

DISCHARGE SUMMARY
DEPARTMENT OF NEPHROLOGY IPGMR AND SSKM HOSPITAL KOLKATA

NAME -NUPUR SEN	AGE- 38YRS	SEX-FEMALE
PHYSICIAN INCHARGE- DR. D.SIRCAR	MRUMBED NO T8	
DOA : 14/8/2018	DOD : 18/01/2019	
ADDRESS: MADHYAMGRAM,KORA CHANDIGRAM,WEST BENGAL		

CASE HISTORY AND EXAMINATIONS

HISTORY OF PRESENT ILLNESS:

38yrs old female ,knownhypertensive with chronic kidney disease (V) D admitted with complaints of shortness of breath,easyfatiguability,decreaseappetite,nausea.She also complaints of tingling sensation over limbs, generalized weakness and occasionally low grade fever.She is non-diabetic,euthyroid.

HISTORY OF PAST ILLNESS

No significant past history

FAMILY, PERSONAL AND DRUG HISTORY:

No family h/o premature ascvd or any renal disease. No h/o substance abuse, smoking or alcoholism. No s/o nsaid or ayurvedic medication abuse..

ON EXAMINATION

Ptconscious. P=90 /min , bp-142/ 94rt arm supine, resprate 20/min pallor + , edema+, cyanosis, clubbing, icterus absent, neck glands not palpable, neck veins not engorged, no peri-ln palpable..

Chest-b/l vbspresent

Cvs-s1, s2 normal. No rub. No carotid bruit or pulse inequality.

P/asoft .No renal bruit.

Cns-plantar b/l flexor.

DISCHARGE SUMMARY
DEPARTMENT OF NEPHROLOGY IPGIMER AND SSKM HOSPITAL KOLKATA

INVESTIGATIONS

DATE	HB	PLT	TLC	DLC
24/8/18	9.2gm%	1.5 lacs/cu mm	14130/cu mm	N82I10
10/01/19	9.5gm%	1 lacs/cumm	3880/cu mm	N64I30

DATE	Na	K	UREA	CREAT	PROTEIN	ALBUMIN	URIC ACID	CA	PO4	ALT	AST	BL
7/12/18	139	4.33	75	3.9	7.4	2.5	5.5	8.1	3.9	38	73	0.43
10/01/19	135	4.62	71	4.02	5.5	2.7	5.5	9.6	2.6	39	34	0.15

HIV,ANTI HCV ,HbsAG NEGATIVE
URINE ROUTINE: RBC NIL, PUS CELLS 2-4 /HPF,ALBUMIN 2+ URINE C/S-NO GROWTH
PBS -NORMOCYTIC NORMOCHROMICRBCs,PLATELET-adequate
Blood c/s - no growth
2D ECHO-EF 30%,LV GLOBAL HYPOKINESIA,MILD MR,MILD AR
USG DOPPLER OF LEFT UPPER LIMB-sluggish flow noted at the site of fistula

DIAGNOSIS
SYSTEMIC HYPERTENSION,CHRONIC KIDNEY DISEASE (V) D,TYPE IV CARDIORENAL SYNDROME,SEPSIS

DISCUSSION
38 yrs old female ,known hypertensive with chronic kidney disease (V) D admitted with complaints of shortness of breath,easyfatiguability,decreaseappetite,nausea.She is non-diabetic,euthyroid with history of access related complication(Rt sided hemothorax following which decortication done). Permcath(right jugular) done on 12.1.19.She recieved MHD 3/week during hospital stay along with I V antibiotics,antihypertensives,vasopressor,IVfluid,human albumin (20%) etc.She developed high grade fever during hospital stay with altered sensorium with hypotension during first week of January (2019).She is being discharged in stable general condition and kidney function.


DISCHARGE SUMMARY
DEPARTMENT OF NEPHROLOGY IPGMR AND SSKM HOSPITAL KOLKATA

PLAN
TO ATTEND NEPHROLOGY OPD AFTER TWO WEEKS WITH <u>SERUM CREATININE, POTASSIUM, TC, DLC, HB REPORTS</u>
ATTEND CARDIOLOGY OPD FOR NEEDFULL
MHD 2/ WEEK, 4 TO 6 SEESIONS FROM SSKM HOSPITAL DIET AS ADVISED

TREATMENT ON DISCHARGE

TAB LEVOCARNITINE ✓	500MG	1 TAB X BD	6 - 6	
TAB FEBUXOSTAT ✓ ✓	40 MG	1 TAB X OD XCONT	10 pm	✓
TAB IFA ✓		1 TAB BD X CONT	12 - 8	✓
INJ EPO	4000 U	S/C 2 /WEEK		
B TAB CILNIDIPINE ✓ ✓	10MG	1 TAB OD	8 AM	
A TAB RAMIPRIL ✓ ✓	5 MG	1 TAB OD	12 noon	
TAB ATROVASTATIN ✓ ✓	10 MG	1 TAB OD AT 10 PM	10 pm	✓
TAB RANITIDINE	150 MG	1 TAB BD AC	* 6 - 6	
TAB CEFUROXIME ✓ ✓	500MG	1TAB BD FOR 5 DAYS	8 - 6	
TAB CALCIUM CARBONATE	500MG	1 TAB OD	12 noon	✓
A TAB FOLVITE	5MG	1 TAB OD	12 noon	
A TAB ALDACTONE ✓ ✓	50MG	1 TAB OD	8 AM	

Next up on 20/1/19 @ SSKM 2.P.M


SIGNATURE OF THE DOCTOR WITH DESIGNATION

1m