DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

NEPHROLOGY 143

OPD Patient Card

00019

User Name: Golam Rasul
Paid Rupees: 0

S.S.K.M Hospital & IPGME&R
A.J.C Bose Road Kolkata-20
~~(PH:033-24733900)~~

Name : DILIP PRMANICK [SSKM/OR1800066274]
Age : 60 Yrs. 0 Months 0 Days
Ref From : Male
Day : Wednesday
Reg. No.: SSKM/RG1800084796
Reg. Date : 24-01-2018
Card No.: SSKM/OR1800066274
Time : 10:52AM

Visit No. : 1 Department : NEPHROLOGY
Doctor/Unit Name (DOW) : Prof.(Dr.)D. Sen [1st, 3rd, 5th]/Prof.(Dr.)A.Roychowdhury [2nd,4th]
Room No. : 0
Visit Date : 24-01-2018
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. :

Clinical Notes	ADVICE
K/c/o - CKD5D on HD Rt 12th 18 mns (Arteriovenous fistula) RT brachial artery BP- 176/86 mHg on cardivas 6.25 BD Reports (15/1/18) Hb/Cr - 15.9/11.8 Na/K - 142/4.7 Ca/PO4 - 8.8/4.5	Rx Maintenance Hemodialysis 3 /Per week From nearest PPP Center Inj Erythropoietin 4000 unit s/c 2 Per week post HD Inj iron sucrose 100 mg 1/wk POST HD Cap Ipsa+Folic Acid 1 cap OD Total fluids intake <500 ml/24 hrs Total protein gm/day kcal/day salt restriction < 5 gm/day Refer to Central Kitchen For Diet Chart. Tab Amlodipine 10 mg OD at 9AM Tab Metoprolol xl 50 mg OD at 2PM Tab clonidine 100mcg Tab Prazosin xl mg Tab Torsemide mg Tab calcium 500 mg BD Tab ranitidine 150 mg 30 min before breakfast OD AC Tab Domeperidone mg Tab ondansetron mg Tab Sodium Bicarbonate Tab Febuxostat 40 mg OD TCA 1m/ERSOS. Brain · HR, Cr, Na, K, Ca, PO4 · Hb · 25(OH)VitD, iPTH

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01/24/2018 11:00 AM