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DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

User Name:
Date of Birth:
Card No.:

119

OPD Patient Card
IPGMEER & SSKMH

A.J.C Bose Road Kolkata-20

Name : PURNENDU BIKASH KAR	[SSKM/OR1900619200]	Day : Monday
Sex : Male	Age: 61 Yrs. 0 Months 0 Days	Reg. No. :SSKM/RG1900772363
Ref. From :		Reg. Date : 10-06-2019
Visit No. : 1	Department : NEPHROLOGY	Card No. :SSKM/OR1900619200
Doctor / Unit Name (DOW) : Prof. R. Pandey/Prof.(Dr.)A.Roychowdhury	Visit Date : 10-06-2019	Time : 09:35AM
Room No. : 0	Entry No. :	

Visit Date : Tm.	Visit No. : 2
Department :	
Doctor/Unit : 10 JUN 2019	
Entry No. :	

Visit Date : Tm.	Visit No. : 3
Department :	
Doctor/Unit :	
Entry No. :	

Visit Date : Tm.	Visit No. : 4
Department :	
Doctor/Unit :	
Entry No. :	

Clinical Notes	ADVICE
<p>Dm II</p> <p>CKD 5D</p> <p>LAUF.</p> <p>16/5/19</p> <p>Hb-8.0</p> <p>Urea-117</p> <p>Creat-9.8</p> <p>Ca²⁺-7.5</p> <p>Uric acid 7.8</p> <p>Nat-138</p> <p>Kt-6.9</p>	<p>BB-140/90</p> <p>Maintenance Hemodialysis.....² Per week From nearest PPP Center</p> <p>Inj Erythropoietin 4000 unit s/c.....² Per week post HD</p> <p>Inj Iron sucrose.....¹⁰⁰ mg i/v weekly post HD</p> <p>Capten+Folic Acid.....⁵ mg ODD</p> <p>Total fluids intake..... 124 hrs</p> <p>Total protein..... gm/day..... kcal/day</p> <p>salt restriction < 5 gm/day</p> <p>Refer to Central Kitchen For Diet Chart.</p> <p>Tab Amlodipine.....¹⁰ mg OD</p> <p>Tab Metoprolol xl.....</p> <p>Tab clonidine 100mcg.....</p> <p>Tab Prazosin xl.....⁵ mg ODNS</p> <p>Tab Torsemide.....¹⁰ mg OD</p> <p>Tab calcium.....⁵⁰⁰ mg BP</p> <p>Tab ranitidine ³⁰⁰ mg 30 min before breakfast</p> <p>Tab Domeperidone..... mg</p> <p>Tab ondansetron..... mg</p> <p>Tab Sodium Bicarbonate.....</p> <p>Tab Febuxostat.....⁴⁰ mg ODNS</p> <p>Tab linagliptin (S) OD</p> <p>R/A 2 month</p> <p>Hb/Urea/Creat/Nat/Kt/Ca²⁺</p> <p>FBS/PPBS</p>

06/10/2019 09:41 AM

[Signature]