Inter district transfer of Judicial Officer

PROFORMA- I

Remarks/assessment of chief medical officer/Chief Medical Superintendent along with verified/countersigned papers

I, Dr. Kuldeep Singh CMO Moradabad have perused the documents presented before me by Smt. Trisha Mishra ID No. **2074** Designation **C.J.M** and place of posting **Moradabad** OR on her behalf by Sri..... Relation with the officer **Father** Phone No **8423453534**

I. I have personally examined Sri Jai Prakash Mishra who is suffering from the disease/syndrome/disability **CAD Post CABG with Angina** [Name of the disease] ..... and in my opinion he may require frequent hospitalization for treatment/management.

II. I also verify that Sri Jai Prakash Mishra is suffering from the disease/syndrome/disability/disorder..... (Name of the disease] .... and the disease (s) find(s) mention at paragraph no...**X**.... of the Annexure-I enclosed herewith.

III. In my professional opinion and assessment, I am convinced that the treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is possible at the district mentioned by the officer in his/her application submitted to Hon'ble High Court

IV. The treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is also available in the district namely Moradabad

V. I am aware that this document may be presented by the competent authority/applicant for the further use by a competent medical board

VI. This document shall be valid only for **3** Months only

Signature with seal

Chief Medical Officer
Moradabad
(C.M.O/C.M.S)

Name: Dr. Kuldeep Singh.

ID No. .....

Designation CMO Moradabad.

Telephone No. 9837271003.

Mobile No. .....

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TMU HOSPITAL

(Associated Hospital with Teerthanker Mahaveer Medical College & Research Centre)

Delhi Road, Moradabad-244001 (U.P.)

Tel : 0591-2476816, 2360777, E-mail : university@tmu.ac.in, Web : www.tmu.ac.in

Date:22.02.2024

This is to certify that Mr. Jai Prakash Mishra, 76 years old is a known case of CAD with post CABG Status, Hypertension, BPH. He again developed chest pain on 8.12.2023 for that he was admitted at TMU Hospital. He was kept as a case of Unstable Angina. He is under close observation and regular checkup of Cardiologist of TMU Hospital, He may be taken for CAG/Stress Thallium if again develops chest pain.

Currently He is on Medications as per Prescription (Prescription Attached).

Counter Signature

Chief Medical Officer
Moradabad

Dr. V. K. Singh

Add Medical Superintendent

Prof (Dr) Vinod Kumar Singr
Add Medical Superintendent
Teerthanker Mahveer Medical College &
Research Centre Moradabad

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Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

Discharge Summary

CRNO: 2019944037 **Name:** Jai Prakash Mishra 71/ Y/M **Department:** Cardiovascular and Thora Surg

Unit: UNIT-I **Ward/Bed:** Cardiovascular And Thoracic Surgery Wing-B02 (GEN) / SCU / 11

Admission No: ADM-201951986 **Admitted on:** 25-11-2019 13:10 **Discharged on:** 09-12-2019 12:15

Patient Type: Online **Consultant:** Shantanu Pande **Discharge Type:** Normal Discharge

Correspond. Address: ,Chauri Chaura **Distt.** **State** Uttar Pradesh **Pin No.** 273201 **Phone No**

Diagnosis –CAD- ACS IWMI (2014,TLT-VE,PMIA -VE),RECENT ACS (2 MONTH BACK), NSR, NORMAL LV FUNCTION, CHOLELITHIASIS

SURGERY	OFFPUMP CABG-(ANAORTIC) x 3
DATE	06.12.2019
CHIEF SURGEON	Dr S PANDE
ASSISSTANT	Dr ANKUSH
ANAESTHETIST	Dr P TEWARI
CARDIOLOGIST	Dr N GARG

History & examination: This patient nondiabetic, nonhypertensive, non smoker, with no family h/o CAD and a k/c/o cholelithias and haemorrhoids presented with rest angina 2014 diagnosed elsewhere as IWMI , managed conservatively and was asymptomatic since then.H/o rest angina 1 month back was diagnosed as ACS .No H/o syncope or palpitation. Patient was referred to sgpgi for further management and revascularization . O/E BP= 130/80, Pulse = 76 Bp/m; regular, JVP- Normal, CVS- S1 S2 normal, No S3/S4, no murmurs. R/S- NVBS present. No crepts. Patient was admitted for surgery.

