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NEPHROLOGY 155 DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

OPD Patient Card

A.P. Bose Road Kolkata-20

Dr. R. Pandey
Professor & Head
MD, Med (Gen) & Card (Cal)
DM (Neph) & Di. Ind.
Dept. of Nephrology

Name: RAJESH KANT SHARMA Day: _____
 Sex: Male Age: 58 Yrs. 0 Months 0 Days Reg. No.: _____
 Ref. From: _____ Reg. Date: _____
 Card No.: _____
 Visit No. : 1 Department : NEPHROLOGY Visit Date : _____ Time: _____
 Doctor / Unit Name (DOW): PROF. R. PANDEY/ LT. S. DASGUPTA
 Room No. : _____ Entry No. : _____

Visit No. : 2 Visit Date : _____ Tm. _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 3 Visit Date : _____ Tm. _____ Department : _____ Doctor/Unit : _____ Entry No. : _____	Visit No. : 4 Visit Date : _____ Tm. _____ Department : _____ Doctor/Unit : _____ Entry No. : _____
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Clinical Notes	ADVICE
<p><u>Puc</u> <u>CHD 5ND</u> <u>T2DM</u> <u>HTN</u> <u>Non oligemic</u></p> <p><u>BP - 130/70</u></p> <p><u>Cr - 8.84</u> <u>KT - 3.6</u></p> <p><u>Needed HD recently for hyperkalemia</u></p>	<p><u>Adv</u></p> <p><u>NO IV BRICK IN LEFT / RIGHT UPPER LIMB</u> <u>Refer to <u>CTVS</u> for plastic surgery For AV fistula creation</u> <u>Hand exercise with fistula band</u> <u>No NSAIDs/Aminoglycosides/Other Nephrotoxic drugs</u> <u>No. High Potassium containing meals</u></p> <p><u>350mg/MCH/hs/lara</u> <u>RA has MCH/</u> <u>NRSMCH</u></p> <p>Maintenance Hemodialysis...../Per week From nearest PPP Center <u>✓ Inj Erythropoietin 4000 unit s/c..... 2 Per week post HD</u> <u>Inj Iron sucrose.....</u> <u>✓ Cap Iron+Folic Acid..... <u>BDPC</u></u> <u>Total fluids intake...../24 hrs</u> <u>Total protein.....gm/day.....kcal/day</u> <u>salt restriction < 6 gm/day</u> <u>Refer to Central Kitchen For Diet Chart</u></p> <p>Tab Amlodipine.....mg..... <u>Tab Metoprolol xl..... 50 mg..... OD 8pm</u> <u>Tab cionidine 100mg.....</u> <u>Tab Prazosin 1.....mg.....</u> <u>✓ Tab Torsemide..... 10 mg..... OD 8am</u> <u>Tab calcium.....</u> <u>Tab ranitidine.....mg 20 min before breakfast</u> <u>Tab Domperidone.....mg.....</u> <u>Tab ondansetron.....mg.....</u> <u>Tab Sodium Bicarbonate.....</u> <u>✓ Tab Febuxostat..... 40 mg..... ODPC</u></p> <p><u>✓ T. Aspirin + Atorvastatin (75/10) OD HS</u> <u>✓ T. Ramipril + Domperidone (150/10) BDPC</u> <u>✓ Inj. Dexam Regulan S.C. 6-6-4</u></p>

BI for Cr, KT, FBS/PPBS after dialysis
1 week - decision regarding maintenance

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