |                                          |     |       | <b>Duration</b> |                  |    |
| Rifazimin 400mg Ondansetron 4mg            |             |                             |                                 |                                          |     |       |                 | 5 days<br>3 days |    |
| Olidanseiton +ing                          | arter orear | urior orouniust tunon amnor |                                 |                                          |     |       |                 |                  |    |
|                                            |             |                             |                                 |                                          |     |       |                 |                  |    |
|                                            |             |                             |                                 |                                          |     |       |                 |                  |    |
| Suggested Investig                         | ation-      |                             |                                 |                                          |     |       |                 |                  |    |
| Liver Function Test, USG Whole Abdomen     |             |                             |                                 |                                          |     |       |                 |                  |    |
| Advice-                                    |             |                             |                                 |                                          |     |       |                 |                  |    |
| Light diet, plenty of fluids intake        |             |                             |                                 |                                          |     |       |                 |                  |    |
|                                            |             |                             |                                 |                                          |     |       |                 |                  |    |

**Next Visit Date-** 20/11/2021

**Doctor's Name**- Sam Brown