ECG- NSR, q IN III,AVF

CART was done on 10/10/2019 A-76481 C-86137

ECHO-

ECHOCARDIOGRAPHY-PRE OPERATIVE .

LV-Diastole/Systole (mm)	-/-	**LV Mass(Grams)**	142.49	**Remarks**	NORMAL.LV-SIZE CONTRACTILITY, N -R W M A
				LA(mm)	44
RV	NORMAL	**RA**	NORMAL		
				TV/PV	NORMAL

Counter Signature

Chief Medical Officer
Moradabad

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Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

Discharge Summary

CRNO: 20[illegible]4037 **Name:** Jai Prakash Mishra 71/ Y/M **Department:** Cardiovascular and Thora Surg

Blood and Its Products(Units)

Packed RBC's 0 FFP's 0 Platelet 0 Cryoprecipitate:0

Pre operative medication: TAB.ECOSPRIN 75 MG 1 OD,TAB.CLAVIX 75 MG 1 OD ,TAB LIPICURE 40 MG 1 OD,TAB HOPACE 5 MG 1 OD,TAB EMBETA XR 50 1 OD,TAB ANGIWELL 2.6 MG 1 BD

ADVICE ON DISCHARGE:

Lifelong Medications Unless stopped on review In OPD

1 Tab **Clopivas AP (75/150) OD** रात में 10Pm

2 Tab Metolar XR 50mg BD दिन में दो बार 10Am 10Pm

3 Tab Atorva 20 mg OD HS रात में 10Pm

4 Tab Dytor Plus (20/50)mg OD दिन में आधा 10Am 1/2

5

Medication for prescribed time period

1 Tab Cefixim 200mg BD for 5 days. दिन में दो बार 10Am 10Pm 5 दिन के लिए

2 Tab Crocin 500 TDS for 1 week दिन में तीन बार 6Am 2Pm 10Pm

3 Tab Pantop 40mg OD for next 7 days before breakfast खाली पेट 6Am

4 Cap Aerocort Rotahaler QID for next 7 days दिन में चार बार 6Am, 12mn, 6Pm, 12mN

5 Tab Deriphylline 400mg BD for 7 days दिन में दो बार 10Am, 10Pm

6 Tab Emset 4mg OD for 10 days दिन में एक बार 10Am,

ADITIOVA AND FORCORT 2PUFFS BD for 14 days दिन में दो बार 10Am 10Pm

8 Tab Alprax 0.25mg OD HS for 10 days रात में 10Pm,

9 Syp Lasix 4tsp OD HS for 10 day रात में 10Pm

Counter Signature

Chief Medical Officer
Moradabad

Pulkit Malhotra @ 172.25.250.163

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Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

Discharge Summary

CRNO: 2019944037 Name: Jai Prakash Mishra /1/ Y/M Department: Cardiovascular and Thora Surg

To Get ECG done on 11.12.2019 and 06.01.2020 in follow up.

To get Post Op ECHO done On 10-12-2019

To get sutures and pacing wire removed on 14.12.2019

To review in CVTS ward daily after 1 pm for dressing

To review in CVTS ICU with Echo Report on 10.12.2019.

To review in CVTS OPD New Block with Echo,Ecg and Chest X-ray Report on 11.12.2019

Chest Binder application, Chest physiotherapy & Spirometry exercises as advised

Avoid lifting heavy objects/ cycling/ driving/ heavy exercise/Drink cooled boiled drinking water for 3 months.

