



H-2019-0613



MC-2908



### Discharge Summary

<b>IP No.</b>	: 56802	<b>UHID</b>	: AHDW.262484
<b>Patient Name</b>	: Ms. ASHLESHA KHARB	<b>Age/Sex</b>	: 12 Year(s) 2 Month(s) /Female
<b>Admission Date/Time</b>	: 06/02/2022 05:32 AM	<b>Discharge Date/Time</b>	: 15-02-2022
<b>Doctor Name</b>	: Dr. Pead Unit-DrHasan/Gaurav/Meena/Sameer (Paediatrician)		
<b>Company</b>	: HDFC ERGO General Insurance Company Limited		

**Bed No:- 641**

**Admission Weight:- 39 KG**

**A. Diagnosis:- SEVERE DKA IN CASE OF FIRST TIME DIAGNOSED TYPE 1 DIABETES MELLITUS**

**B. Complains and reasons for admission:-** Patient was admitted with following complaints of:-  
Constipation for 3 days  
Restlessness for 2 days  
Acidotic breathing since 1 day  
RBS 532 mg/dl  
VBG showed severe metabolic acidosis

**C. History of Present Illness:-** No similar complaints in the past.

**D. Past Medical History:-** No similar complaints in the past.

**Condition at admission:-**

GC- Poor  
HR-140/MIN  
BP-130/80 MM HG  
SPO2- 100% AT ROOM AIR  
RR-32/MIN, ACIDOTIC BREATHING+  
NO PALLOR, ICTERUS, OEDEMA, LYMPHADENOPATHY, CLUBBING.  
RS- AIR ENTRY EQUAL BILATERALLY, NO ADVENTOUS SOUND, NO S/O DISTRESS.  
P/A-SOFT, NO ORGANOMEGALY.  
CNS-GCS-15/15, NO OBVIOUS NEURODEFICIT, DTR- NORMAL, PUPIL- SMALL SIZED EQUAL REACTING TO LIGHT.  
CVS-S1, S2-NORMAL, NO MURMUR, NO GALLOP

**E. Course of stay in hospital and medication:-** On basis of clinical findings and above mentioned complaints and supporting investigations sent a provisional diagnosis of diabetic ketoacidosis was made and was admitted in ward. Chest x-ray was done which showed prominence of bronchovascular markings are noted in bilateral lung fields. X-ray Abdomen was done which showed multiple gas-filled bowel loops are noted. Formed residue is noted in colonic loops - ? constipation. Accordingly treatment started with IV Fluids, Antibiotics, Antiemetics, antacids, i.v insulin and intravenous potassium and other supportive measures. In view of severe metabolic acidosis, patient was shifted to PICU. After written and informed consent, central venous line insertion was done on 06/02/2022. Endocrinology reference was taken and advice followed. After stabilization, patient shifted to ward. Gastroenterology reference was taken in view

*Self Attested*  
*[Signature]*  
16-12-23





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of Upper GI endoscopy and D2 biopsy and advice followed. After written and informed consent, UGI Endoscopy was done on 14/02/2022 which showed ?Coeliac disease. Patient improved with prescribed treatment, so patient is being discharged with follow up advice.

**Any other special consultations:-**

Endocrinology reference was taken and advise followed.  
 Gastroenterology reference was taken and advise followed.

