

From,

Vinay Kumar Jaiswal,
A.C.J.M (Railways),
Moradabad.

To,

The Registrar General,
Hon'ble High Court of Judicature at Allahabad.

Through,

The District Judge,
Moradabad.

Sub- **Application for stay at Moradabad.**

Sir,

With due reverence and humility, it is submitted that I (ACJM, Railways, Moradabad, JO CODE UP2109) along with my wife, namely Smt. Trisha Mishra (Chief Judicial Magistrate, Moradabad, JO CODE UP2074) are currently posted at district Moradabad. We have completed almost 3 years tenure (2021-2024) at Moradabad Judgeship and expected to be transferred in the coming session. Applicant is praying for stay at Moradabad district for one more year due to imminent and unavoidable medical situation of my father in law mentioned as under.

1- that applicant's father in law namely Sri Jai Prakash Mishra is aged about 76 years old and mother in law namely Smt. Usha Rani Mishra aged about 70 years old are staying with me. My father in law is undergoing treatment at Teerthanker Mahaveer University at Moradabad. He is suffering from CAD with post CABG Status, Hypertension, BPH. He underwent bypass surgery of his heart at SGPGI Lucknow in 2019. Since then, he is staying with me. He was admitted in TMU Hospital on 17.05.2022 to 23.05.2022. Thereafter, he was referred to All India Institute of Medical Sciences (AIIMS), Delhi where he was admitted from 23.05.2022 to 28.05.2022. Recently, he was also admitted in TMU Hospital from 11.09.2023 to 16.09.2023 due to Acute Febrile Illness with Thrombocytopenia, again admitted in TMU Hospital due to chest pain with unstable Angina from 08.12.2023 to 12.12.2023.

2- that applicant's present place of posting is Moradabad. My father in law is under constant observation of doctors of TMU Hospital. Therefore, it is most humbly submitted that applicant's father in law requires a constant and continuous supervision of expert doctor for his medical stability. He has been treated by the expert doctors of TMU Hospital Moradabad and AIIMS in Delhi for the last two years and in case of any health emergency he has been admitted in these hospitals.

In the aforesaid exigencies, it is humbly prayed that applicant's prayer for stay of transfer for one year be considered on humanitarian ground and applicant along with his wife be not transferred any other district from Moradabad. My wife namely



Smt. Trisha Mishra (C.J.M, Moradabad) has also moved a separate application in this regard.

It is therefore, requested to kindly place this application before the Hon'ble Court for its kind and sympathetic consideration and the Hon'ble Court may kindly be pleased not to transfer the applicant and his wife to any other district for one more year so that applicant may be able to take care of his ailing father in law who is constantly undergoing life saving medical treatment at Moradabad. Applicant shall forever remain grateful to the Hon'ble High Court for its kind grace.

Thanking you.

Date: 21.12.2023

Yours faithfully,
Vinay Kumar Jaiswal
21/12/2023
Vinay Kumar Jaiswal,
A.C.J.M (Railways),
Moradabad.
(JO CODE-UP2109)

Enclosure:- Medical documents of applicant's father in law.

Office of District Judge, Moradabad

Letter No. /2023 (Admin) Moradabad date:

To,

The Registrar General,
Hon'ble High Court of Judicature at Allahabad.

District Judge,
Moradabad.





Discharge Summary

CRNO: 2019944037 Name: Jai Prakash Mishra 71/ Y/M Department: Cardiovascular and Thora Surg
Unit: UNIT-1 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 IWM (2014,TLT-VE,PMIA -VE),RECENT ACS (2 MONTH BACK), NSR, NORMAL LV FUNCTION, CHOLELITHIASIS

g 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 cholelithiasis and haemorrhoids presented with rest angina 2014 diagnosed elsewhere as IWM, 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				Remarks	NORMAL.LV-SIZE & CONTRACTILITY, NC
LV-Diastole/Systole (mm)	-/-	LV Mass(Grams)	142.49		-R W M A
		LA(mm)		44	
RV	NORMAL	RA	NORMAL		
		TV/PV			NORMAL



Discharge Summary

Name: Jai Prakash Mishra 71/ Y/M

Department: Cardiovascular and Thora Surg

CRNO: 2019944037

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 21st मे 10Pm ✓
- 2.Tab Metolar XR 50mg BD दिन मे दो बार 10Am 10Pm ✓
- 3.Tab Atorva 20 mg OD HS 21st मे 10Pm ✓
- 4.Tab Dytor Plus (20/50)mg OD दिन मे एक बार 10Am 1/2
- 5.