Come to CVTS OPD/ Emergency in case of chronic fever,/ unconsciousness/ breathlessness/ discharge from main wound

To follow dietary instructions as advised

Take medicine as per advice in discharge summary

Prepared by

(Ankush Singh Kotwal)

Signature of Consultant

Counter Signature

Chief Medical Officer
Moradabad

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TMU HOSPITAL

(A Hospital of Teerthanker Mahaveer Medical College & Research Centre)
DELHI ROAD, MORADABAD-244001 (U.P.)
Ph.: +91-591-2360555, 2360777

DISCHARGE SUMMARY

OPD No. : 20517059l IPD No. : 2205171111 DEPARTMENT : Medicine

DATE OF ADMISSION 17/05/2022 DATE OF DISCHARGE 23/05/22

NAME OF THE PATIENT : Mr./Ms./Master Jay Prakash Mishra

S/o, W/o, D/o : c/o Vinay Jain

AGE : 75 y Yrs./Mths. SEX : MALE/FEMALE Male

ADDRESS : Civil lines, Moradabad UP

CONSULTANT INCHARGE : Dr. V.K Singh Sir (Unit 1 Medicine)

CLINICAL DIAGNOSIS : ? Right Upper zone pneumonia | ? Rt Upper lobe lung mass | Post CABG status | HTN | BPH (2020)

CLINICAL SUMMARY / PRESENTATION :

① Fever x 5-6 days (associated ē Chills)
② Cough ē sputum x 5-6 days
③ Breathlessness x 1 day

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Chief Medical Officer
Moradabad

INVESTIGATION DONE :

Hb : 10.7 → 10.5	P: 2.0	GGT : 27	RT PCR (Covid) : Neg
TLC : 12820 → 7810	Na : 142	T.Protein : 7.2	CRP : 35.9
PLC : 1.25 → 1.82	K : 4.6	Sputum gram stain : Negative	HbA1C : 6.0
PCV : 33.9 → 32.9	Cl : 108	Sputum C/S : Sterile	TSH : 2.88
RBC : 3.89 → 3.77	Bili T : 0.9	Sputum AFB : Negative	D Dimer : 655
31	SGOT : 16	Urine R/M : WNL	Ferritin : 322 P.T.O.
1.0	SGPT : 24	Urine C/S : Sterile	
	ALP : 100		

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TREATMENT RENDERED :

- INF NS
- Inj Meroperem
- Inj Doxy
- Inj Moxiflox
- Inj fluconazole
- Inj topmol
- Inj Emeset
- T. DOLO
- T. Lexovir M
- T. Ecosprin AV
- tab Ran CV 500
- T. Arbitel MT
- T. Urmax D
- T. Solifenacin
- T. Petril MD
- T. Ventidol
- Syp Amb
- Syp Decyp I

OPERATION PROCEDURE :

- ECHO → Normal LV/RV, LVEF: 55-60% grade I LVDD NO RWMA.
- Managed conservatively
- USG W/A → Left renal cortical cyst.

CECT thorax → Homogenous soft tissue density involving apical segment of (R) Upper lobe.
- Severe narrowing of apical segm Bronchus of (R) upper lobe
- Mediastinal lymphadenopathy
- Mild (R) sided Pleural effusion

TREATMENT ADVISED :

℞ : Low salt diet

ongoing treatment :

① INF NS @ 70 ml/hr + Inj Meronow forte + Inj NAC
② Inj Meroperem 1gm i/v TDS (D5)
③ Inj Doxy 100 mg i/v BD (D5)
④ Inj Moxiflox 400 mg i/v OD (D1)
⑤ Inj fluconazole 200 mg i/v OD (D1)
⑥ Inj topmol 100 ml i/v SOS
⑦ Inj Pansec 40 mg i/v OD
⑧ Inj Emeset 4 mg i/v SOS
⑨ T. Dolo 650 mg 1 TDS
⑩ T. Lexovir M 1 NO
⑪ T. Ecosprin AV (75/10) 1 HS
⑫ tab Ran CV 500 1 BD
⑬ T Arbitel MT (40/25) 1 BD
⑭ T Urmax D 1 HS
⑮ T Solifenacin 5mg 1 HS
⑯ T. Petril MD 1 HS
⑰ T. Ventidox BD 1 OD
⑱ Syp Ambrolite D 2tsp TDS
⑲ Syp Decyp P 2tsp BD (Before meal)
⑳ Neb ē Duolin + Budecort] 8 hrly