**G. Relevant / Supporting Investigations:-**

CBC:- Hb( 11.30), TLC( 12.48), Platelet count(3.49 lac )  
 LFT:- Total bilirubin(0.15 ), SGOT(13.8 ), SGPT(22.4 )  
 RFT:- Urea(15.8 ), Creatinine( 0.5), Sodium(139 ),Potassium( 3.33)  
 COVID 19 ID NOW RT-PCR(06/02/2022):- Negative  
 Insulin: 2.45 uIU/ml  
 Urine culture and Sensitivity:-Escherichia coli  
 Urine analysis: Pus cells(0-1), Epithelial cells(0-1)  
 Thyroid Profile:- Free T3- 0.74pg/ml, Free T4- 0.57ng/dl, TSH- 2.46uIU/ml,  
 CRP : 0.1mg/dl  
 TGA IgA : 6.817U/ml  
 Osmolality, Urine,Freezing Point Depre: 353mOSM/kg  
 Serum Osmolality: 295mOSM/kg  
 HbA1c : 14.2 %  
 Serum electrolytes(06/02/2022):- Sodium- 138mmol/L, Potassium- 2.21mmol/L, Chloride- 115.3mmol/L  
 Serum Electrolytes(07/02/2022):- Sodium- 134mmol/L, Potassium- 2.92mmol/L, Chloride- 103.8 mmol/L  
 Serum Electrolytes(08/02/2022):- Sodium- 138mmol/L, Potassium- 2.59 mmol/L, Chloride- 105.1mmol/L  
 Serum Electrolytes(09/02/2022):- Sodium- 137mmol/L, Potassium- 3.76mmol/L, Chloride- 103.9mmol/L  
 Serum Electrolytes(10/02/2022):- Sodium- 137mmol/L, Potassium- 4.24mmol/L, Chloride- 101.3mmol/L  
 Iron Studies:- Iron- 155.63ug/dL, TIBC- 318.83ug/dL, UIBC- 163.2ug/dL, Transferin Saturation- 49%, Ferritin- 31.83ng/ml  
 Vitamin D:- < 3 ng/ml  
 Vitamin B12:- 1138pg/ml  
 Magnesium , Serum: 2.52mg/dl  
 Ionized Calcium: 0.72mmol/L  
 ParaThyroid Hormone: 74.9pg/ml  
 Ionized Calcium:0.8 mmol/L  
 Ionized Calcium: 0.73mmol/L  
 CRP: 0.17mg/dl  
 Ionized Calcium: 0.77mmol/L





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**Admission DateTime** : 06/02/2022 05:32 AM **Discharge Date Time** : 15/02/2022 03:35 PM  
**Doctor Name** : Dr. Pead  
 Unit-DrHasan/Gaurav/Meena/Sameer (Paediatrician)  
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GAD-65 Antibody O:- Attached. ✓

IgA Serum O:- Attached.

C Peptide - Fasting O:- Attached.

Thyroid Function Test: (T3, T4 & TSH) - SubHead, T3- 1.43nmol/l, T4- 4.89ug/dL, TSH- 4.67uIU/ml

Magnesium 2.12 mg/dl

Cortisol Morning O:- Attached.

Chest x-ray:- Normal study

USG Abdomen + Pelvis:- No Significant Abnormality Detected.

Chest x-ray:- Prominence of bronchovascular markings are noted in bilateral lung fields.

X-ray Abdomen:- Multiple gas-filled bowel loops are noted. Formed residue is noted in colonic loops - ? constipation.

Pediatric Echo:- Normal cardiac scan/sinus tachycardia, normal LV & RV Function.

**Procedure:-** UGI Endoscopy was done on 14/02/2022 which showed ?Coeliac disease.

**Biopsy:-** Taken (Please collect the pending report before follow up from basement 1).

**H. Condition on Discharge:-** Patient discharged in stable condition with all vital signs and other parameters within acceptable range.

**I. Discharge Advice:-**

**(CONTINUE ALL MEDICATIONS TILL NEXT OPD VISIT)**

**a. Medicines**

1. CAP. GEMCAL 1 CAP TWO TIMES A DAY ✓
2. TAB. FERONIA- XT 1 TAB ONE TIME A DAY 2pm ✓
3. TAB. FOLVITE 5mg 1 TAB ONE TIME A DAY ✓
4. MUOUT POWDER 3 SCOOPS ONE TIME A DAY ✓
5. TAB. PCM 500mg 1x SOS ✓

**Endocrinology Advice**

1. INJ. LANTUS 15 units AT 8 PM ✓
2. INJ. APIDRA 10 units (BEFORE BREAKFAST, BEFORE LUNCH, BEFORE DINNER) ✓
3. CAP. ROCALTROL 1 CAP TWO TIMES A DAY ✓
4. TAB. SHELICAL 500MG 1 TAB THREE TIMES A DAY ✓
5. SUGAR MONITORING (AT 5 AM, BEFORE BREAKFAST, BEFORE LUNCH, BEFORE DINNER, AT BEDTIME) ✓

**b. Diet:-** Diabetic diet.





**AakashHealthcare**

**Super Speciality Hospital**

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**NABL**



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**c. Follow-up:-** Review after 5 days in OPD/ as appointment with Dr. Sameer Punia and Dr. Vaishakhi Rustagi

**How to obtain Urgent Care:-** Report in emergency room or call 011-43388888 / 9718444333. In emergency situation like high fever, persisting vomiting, abnormal behaviour or body, not accepting orally well.

**Attending Consultant Doctor :-** Dr .Abhishek Gupta

**Consultant ( name, sign, DMC no.)** Dr. Hasan/ Dr. Gaurav/ Dr Meena/Dr Sameer Punia.  
Sign. \_\_\_\_\_