Medication for prescribed time period

1. Tab Ceftum 500mg BD for 5 days. दिन मे दो बार 10Am 10Pm 5 दिन के लिए
2. Tab Crocin 500 TDS for 1 week दिन मे ती 3 बार 6Am 2Pm 10Pm
3. Tab Pantop 40mg OD for next 7 days before breakfast 241ली जे 6Am
4. Cap Aerocort Rotahaler QID for next 7 days दिन मे चार बार 6Am, 12m, 6Pm, 12m
5. Tab Doxophylline 400mg BD for 7 days दिन मे दो बार 10Am, 10Pm
6. Tab Emset 4mg OD for 10 days दिन मे एक बार 10Am
- MDI TIOVA AND FORCORT 2PUFFS BD for 14 days दिन मे दो बार 10Am 10Pm
8. Tab Alprax 0.25mg OD HS for 10 days 21st मे 10Pm
9. Syb Looz 4tsp OD HS for 10 day 21st मे 10Pm





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

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





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.: 205170591 IPD No.: 220517111 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: %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 w/ chills)
- ② Cough w/ sputum x 5-6 days
- ③ Breathlessness x 1 day

INVESTIGATION DONE :

Hb : 10.7 → 10.5	P : 2.0	GGT : 27	RT PCR (w/d) : Neg
PLC : 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 Gs : Sterile	TSH : 2.88
PBC : 3.89 → 3.77	Bili T : 0.9	Sputum AFB : Negative	D-Dimer : 655
	SGOT : 16	Urine R/M : WNL	Ferritin : 322 P.T.O.
31	SGPT : 24	Urine Gs : Sterile	
wt : 1.0	ALP : 100		



TREATMENT RENDERED :

- IVF NS
- Inj Meropenem
- Inj Doxy
- Inj Moxiflox
- Inj Fluconazole
- Inj Toprolol
- Inj Emetet
- T. Dolo
- T. Flexo vir M
- T. Ecosprin AV
- Tab Ran CV 500
- T. Arbitel MT
- T. Unimax D
- T. Solifenacin
- T. Petoil MD
- T. Ventidox
- Syp Amb
- Syp Decyp P

OPERATION PROCEDURE :

ECHO → Normal LV/RV,
LVEF: 55-60%
Grade I LVDD
NO RWMA.

- Managed conservatively
- USG W/A → Left renal cortical cyst.

TREATMENT ADVISED :

R₂: Low salt diet

Ongoing treatment :

① IVF NS @ 70 ml/hr + Inj Meropenem forte + Inj NAC

② Inj Meropenem 1gm i/v TDS (DS)

③ Inj Doxy 100 mg i/v BD (DS)

④ Inj Moxiflox 400 mg i/v OD (DS)

⑤ Inj Fluconazole 200 mg i/v OD (DS)

⑥ Inj Toprolol 100 ml i/v SOS

⑦ Inj Paracet 40 mg i/v OD

⑧ Inj Emetet 4 mg i/v SOS

CECT thorax → Homogeneous soft tissue density involving apical segment of (R) upper lobe.

- Severe narrowing of apical segment bronchus of (R) upper lobe
- Mediastinal lymphadenopathy
- Mild (R) sided pleural effusion

⑫ Tab Ran CV 500 1 BD

⑬ T Arbitel MT (40/25) 1 BD

⑭ T Unimax D 1 HS

⑮ T Solifenacin 5mg 1 HS

⑯ T Petoil MD 1 HS

⑰ T Ventidox 150 1 BD

⑱ Syp Ambrolite D 2 tsp TDS

⑲ Syp Decyp P 2 tsp BD (Before meal)

