

31

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FRI (O/OD)

DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

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

Name : UTTAM SEN	[SSKM/OR1900086350]	Day : Friday
Sex : Male	Age : 38 Yrs. 0 Months 0 Days	Reg. No. SSKM/RG1900109936
Ref. From :		Reg. Date : 25-01-2019
		Card No. SSKM/OR1900086350
Visit No. : 1	Department : NEPHROLOGY	Visit Date : 25-01-2019
Doctor / Unit Name (DOW) :	Dr. Asso. Prof. Dr. D. Sircar	Time : 09:15 AM
Room No. :	0	Entry No. :

Visit No. : 2	Visit No. : 3	Visit No. : 4
Visit Date : Tm.	Visit Date : Tm.	Visit Date : Tm.
Department : 25 JAN 2019	Department :	Department :
Doctor/Unit :	Doctor/Unit :	Doctor/Unit :
Entry No. :	Entry No. :	Entry No. :

Clinical Notes	ADVICE
<p>CKD - V HD</p> <p>C/o Epistaxis</p> <p>193/137.</p> <p>NO IV BRICK IN LEFT / RIGHT UPPER LIMB</p> <p>No. NSAIDs/Aminoglycosides/Other Nephrotoxic drugs</p> <p>No. High Potassium containing foods</p> <p>- Hb% TLC</p> <p>DCESR.</p> <p>Thrombophleb</p> <p>Warfarin</p> <p>25/1/19</p>	<p>(No edema Lt leg @ thrombosis).</p> <p>Maintenance Hemodialysis.....3 (Per week From nearest PPP Center)</p> <p>Inj Erythropoietin 400 units s/c.....2 (Per week post HD)</p> <p>Inj Iron sucrose 100 (100mg) 100 (100mg) 2 weekly</p> <p>Cap Iron.....</p> <p>Total fluid.....</p> <p>Total protein.....kcal/day</p> <p>salt restriction.....</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>M6</p> <p>Inj pneumococcal 23 vaccine 0.5 ml s/c single dose</p> <p>Inj Influenza vaccine yearly</p> <p>- T. Casuedital 12.5mg OD</p> <p>- T. Warfarin 2mg OD.</p> <p>- T. Arkanine 0.1mg TDS</p> <p>- T. Nicardipine R OD.</p>

01/25/2019 09:19 A