Dr. Gaurav
Dr. Akshansh
JR1

SIGNATURE OF CONSULTANT

SIGNATURE OF RESIDENT MEDICAL OFFICER

ADV : PET Scan

Refer to higher Center for PET CT / For further Evaluation & Manag

Counter Signature
Chief Medical Officer
Moradabad

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Patient copy

DEPARTMENT OF MEDICINE UNIT-III
ALL INDIA INSTITUTE OF MEDICAL SCIENCES NEW DELHI-110029

DISCHARGE SUMMARY

Name: Mr Jai prakash mishra
Ward: OPW 209
D.O.A: 23/05/22

Age/Sex: 74 Years/M
UHID: 105990326
D.O.D: 28/05/22

DIAGNOSIS:

- CAD-POST CABG(2019) Normal LV Systolic function
- BENIGN PROSTATE HYPERPLASIA
- HYPERTENSION
  Hypertensive retinopathy
- RIGHT LUNG UPPER LOBE ORGANIZING PNEUMONIA

HISTORY AND PHYSICAL FINDINGS AT PRESENTATION:

73 years old male, k/c/o benign prostatic hyperplasia, CAD/Triple vessel disease-post CABG (2019), presented with complaints of fever, cough with minimal to moderate expectoration and dyspnea on exertion for one week. Dyspnea had worsened from MMRC-I TO MMRC-II. There is no history of documented loss of weight, bone pain, muscle weakness.
Patient is a non smoker, non alcoholic. He was diagnosed to have hemorrhoids in 2002 for which he underwent banding in 2011 due to acute bleeding from hemorrhoids. He was evaluated for jaundice and abdominal distension in 2011 and was diagnosed as abdominal tuberculosis and given ATT for 11 months (documents N/A).He had two previous episodes of ACS, one in 2014 managed conservatively; another in 2019, after which he underwent CABG for triple vessel disease. Patient was diagnosed to have BPH in 2015 and is on medications for the same.

ON EXAMINATION:

At presentation:
No pallor, icterus, clubbing, cyanosis, pedal edema. No palpable peripheral lymphadenopathy
E4V5M6, conscious, oriented to time, place, person
BP-146/79 mm Hg
HR-86 /min
RR –20 /min
Spo2 –96% on room air (sitting posture) , 92% in supine position

Systemic examination:

RS– Trachea deviated to right side (Trails sign positive on right side)
Increased vocal resonance in right infraclavicular and supraclavicular, interscapular regions. Decreased air entry on right infraclavicular and supraclavicular areas, bronchial breath sounds in right interscapular area.
CVS-S1 S2 present, no murmur
CNS – E4V5M6, conscious and oriented, B/L plantar flexor
ABDOMEN – Soft, non tender, no palpable organomegaly

TREATMENT GIVEN AND HOSPITAL COURSE:

Patient was admitted with above complaints for further evaluation. CECT chest (done while being admitted in private hospital since a week) showed right upper lobe homogenous soft tissue density. Patient was admitted under Prof Dr Sanjeev Sinha who reviewed the case and after discussion of CT chest and PET films, it was decided to a CT guided biopsy while continuing iv antibiotics. Patient underwent CT guided transthoracic lung biopsy (done by Prof Sanjay Thulkar) from right upper lobe on 24/5/22. Post-procedure patient was hemodynamically stable and developed no complications

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related to the procedure. HPE from Biopsy sample is suggestive of organizing pneumonia, gene Xpert- M.TB was not detected, bacterial culture was sterile and fungal culture is awaited. Histopathology report showed no evidence of malignancy in the biopsy specimen and reported as organizing pneumonia. Medical oncology consultation was taken from Dr Deepam Pushpam who has advised to continue antibiotics and to repeat imaging on OPD basis after four to six weeks. In view of organizing pneumonia antibiotics have been continued. Plan is to review in OPD and decide on further management including imaging, further tissue sampling and steroids if required. Fundoscopy showed Grade 2 hypertensive retinopathy. 2D echo showed normal LV systolic function, with mild AR. Patient is presently hemodynamically stable and maintaining saturation on room air and is being planned for discharge with advise to follow up in Lung Cancer clinic, IRCH and Medicine OPD.

