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NEPHROLOGY 116 DEPARTMENT OF HEALTH & FAMILY WELFARE
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Sex : **Male**
Ref. From : **52**
Age : **52** Years
Room No. : **0**
Visit No. : **1** Department : **NEPHROLOGY**
Doctor / Unit Name (DOW) : **Prof.R. Pandey/Dr.S. Dasgupta**
Visit Date : **13-08-2018**
Entry No. : **0**

Visit Date : Department : Doctor/Unit : Entry No. :	Visit Date : Department : Doctor/Unit : Entry No. :	Visit Date : Department : Doctor/Unit : Entry No. :
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Clinical Notes

ADVICE

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CLD 5 on MD

Maintenance Hemodialysis: Per week From nearest PPF Center
Erythropoietin 4000 unit etc. Per week post HD
Inj Iron sucrose 100 mg
Calcium phosphate Acid 500 mg
Total phosphate 200 - 400 mEq
Total protein < 6 gm/day
salt restriction < 6 gm/day
Refer to Central Kitchen For Diet Chart.

Tab Amlodipine 5 mg
Tab Metoprolol xl 25 mg
Tab clonidine 100mcg
Tab Prazosin xl 10 mg
Tab Torsemide 10 mg
Tab calcium 10 mg 30 min before breakfast
Tab Domperidone
Tab ondansetron
Tab Sodium Bicarbonate
Tab Febuxostat

11 SEP 2018
28 AUG 2018
U S SEP 2018

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