ABRATA SEN
5th WEDNESDAY
ED), DM (NEPHRO)
Professor
NEPHROLOGY 7
Deptt. of Nephrology
IPGME&R - S.S.K.M. HOSPITAL
KOLKATA-20

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

User Name : Purnendu Samanta
Paid Rupees : 2

Name : SARIF SK
Sex : Male
Age : 42 Yrs. 0 Months 0 Days
Ref. From :
Day : Wednesday
Reg. No. : [SSKM/OR1800774172]
Reg. Date : SSKM/RG1800991293
Card No. : 05-09-2018
Visit No. : 1 Department : NEPHROLOGY
Visit Date : 05-09-2018
Time : 08:43AM
Entry No. : SSKMOR1800774172
Doctor / Unit Name (DOW) : Prof.(Dr.)D. Sen [1st, 3rd, 5th]/Prof.(Dr.)A.Roychowdhury [2nd,4th]
Room No. : 0

Visit No. : 2	Visit No. : 3	Visit No. : 4
Visit Date : Tm. Department : Doctor/Unit : 5 SEP 2018 Entry No. :	Visit Date : Tm. Department : Doctor/Unit : Entry No. :	Visit Date : Tm. Department : Doctor/Unit : Entry No. :

Clinical Notes	ADVICE
HTN CKD on MHD 2 mth wn AKF (LT) c/o — Distension of Abdomen 8/11/18 w-f-f Adv Ascitic fluid analysis Gram Stain, AFB DC TLC, Malignant cell — Protein, Albumin, LDH ~~ADA~~ — LFT, CBC, urea USG W/A Cr elimine, Na+/K+ uric acid Ca++/PO4/iPTH/ 25 OH VitD level. 5/08/18 May be allowed as per advice Dyslipidemia 5/9/18	140/100 3 Maintenance Hemodialysis......2......./weekly From nearest PPP Center Inj Erythropoietin 4000 unit s/c.....2........ wekly post HD Inj Iron sucrose...100.......mg..weekly...... Cap Iron+Folic Acid.....5 mg OD...... Total fluids intake....600 - 800....../24 hrs Total protein.....60.....gm/day......2200.......kcal/day salt restriction < 5 gm/day Tab Amlodipine..........5...........mg.....OD...... Tab Metoprolol xl.........50..........mg.....OD...... Tab clonidine 100mcg.......................... Tab Prazosin xl.................mg.................. Tab Torsemide.................mg.................. Tab calcium.......................... Tab ranitidine 150 .... mg 30 min before breakfast Tab Domperidone.....10........mg......TDS... Tab ondansetron.................mg.................. Tab Sodium Bicarbonate.......................... Tab Febuxostat.................mg.................. Cap Pantoprazole + Domperidone 1 cap OD Inj Hepatitis B vaccine schedule 1 ml in each deltoid (total 2 ml), IM. M0 Sep18 M1 Oct18 M2 Nov18 M3 March19 Pneumococcal 23 vaccine 0.5 ml s/c single dose ~~Influenza vaccine yearly~~

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09/05/2018 08:46 AM