ADVICE ON DISCHARGE:

S.No.	Drug Name	Dosage	Frequency	Duration
1.	Tab Augmentin	625mg	TDS ०-०-०	2 weeks
2.	Cap Vizylac	One capsule	TDS ०-०-०	2 weeks
3.	Betadine gargle		Twice a day ०-०	1 week
4.	Syp Grillinctus BM	Two tsf	Twice a day ०-०	1 week
5.	Cap Pan-D	40mg	OD BBF	2 weeks
6.	Tab Ecospirin-AV	75/20mg	OD HS	To be continued
7	Tab Urimax-D	0.4/0.5mg	OD HS	To be continued
8	Tab Solifenacin	5mg	OD HS	To be continued
9	Tab Arbitel-mt	40/25mg	BD ०-०	To be continued
10	Tab Ranolazine	500mg	BD ०-०	To be continued
11	Tab Clonazepam	0.5mg	HS	To be continued
12	MDI Duolin	2puff	BD ०-०	2 weeks
13	MDI Budecort	2puff	BD ०-०	2 weeks

1. Follow up in medicine unit-III under Prof Dr Sanjeev Sinha (Consultant,medicine, Room No-B/209,NEW RAK MEDICINE OPD) after 2weeks on Wednesday/Saturday
2. Follow up in Medical oncology under Dr Deepam Pushpam (Consultant, Medical oncology) with chest xray after 2weeks
3. Follow up in Urology OPD under Dr Amlesh Seth
4. Follow up in RPC(Ophthalmology) for hypertensive retinopathy
5. Collect sputum fungal c/s,sputum cytology, Lung biopsy fungal c/s at next visit.
6. Plan for repeat imaging USG/CT Chest after 4-6 weeks based on further clinical course.
7. Continue chest physiotherapy as advised.
8. Plan to give Influenza (Influvac tetra 2022) and PPSV 23 (Pneumovac 23) vaccine on OPD basis once acute infection settles.

Investigations:

	23/5/22	25/05/22	26/5/22
T.L.C	8.34 10^3/µL	7.82 10^3/µL	8.50 10^3/µL
NEUTRO	77 %	74.3 %	79.3 %
LYMPHO	13%	15.0 %	11.9 %

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Moradabad

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HB	10.5 g/dL	10.4 g/dL	10.5 g/dL
HCT	35 %	34.1 %	34.1 %
PLT COUNT	293 10^3/µL	300 10^3/µL	314 10^3/µL

PT INR(23 5 22)-15 5 1.1

	23/5/22	24/5/22	27/5/22
Urea	26 mg/dL	24.3 mg/Dl	23 mg/dL
Creatinine	0.7 mg/dL	0.7 mg/Dl	0.7 mg/dL
Uric Acid	3.9 mg/dL	4.2 mg/Dl	4.8 mg/dL
Calcium	9.0 mg/dL	8.2 mg/Dl	8.3 mg/dL
Phosphorus	3.3 mg/dL	3.6 mg/Dl	3.7 mg/dL
Sodium	138 mmo/L	137 mmo/L	136 mmo/L
Potassium	4.8 mmo/L	4.1 mmo/L	4.7 mmo/L
Chloride	105 mmo/L	103 mmo/L	107 mmo/L
Bilirubin (T)	0 41 mg/dL	0.45 mg/Dl	0.40 mg/dL
ALT	54 U/L	50 U/L	53 U/L
AST	35 U/L	38 U/L	38 U/L
ALP	105 U/L	89 U/L	118 U/L
Total protein	6 7 gm/dl	5.9 gm/dl	6 6 gm/dl ↑
Albumin	3 1 gm/dl	2.7 gm/dl	2 9 gm/dl
Urine R M	24/5/22		

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Protein:	NIL
Sugar:	NIL
RBC:	NIL /HPF
WBC:	2-3 /HPF
Epithelial Cells	2-3 HPF
Bacteria:	NIL

23/5/22	
Total Cholesterol	71 mg/Dl
HDL	14 mg/Dl
Triglycerides	114 mg/Dl
VLDL – C	23 mg/Dl
LDL-C	34 mg/Dl
HBA1C	6.01 %
Vitamin D3 total	10.2 ng/ml
PSA	0.09 ng/ml(normal range)

