

**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
DISCHARGE**

N.R.S MEDICAL COLLEGE & HOSPITAL
138, A.J.C BOSE ROAD, KOL-700014
(PH: (033) 2286-0103-08)

Discharge Certificate/Left Against Medical Advice

Page No. 1

Discharge No. _____ Date of Discharge **20.03.19** Time **12PM** Patient Category : Free/Paying/Cabin

Patient Name **MINA DEVI SINGH** Sex **Female** Age **50** Yrs. **0** Months **0** Days **0**

Patient Sri. No. **NRSM/PA1900017526** Patient Registration No. **NRSM/RG1900196545** Admission Date **[11-03-2019] [1:04 PM]**

Address: **25/H/1C/10, BELGACHIA ROAD** Post Office: **BELGACHIA**
Municipality / Village: **Belgachia** District: **Kolkata**
Police Station: **West Bengal** Nationality: **India** Religion: **Muslim**
State: **West Bengal** Religion: **GOPAL SINGH**
Father's Name: **DR. P. MUKHOPADHYAY/DR. A. MAITY/DR. A. ROYCHOWDHURY** Husband's Name: **9339573958**
Doctor/Unit: **ROYCHOWDHURY** Phone/Mobile No.: **9339573958**
Bed No.: _____ Bed Type: **FREE** Ward Name: **NEPHROLOGY WARD(FEMALE)**
Final Diagnosis: **CKD-V0 ± HTN, anemia & DVT**

Referred Out Case

Referred To: **plastic surgery opd** Date: _____ Time: _____ Reason: _____

A. In case of Confinement
Delivery Date & Time: _____ Mode of Delivery : ND/ECL/LUCS/With Forceps/Without Forceps
Delivery Status: _____ No. of Child: _____ Antenatal Care Taken : Yes / No

B. In case of Surgery
Surgery Date & Time: _____ Type of Surgery: _____ Details of Baby
Surgery Status: **→ renal salt restricted diet** Birth Date: _____ Birth Time: _____
→ Fluid intake ~ 500 ml/d Disc No.: _____ Sex: _____
Anesthesia Details: _____ Birth Wt.: _____

C. **→ Avoid nephrotoxic drugs**
→ Tab Torsemide (10) - 1 tab OD Advice for Baby
x cont

D. Investigation Done
Test Name: _____ Comments: _____ **→ MHD 2/wk x cont**

E. Medicine Details
Medicine Name: _____ No. of Days: _____ Comments: _____ **→ Tab warfarin (1mg) - ① OD** Refer to coc
x cont
→ Tab Amlodipine (10) - 1 tab OD

F. ADVICE
Medicine Name: _____ No. of Days: _____ Comments: _____ **→ Tab Vit-B-e - 1 tab BDP x cont**
→ Tab IFA - ① tab OD x cont

→ Inj. Epo (4000 IU) - 1/c 2/wk Baby Checked and Discharged _____
x cont Signature: _____

Review in nephrology opd Date: _____ Time: _____

4 of 4

Counter Signature of the Visiting Staff

Signature of the Medical Officer

03/11/2019 01:11 PM

after 2 weeks to

reports -

Blood for ebc, usca, creatinine, Na, K

ESPT, APTT, INR

→ Refer to plastic surgery opd for AVF