

MLC Incharge - Dr. Sachao

Indira Gandhi Medical College and General Hospital, Nagpur

DISCHARGE CARD

Department *ortho* Unit *-J* $\left\{ \begin{array}{l} \text{G13} \\ \text{G4} \\ \text{235} \end{array} \right.$

Name— *Yash Amane*

Ward No. *34* Bed No. Reg. No. *423972*

Date of Admission *14/12/17* Age *107*

Date of Discharge *22/12/17* Sex *M*

Diagnosis— *G-11 Compound # Mis Tibia > No DMVD*
⊙ -TENS nailery done on 18/12/17

Investigation :

(A) Haematological

HB *10.6*

TLC *7000*

DIC *7000*

P *68*

L *26*

ESR

E *3*

M *2*

(B) Urinary

Alb

Sugar

Micro

(C) Stool

Ova / cyst

Occult blood

(D) Radiological

X Ray *x 50 # Mis Tibia*

USG

CT/Other

(E) Other Investigation—

BUL-12

sr. hule F1.0
D-0.4

sr. creat - 0.6

L'lat-126

L'Kt-3.7

(F) Biopsy Report

HIV-Ve

MBS Ag-Ve

(G) Blood group

Treatment given

1st. Taxim 500mg BD

1st. Amulca 200mg BD

1st. Pantoe IV BD

1st. Dillo 1M BD

OT-notes

18/12/17

Makeshwari

T&MS-nail done on 18/12/17

(a) Operation notes History on admission and course in ward

(if any)

- ↓ AAP, ↓ SA in supine position, P&P done
- Incision taken over 2 cm distal to physis
- Confirmation done ↓ C-arm
- Entry made through awl
- Elastic nail of appropriate size inserted.

(b) Referral opinion (if any)

- Confirmation done ↓ C-arm
- Same procedure done on opposite side
- suturing done

(c) Condition of patient at the time of Discharge

Gc - mod
afebrile
V-stable

L12 - wound healthy
No discharge
No DAI (U)

SIE - MAD

(d) Treatment Advised—Rx

- ② T. Augmentin 375mg BDXSD - limb elevation
 - Tb. Ranitide BDXSD - Active knee exercise
 - Tb. Mupirocin BDXSD - Partial wt bearing
 - ① Tb. Umicee OPX 30d
 - Tb. B-complex OPX 30d
 - Tb. Calcium OPX 30d
- FIV on in OPD (25) on 3/1/17 (J&K)

Lecturer / M.O.

Name

Signature

Resident

Name

Signature

DISCHARGE CARD

Department Ortho Unit I

Name - Vijay Amore

Ward No. 85

Date of Admission 15/12/17

Date of Discharge 22/12/17

Bed No. 7

Reg. No. 3805.H

Age 40

Sex M

Diagnosis - O/C/O compd GIII 2nd, 3rd, 4th MT @ hand & @ clavicle
1, 2, 3rd, 4th MC at @ hand & @ clavicle
Total Duro & k wire fixation Done on 21/12/17

Investigation:

(A) Haematological

RBC Normocytic Normochromic
PIL. adequate
No parasite seen

HB 11.8 g/dl

DIC

ESR

:

Alb

Sugar

Micro

TLC 10.98 x 10³/cmm

P 71%

L 20%

E 6.4%

M 7.5%

(B) Urinary

BUL - 23 mg %

Alb

Sugar

Micro

HIV

HBsAg -ve

(C) Stool

Ova / cyst

Occult blood

(D) Radiological

X Ray

USG

CT/Other

s/o. @ foot 2nd, 3rd, 4th MT # @

@ hand 1st, 2nd, 3rd, 4th MC #

Post op: acceptable reduction

(E) Other Investigation -

LFT - Gt - 0.6 mg/dl
Hgt 136
kt - 3.4 /mg/dl

LFT

SGOT 62 U/L

SGPT 40 U/L

ALP 75

(F) Biopsy Report

(G) Blood group

Can't give

IV antibiotics & BIK slab given

T. Protein 5.0 mg/dl

Albumin 3.5 mg/dl

Bi level mg/dl 0.1 /mg

21/12/17

OT Note

Promoter name: K. W. K. function

(a) Operation: Prostheses PL on supra
 block, P and O done. cast : wrist & ring
 hand reduced & fixed \bar{e} 1.5 mm K wire in
 each MC (1, 2, 3, 4), Through wash given &
 dressing done. cast guidance: \bar{v} th phalux
 reduced & K wire inserted
 Debridment at wound done
 Through wash given
 Sutures done, glo given

(c) Condition of patient at the time of Discharge

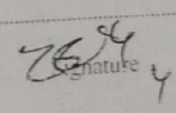
Wound mod
 AB
 VS
 SLE NAD

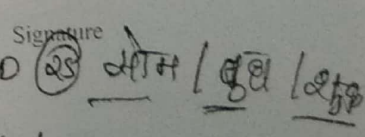
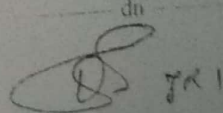
Wound No Discharge
 No Swelling
 No DVT
 Blk slab in situ
 Cock up slab in situ

(d) Treatment Advised—R.

- T. Augmentin 625mg BD
- T. Dulo 75 mg BD
- T. Zankai 150 mg BD
- T. Unciae 1
- T. mw BC 1
- T. Calcium 1 BD x 30 days
- T. Aubi 1

Adv:
 Strict non weight bearing
 Blk slab and cock up
 slab
 FU sos if ↑ swelling @
 discharge from wound

Lecturer / M.O.
 Name: _____
 Signature: 

Name: _____
 Signature: 
 after 7 days on
 3/1/18
 du


OPD 25
 21/12/17
 डॉ. काटके