

NAME OF HOSPITAL

DISCHARGE SUMMARY

Patient Name	[REDACTED]	Room No:	[REDACTED]
Address	[REDACTED]	Hosp No :	[REDACTED]
	[REDACTED]	IP No	[REDACTED]
Contact No	[REDACTED]	Age/Sex:	[REDACTED]
Consultant	[REDACTED]	Admission Date	[REDACTED]
	[REDACTED]	Discharge Date	[REDACTED]
Department	[REDACTED]		

FINAL DIAGNOSIS : UTI / URTI / COLITIS.

BRIEF HISTORY OF ILLNESS:

Patient presented with complaints of fever, lower abdomen pain, cough, burning micturation and generalized bodyache.

Patient was admitted in **NAME OF HOSPITAL** for further evaluation and management.

PHYSICAL FINDINGS & SYSTEMIC EXAMINATION AT THE TIME OF ADMISSION:

Patient conscious and oriented

Blood Pressure: 140/80 mmHg,

Heart rate: 104/min,

Respiratory Rate: 22/min,

SPO2: 98 % on room air,

Temperature: 103.2 degree F

SYSTEMATIC EXAMINATION -

Chest: Bilateral air entry present

Cardiovascular system: S1S2+ normal, No murmur

Per abdomen : Soft,

Pupil : NSRL.

After initial assessment as per standard protocol, treatment was initiated and all necessary investigation were sent for analysis.

COURSE DURING HOSPITAL STAY: Patient was admitted with the above mentioned complaints, and shifted to ward for further management. Relevant investigations were initiated in this case. Hb-13.5, TLC-5500, PC-2.09. SGOT-25.4. SGPT-42.9. Typhoid IgG/IgM - Negative. Urine routine showed pus cells nill, TRIPLE PHOSPHATE ARE SEEN, (MICROSCOPY), OTHER OBSERVATION, BACTERIA ARE SEEN. MRI CERVICAL SPINE showed Reversal of cervical lordotic curvature noted. Multilevel disc desiccation of cervical vertebral column. C3-C4 levels : Posterior osteophyte disc complex showing right paracentral predominance causing partial obliteration of the perineural fat around the right exiting nerve root without morphological changes -suggestive of grade I neural foraminal stenosis. C4-C5 level : Posterior osteophyte disc complex with left paracentral predominance causing partial obliteration of the perineural fat around the left exiting nerve root without morphological changes suggestive of grade I neural foraminal stenosis. C5-C6 level : Posterior osteophyte disc complex causing partial effacement of anterior epidural space without cord displacement or signal change - suggestive of grade I central canal stenosis. < 50% obliteration of the perineural fat seen around the bilateral exiting nerve roots without morphological changes - suggestive of grade I neural foraminal stenosis. USG Whole Abdomen showed, Grade I fatty liver. Patient was managed conservatively. Patient responded well to the given treatment, became clinically stable. Now patient is being discharged on following advise.

TREATMENT GIVEN HOSPITAL

Patient was treated with IV antibiotics, anti inflammatory, antiemetic, analgesic, IV fluid & other symptomatic treatment.

HOSPITAL STAMP

PTO

**HOSPITAL NAME AND
HOSPITAL ADDRESS**



NAME OF HOSPITAL

ALL INVESTIGATIONS: Attached.

CONDITION ON DISCHARGE: Afebrile and vital stable.

MEDICATION ADVISE ON DISCHARGE:

Tab. Ceftum 500 mg 1 tab twice daily

Cap. Antiflu 75 mg 1 cap twice daily

Tab. Chymodem 1 tab twice daily

Tab. Wikoryl 1 tab thrice daily

Cap. Itroden 100 mg 1 tab twice daily

Tab. LG Cal 1 tab once daily

Tab. Pantocid 40 mg 1 tab once daily (before breakfast)

Gabapin ointment twice daily for L/A

Otrivin nasal drops spray twice daily

Steam inhalation twice daily

Syp. Gaviscon 10 ml twice daily

All medicine for 7 days

physiotherapy limb for 1 month

DIET ADVICE: As advice.

DISCHARGE INSTRUCTIONS: Avoid spicy, oily food and outside food avoid, exercise as advice.

Next Appointment: Review in **DOCTOR NAME** OPD after 7 days /SOS with prior appointment.

TO REPORT IN CASE OF EMERGENCY: In case fever, bleeding, extreme pain, nausea, vomiting, pain in abdomen and or any other complication rush to hospital in emergency department. **PLEASE CONTACT EMERGENCY Ph. No.**

CONTACT NUMBER

SIGNATURE OF DOCTOR
HOSPITAL STAMP

SIGNATURE OF ATTENDANT/PATIENT:
RELATION :

HOSPITAL NAME AND
HOSPITAL ADDRESS

