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(Medicine) DM
Associate Professor
IPGME & SSKMH
KOLKATA-700092
FRI (OPD)

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

User Name : Purnendu Samanta
Email Address : 2

OPD Patient Card

IPGME & SSKMH
A.J.C Bose Road Kolkata-20

Name : PURNIMA BOY DAS	Day : Friday
Sex : Female	Reg. No. : SSKM/RG1801314321
Ref. From : Male	Rcg. Date : 16-11-2018
Age : 38 Yrs. 0 Months 0 Days	Card No. : SSKM/OR1801026577
Visit No. : 1 Department : NEPHROLOGY	Visit Date : 16-11-2018
Doctor / Unit Name (DOW) : Dr. Asso. Prof. Dr. D. Sircar	Time : 10:05AM
Room No. : 0	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. : 16 NOV 2018	Entry No. :	Entry No. :

Clinical Notes	ADVICE
<p>CKD-V HD. c/w/leakage.</p> <p>Hb 6.3</p> <p>Ca 7.9</p> <p>P 4.3</p> <p>K 4.3</p> <p>21 NOV 2018</p> <p>B.L. Group</p> <p>Urine RE/ME</p> <p>Creatinine</p> <p>19 DEC 2018</p>	<p>180/80</p> <p><u>Adv.</u></p> <p>Maintenance Hemodialysis.....3...../Per week From nearest PPP Center <i>at least 2.</i></p> <p>Inj. Erythropoietin 4000 unit s/c.....2..... Per week post HD</p> <p>Inj Iron sucrose.....100.....mg.....10..... after in 2 weeks</p> <p>Cap Iron.....</p> <p>Total fluids intake...../24 hrs</p> <p>Total protein.....kcal/day</p> <p>salt restriction < 5 gm/day</p> <p>Refer to Central Kitchen For Diet Chart.</p> <p>Inj Hepatitis B vaccine schedule</p> <p>1 ml in each deltoid (total 2 ml), IM,</p> <p>M0</p> <p>M1</p> <p>M2</p> <p>M3</p> <p>Inj pneumococcal 23 vaccine 0.5 ml s/c single dose</p> <p>Inj Influenza vaccine yearly</p> <p>Metoprolol 50 mg OD</p> <p>Amlodipine 10 mg OD</p> <p>Hb Ca Phos Alb.</p> <p><i>↓ part HD by 2 hrs.</i></p> <p>11/16/2018 10:10 AM</p> <p><i>Dipankar</i></p>

6/11/18
1 of 1
11/16/18