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DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
S.S.K. OPD Patient Card
A.J.C Bose Road Kolkata-20
(PH:033-24733900)

User Name : Colam Rasul
Paid Rupees : 2

Name : MRITYUNJAY BISWAS [SSKM/OR1800846128] Day : Wednesday
 Sex : Male Age : 53 Yrs. 0 Months 0 Days Reg. No. : SSKM/RG1801083970
 Ref. From : : : : : Reg. Date : 26-09-2018
 Card No. : SSKM/OR1800846128 Time : 09:37AM
 Visit No. : 1 Department : NEPHROLOGY Visit Date : 26-09-2018
 Doctor / Unit Name (DOW) : Prof.(Dr.)D. Sen [1st, 3rd, 5th]/Prof.(Dr.)A. Roychowdhury [2nd,4th]
 Room No. : 0 Entry No. :

Visit No. : 2 Visit Date : Tm. Department : Doctor/Unit : Entry No. : 26 SEP 2018	Visit No. : 3 Visit Date : Tm. Department : Doctor/Unit : Entry No. :	Visit No. : 4 Visit Date : Tm. Department : Doctor/Unit : Entry No. :
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Clinical Notes	ADVICE
<p>CKD - 5D. On MHD - 2/WK Acc - LFT AVF. BP - 150/90. 11/9/18 Hb - 12.7 Ux/U - 152/14.8 Na/K - 145/5.0 HIV HBsAg anti HCV } NR.</p>	<p> <input checked="" type="checkbox"/> Tab Amlodipine..... 10 mg OD <input checked="" type="checkbox"/> Tab Metoprolol xl..... mg <input checked="" type="checkbox"/> Tab clonidine 100mcg..... TDS <input checked="" type="checkbox"/> Tab Prazosin xl..... 5 mg OD <input checked="" type="checkbox"/> Tab Torsemide..... mg <input checked="" type="checkbox"/> Tab calcium acetate (667) TDS. <input checked="" type="checkbox"/> Tab ranitidine mg 30 min before breakfast <input checked="" type="checkbox"/> Tab Domperidone..... mg <input checked="" type="checkbox"/> Tab ondansetron..... mg <input checked="" type="checkbox"/> Tab Sodium Bicarbonate..... mg <input checked="" type="checkbox"/> Tab Fehuxostat..... 40 mg OD <input checked="" type="checkbox"/> Maintenance Hemodialysis..... 2 /weekly From nearest PPP Center <input checked="" type="checkbox"/> Inj Erythropoietin 4000 unit s/c..... 21 weekly post HD <input checked="" type="checkbox"/> Inj Iron sucrose..... 100 mg Once in 15 day. Cap Iron+Folic Acid..... Total fluids intake..... 500-600 /24 hrs Total protein..... gm/day..... kcal/day salt restriction < 5 gm/day - Cap Pantoprazole - Domperidone (40/30) - OD AC - Tab Albendazole (400) - 1 tab to be checked Stat Review after 3 mo c Hb, S.c, S.K, Ca, P, O₂ </p>