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OPD Patient Card

IPGME & SSKMH
 A.I.C. Bose Road Kolkata-20

Name : NEEMARIKA BHAR.	Day : Friday
Sex : Female	Reg. No. : SSKM/RG1900737507
Age : 43 Yrs.	Reg. Date : 31-05-2019
Months : 0	Card No. : SSKM/OR1900593223
Days : 0	Time : 01:29PM
Visit No. : 1	Department : NEPHROLOGY
Doctor / Unit Name (DOW) : Dr. Asso. Prof. Dr. D. Sircar	Visit Date : 31-05-2019
Room No. :	Entry No. :

Visit No. : 2	Visit No. : 3	Visit No. : 4
Visit Date : Tm.	Visit Date : Tm.	Visit Date : Tm.
Department :	Department :	Department :
Doctor/Unit :	Doctor/Unit :	Doctor/Unit :
Entry No. :	Entry No. :	Entry No. :

31 MAY 2019
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Clinical Notes	ADVICE
<p><u>1st Visit</u></p> <p>CKD-5HD.</p> <p>T2DM</p> <p>HTN</p> <p>MHD initiated outside.</p> <p>Acc - at IJC.</p> <p>BP - 150/70</p> <p>PT E*</p> <p>Hb. 6.0</p> <p>Ux/G - 128/6.12</p> <p>Co/PD4 - 7.2/4.5</p> <p>Umc ocd - 9.8</p> <p>So. PSH - 1.76</p> <p>Umw - alb +</p> <p>RBC 4-5</p>	<p><input checked="" type="checkbox"/> NO IV PRICK IN <u>LEFT</u> RIGHT UPPER LIMB</p> <p><input checked="" type="checkbox"/> Refer to <u>CTVS</u>/Urology/plastic surgery For AV fistula creation</p> <p>Hand exercise with fistula ball</p> <p>No NSAIDs/Aminoglycosides/Other Nephrotoxic drugs</p> <p>No. High Potassium containing foods</p> <p>Tab Amlodipine.....mg</p> <p><input checked="" type="checkbox"/> Tab Metoprolol xl.....25.....mg OD</p> <p>Tab clonidine 100mcg.....</p> <p>Tab Prazosin xl.....ng.....</p> <p><input checked="" type="checkbox"/> Tab Terasemido.....10.....mg.....OD</p> <p><input checked="" type="checkbox"/> Tab calcium carbonate (500).....BD</p> <p><input checked="" type="checkbox"/> Tab ranitidine 300 mg 30 in before breakfast</p> <p>Tab Domperidone.....mg.....</p> <p>Tab ondasetron.....mg.....</p> <p>Tab Sodium Bicarbonate.....</p> <p><input checked="" type="checkbox"/> Tab Febuxostat.....10.....mg.....OD</p> <p><input checked="" type="checkbox"/> Maintenance Hemodialysis.....(3)...../Per week From nearest PFP Center</p> <p><input checked="" type="checkbox"/> Inj Erythropoietin 4000 unit s/c.....(2).....Per week post HD & Post HD.</p> <p><input checked="" type="checkbox"/> Inj Iron sucrose.....100.....mg.....10...../1/1wk</p> <p><input checked="" type="checkbox"/> Cap Folic Acid.....(5).....OD</p> <p>Total fluids intake...../24 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><input checked="" type="checkbox"/> Tab Methylcobalamin (1000 mcg).....OD</p> <p><input checked="" type="checkbox"/> Inj Hepatitis B vaccine schedule 1 ml in each deltoid (total 2 ml), 1M, M0 M1 M2 M3 <input checked="" type="checkbox"/> Inj pneumococcal 23 vaccine 0.5 ml s/c single dose <input checked="" type="checkbox"/> Inj Influenza vaccine yearly</p>

05/31/2019 01:31 PM

TCA 1000 E Hb. S.ccr, S.kt.

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