23/5/22	
ESR	15 mm/hr
CRP	56 mg/L
TSH	2.58 µIU/mL
RETIC COUNT	1.984
Vitamin B12	>2000 pg/mL
Serum folate	3.66 ng/mL
Iron	24 µg/dL
Transferrin	127 mg/dL
Ferritin	435 ng/mL
TIBC	153 µg/d

Procalcitonin- Negative (<0.5)

Peripheral smear(24.5.22): Normocytic normochromic anemia ,No Hemoparasites seen in the smear examined

Urine CS(24.5.22)- Sterile

Urine ACR-2.45 mg/g

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Sputum gram stain- (24/5/22)Nil pus cells

(26/5/22)6-8 pus cells

Sputum bacterial culture- Negative

Sputum Genexpert(24/5/22): Not detected

Ultra genexpert (26/5/22): Not detected

Lung biopsy genexpert(24/5/22): Not detected

Culture (24/5/22): Sterile

Lung biopsy - Histopathology report (24/5/22): Right lung mass biopsy shows four cores of lung parenchyma showing typical histomorphological features of organising pneumonia of various stages. Definite necrosis, granulomas or atypical cells are not seen in this biopsy. Stains for acid fast bacilli and fungal profiles are negative.

Serum Galactomannan(27/5/22): 0.15(negative assay)

Chest Xray- right upper lobe consolidation

2D Echo(26/5/22): Grade I diastolic dysfunction, normal systolic function, rest-normal

USG KUB+Prostate(27/5/22): Awaited

PET-CT(whole body)24/5/22: Suggestive of large lobulated FDG avid pleural based fibro-consolidative lesion with air bronchograms, encasing the compressing the right upper lobe bronchi with luminal compromise with perilesional ground glass haziness and interstitial septal thickening. likely mitotic with few FDG avid mediastinal lymphnodes with right mild and left minimal pleural effusion

Junior Resident

Senior Resident

Consultant

Counter Signature

Chief Medical Officer
Moradabad

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TMU HOSPITAL

Discharge Summary
To Be Filled By Doctor

(Associated Hospital with Teerthanker Mahaveer Medical College & Research Centre)
Delhi Road, Moradabad-244001 (U.P.) India
Tel.: +91-591-2476816, 2360777

Email : university@tmu.ac.in; hr.hospital@tmu.ac.in; Website : www.tmu.ac.in

Patient Name: JAY PRAKASH MISHRA Age : 76yr Sex : M Weight ____

UHID No: 30911021O IPD No: 23091110S D.O.A: 11/09/23 D.O.D: 16/09/23

Consultant Incharge: Dr. V.K. Singh Sir Department: MEDICINE

Final Diagnosis: K/C/O HTN/BPH/POST CABG status -
ε AFI τ Thrombocytopenia (NS1A)

Operative Procedure (if any):-
Patient was managed conservatively

Complication if any --
None

Chief Complaints
Fever × 2days

History of present illness
Pt presented to hospital τ C/O Fever × 2 days, intermittent relieved on medications, documented, 102°F, associated with chills. NO H/O cough / sore throat / abdominal pain / burning micturition.

Past/ Family/ Personal History
K/C/O HTN × 20 years - on Rx . NO H/O T_2DM / BA / TB JAUNDICE

Allergy
Not known.

On Examination

Pallor
Icterus
Cyanosis
Clubbing
Lymphadenopathy
Edema

⊖

CVS- S_1S_2 heard. NO murmur
CNS- Conscious Oriented.
B/L Pupil RSRL
RESP- B/L AE ⊕ NVBS
P/A - Soft NT ND

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Chief Medical Officer
Moradabad

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DENGUE NS-1 Ag (+ve)

Significant Diagnostic Findings:-
(All the reports are attached)

Hb - 12.8g/dL
TLC - 3700 → 3100 → 2400 → 3400 → 4100
Plt. - 1.27 → 1.05 → 0.85 → 0.65 → 0.45 → 0.75 lakh
PCV - 54 → 45 → 39 → 41 → 38 → 40%

