

**DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
OPD Patient Card**

000061

Name : <u>SK. SHARUKH</u>	Day :
Sex : _____	Reg. No.:
Age : _____ Yrs. Months Days	Reg. Date :
Ref. From :	Card No.:
Visit No. : 1 Department :	Visit Date : _____ Time :
Doctor/Unit Name (DOW) :	Entry No. : _____
Room No. :	

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

Clinical Notes	ADVICE
<p>• CKD - SND, Arf ⊕ HTN</p> <p>• Gen. Bodyach.</p> <p>• BP - <u>120/80</u></p> <p><u>2</u></p> <p>PO₄ - 4.6 G - 7.8 Urea - 147 Creat - 6.1 Na - 144 K - 5.1 Hb - 11.3</p>	<p align="center"><u>Adr</u></p> <p>• Refer to HD-UNIT for workup for Cadaveric Recipient</p> <p>• DR. SMARTY (HD-UNIT- Resident anchoring)</p> <hr/> <p>— Maintenance Hemodialysis.....<u>2</u>...../Per week From nearest PPP Center (h) Erythropoietin 4000 unit s/c.....<u>2</u>..... Per week post HD Inj. iron sucrose.....<u>100</u> mg <u>every</u>..... Cap Iron+Folic Acid.....<u>1</u> <u>qd</u>..... Total fluids intake...../24 hrs Total protein.....gm/day.....kcal/day salt restriction < 5 gm/day Refer to Central Kitchen For Diet Chart.</p> <p>Tab. TORSEMIDE 20mg <u>qd</u> - T. Calcium Carbonate 500mg <u>BD</u> - GP. Pantoprazole 1 <u>qd</u> - Tab. cholecalciferol 60000 unit once weekly x <u>6</u> WK</p>

Hb
creat
by
GP/PO₄/URIC ACID

2