

श्रेयश पाटील मर्डीस्पेशलिटी हॉस्पिटल  
व गर्सिंग होम

डॉ. हेमंत पाटील

एम.बी.बी.एस.

Gen. Physician & Surgeon

रजि. नं. 2001/07/2555

वेळ : सकाळी 9.00 ते 3.00

रात्री 5.00 ते 8.00

रविवार फक्त उपजन्ती

२४ तास सेवा उपलब्ध



धर्म काढ्याच्या समोर, माणपूर रोड, सावने : ४४९९०७. ☎ : 07113 - 234222 Mob. : 9923595445

Dr. Hemant Patil

Ra

दिनांक 07-11-2017

110. Rm. E Blunt Teaming

over the LL-side of

Abdomen Chest E # 4th & 5th

Ribs.

on Admission

- Pt. having Blunt Teaming

& pain in LL side of chest.

X-ray chest shows

# 4th & 5th ribs.

Pt Ref to CMH, Nagpur

for further Tt. on 9/11/17

on 10/11/17

Dr.



DEPARTMENT OF SURGERY (UNIT VI)

Discharge Summary

Name: Mr Mohan Chandurkar  
Age/Sex: 52 years/ male  
Address: Malegaon, Saoner, Nagpur  
Phone no: 8390468566

Date of Admission: 09/07/2017  
Discharged on:- 24/07/2017  
IPD. NO. :- 1707090021  
MLC no: 722

OPD DAYS  
SATURDAY

Unit VI:  
Unit Incharge: Dr. Yunus Shah  
Lecturer: Dr. Vijay Agrawal

**Diagnosis:**

**BLUNT TRAUMA TO CHEST AND ABDOMEN**

**Procedure:**

**MANAGED CONSERVATIVELY  
ICD INSERTION DONE ON 9/7/17**

**Brief History :-**

a/h/o blunt trauma to chest and abdomen (dash by tractor near Malegaon village on 7/7/17 at 5.50 pm)  
c/o difficulty in breathing x 2 days  
No h/o fever  
No h/o head injury  
No h/o vomiting or loss of consciousness  
No h/o bowel or bladder complaints  
No h/o hematuria/hemetemesis/ malena  
No H/O TB/Asthma/DM/HTN

**Examination: (on admission):**

**G/E:**

Afebrile  
P: 98/min  
BP: 140/90 mmhg  
SpO2: 93% on room air  
No Pallor, cyanosis, clubbing, icterus

**S/E:**

CVS : S1 S2 Normal  
RS : AE reduced over left side of chest  
No chest movement on left side  
Crepitations heard over right side  
CNS : Conscious, Oriented  
PA : soft, tenderness present over epigastric and umbilical region  
Voluntary guarding present, no rigidity  
BS : present in all quadrants

INVESTIGATIONS ATTACHED :- 10/07/2017

Hb	TLC	plt	HIV/HbsAg	Sr. Billi	B. urea	S. creat	Na/K	INR
10.7	6800	0.54	Negative	0.3	23	0.54	137/3.6	1.05

USG Abdo pelvis (9/07/17) – Minimal free fluid in RIF. Mild free fluid in left pleural cavity.

CECT CHEST and ABDOMEN (10/07/17) – ICD noted entering through 5<sup>th</sup> and 6<sup>th</sup> ICS with its end traversing through the left lung and reaching upto the mediastinum to touch the diaphragm overlying the left lobe of liver. Hydropneumothorax present on left side. Consolidation with multiple air pockets within is noted in entire left lung s/o Lung contusions with interstitial emphysema.  
# of B/L 1<sup>st</sup> ribs, left 2<sup>nd</sup> rib, 3<sup>rd</sup> and 5<sup>th</sup> ribs with # of left 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> ribs.

DRAIN FLUID CULTURE SENSITIVITY (14/7/17) – No growth

PROCEDURE NOTES

PROCEDURE – INTERCOSTAL DRAIN INSERTION (9/7/17)

SURGEONS - Dr. Saurabh Kate, Dr. Pratik Raut, Dr. Ashutosh Ghuge

Under all aseptic precautions, under local anaesthesia, cleaning and draping done. Incision taken over 6<sup>th</sup> ICS in left midaxillary line. ICD inserted in 6<sup>th</sup> ICS in lower part of intercostal space. Underwater seal bag attached. Air column movement present.

TREATMENT GIVEN :

Inj Ceftriaxone SB 1.5 gm iv BD x 3 days  
Inj metro 500 mg iv TDS x 5 days  
Inj levoflox 500 mg OD x 5 days  
Inj piptaz 4.5 g iv TDS x 8 days  
Inj tramadol 100 mg in 100 ml NS TDS  
Inj pan 40 mg OD  
T zifi turbo 800 mg BD x 3 days  
T pan 40 mg OD  
T diclomol SP BD  
Neb budocort BD  
Neb Inhaler BD  
Neb levolin 2 hourly  
Neb ipravent 4 hourly  
Syp cremaffin 20 ml HS  
Incentive spirometry

ICD removed under all aseptic precautions on 22/7/17