SGOT - 105 → 125 → 90
SGPT - 85 → 90 → 75
Urea - 38.
Creat - 1.06

Treatment given during hospitalization:-

- Inj PANTOP
- IVF- NS/DNS
- TAB ARBITEL
- TAB URIMAX-D
- Inj GRAMOCEF
- TAB AVAS
- Inj EMESET
- TAB DOLO

Patient's condition at the time of discharge:-

Patient is Stable & Vitals WNL at the time of discharge

Treatment advice on Discharge:-

Rx
1. Tb Hydl 25mg | 24hrly (at night)
2. Tb Ondem 4mg | 8hrly
3. Tb DOLO 650mg | 24hrly
4. Tb Arbitel-MT (40/25) | 12hrly
5. Tb Urimax D (0.4/05) | 24hrly (at night)
6. Tb Avas 20mg | 24hrly (at night)
7. Tb Aldivit Gold 1tab 24hrly | x5days

Nutritional Advice:- Plenty of oral fluids

Immunization Advice:-

Follow up Plan Follow up in Medicine OPD on Tuesday / Friday

When and how to obtain Emergency Care .....

1.

2.

DR. NEHA RUPAWAT
Internal Medicine Resident
Reg. No. 2022074702

Reg. No.: 99001

Patient Name & Signature
Date :-
Time :-

RMO/ Sr. Consultant Name & Signature
Date :-
Time :-
Regd.No. .....

Please Contact 24*7 Hospital No. :- 9568865444 , 7217018724

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Chief Medical Officer
Moradabad

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TMU HOSPITAL

Discharge Summary

Email : Website :

Patient Name: Age : Sex : Weight

UHID No: IPD No: D.O.A: D.O.D:

Consultant Incharge: Dr. Department:

Final Diagnosis: K/C/O HTN

Operative Procedure (if any):- Not Done

Complication if any No Complications during Hospitalization

Chief Complaints Chest Pain x 1 Day

History of present illness Pt came to OPD c/o Chest Pain since morning, sudden in onset, intermittent in nature, from Retrosternal region, throbbing type, non-radiating, non-associated with nausea, typical chest Pain increased on exertion & decreased on sitting, Pain increases on lying, Pain decreases on standing, No c/o Fever, No c/o Cough, Sputum, Dyspnea, Vomiting, Diaphoresis, Palpitations, Giddiness, Syncope, Headache, Abdominal Pain, Burning micturition.

Past/Family/Personal History c/c/o BPH c Post CABG
H/o HTN x 20 years
- on irregular T/t.

Allergy Not Any Known

On Examination

G/E Pallor (-ve) Clubbing (-ve)

Icterus (-ve) Edema (-ve)

Cyanosis (-ve) Lymphadenopathy (-ve)

	CVS	Resp.	P/A
Systemic Exam →	S1S2(+) No murmur	B/L Air Entry (+) NVBS(+)	Soft, NT, ND Normal bowel sounds

CNS

B/L Pupil - NSRL
Plantar Flexion

Head

Counter Signature

Chief Medical Officer
Moradabad

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Significant Diagnostic Findings:
(All the reports are attached)

Treatment given during hospitalization:

Patient's condition at the time of discharge:-

Pt vitals are (~) and Pt. is symptomatically better.

Treatment advice on Discharge:-

℞

- Tab. Rosuvas-A HS (2Td) 24Hrly (75/10)
- Tab. Metopro-XL 25mg OD 24Hrly
- Tab. Angiplat 25mg BD 12Hrly
- Tab. Ranogard 500mg BD 12Hrly
- Cap. Pan-D OD BBF

Nutritional Advice:- Low salt Diet/

Immunization Advice:- Tab. Dolly Dvet (Antirabies) x 5 day

Follow up Plan Review in Med OPD — Tuesday - Friday.

When and how to obtain Emergency Care If Pt. has recurrent

1. Chest Pain
2. Palpitation

Dr. Anirudh
SR-1

Patient Name & Signature
Date :- 12/12/23
Time :-

RMO/SR/Consultant Name & Signature
Date :- 12/12/23
Time :-
Regd.No. .....

Please Contact 24*7 Hospital No. :- 9568865444, 7217018724

Counter Signature
Chief Medical Officer
Moradabad

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