⑳ Neb e Duclir 8 haly

Budecort

Dr. Gourav

Dr. Akshay

TRI

SIGNATURE OF CONSULTANT

⑨ T. Dolo 650 mg 1 TDS

⑩ T. Flexo vir M 1 BD

⑪ T. Ecosprin AV (75/20) 1 HS

SIGNATURE OF RESIDENT MEDICAL OFFICER

ADV : PET Scan

Refer to higher center for PET CT / For further evaluation & Manag



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/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

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 $\rightarrow \rightarrow \rightarrow$	2 weeks
2.	Cap Vizylac	One capsule	TDS $\rightarrow \rightarrow \rightarrow$	2 weeks
3.	Betadine gargle		Twice a day $\rightarrow \rightarrow$	1 week
4.	Syp Grillinctus BM	Two tsf	Twice a day $\rightarrow \rightarrow$	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 $\rightarrow \rightarrow$	To be continued
10.	Tab Ranolazine	500mg	BD $\rightarrow \rightarrow$	To be continued
11.	Tab Clonazepam	0.5mg	HS	To be continued
12.	MDI Duolin	2puff	BD $\rightarrow \rightarrow$	2 weeks
13.	MDI Budecort	2puff	BD $\rightarrow \rightarrow$	2 weeks

शुद्धी के
 सोने से पहले
 सोने से पहले

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 (Influxac 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 $10^3/\mu\text{L}$	7.82 $10^3/\mu\text{L}$	8.50 $10^3/\mu\text{L}$
NEUTRO	77 %	74.3 %	79.3 %
LYMPHO	13%	15.0 %	11.9 %

HB	10.5 g/dL	10.4 g/dL	10.5 g/dL
HCT	35 %	34.1 %	34.1 %
PLT COUNT	293 $10^3/\mu\text{L}$	300 $10^3/\mu\text{L}$	314 $10^3/\mu\text{L}$

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:	2-4 /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 µU/mL
RETIC COUNT	1.984
Vitamin β12	>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-2.48 mg/g



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
Dr. Vamsi

Senior Resident

Vedprakash
Consultant
Department of
A.I.I.M.S. New Delhi





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: 309110210 IPD No: 230911105 D.O.A: 11/09/23 D.O.D: 16/09/23

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

Final Diagnosis:

K/K/O HTN/BPH/POE CABG status -
E AFI + Thrombocytopenia
(NSI)

Operative Procedure (if any):-

Patient was managed conservatively

Complication if any -

None

Chief Complaints

Fever x 2 days

History of present illness

Pt presented to hospital w/ c/o Fever x 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/K/O HTN x 20 years - on Rx . NO H/O T2DM / BA / TB
JAUNDICE

Allergy

NOT KNOWN.

On Examination

Pallor
Icterus
cyanosis
clubbing
lymphadenopathy
Edema

CVS - S₁ S₂ heard. NO murmur

CNS - conscious oriented.
BIL PUPIL NSRL

RESP - BIL A/E (+) NUBS

PIA - soft NOT ND



DENEGUE NS-1 Ag (+ve)

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

Hb - 12.8 g/dL
TLC - 3700 → 3100 → 2400 → 3400 → 4100
RET. - 1.27 → 1.05 → 0.85 → 0.65 → 0.45 → 0.75
PCV - 54 → 45 → 39 → 41 → 38 → 40%
SCOT - 105 → 125 → 90
SAPT - 85 → 90 → 75
Urea - 38.
Creat - 1.06

Treatment given during hospitalization:-
- In PANBEC
- IVF NS/DNS
- In CEFTRIAZOLAM
- In EMESET
- TAB ARBITEL
- TAB AVAS
- TAB DOLD
- TAB URIMAX-D

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 Hydral 25mg | 24hrly (at night)
 - 2. Tb Ondem 4mg | 8hrly
 - 3. Tb DOLD 650mg | 24hrly
 - 4. Tb Arbitel-MT (40/25) | 12hrly
 - 5. Tb Urimax D (0.4/0.5) | 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.

Patient Name & Signature

Date :-

Time :-

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

RMO/ Sr. Consultant Name & Signature

Date :-

Time :-

Regd.No.

Signature
Reg. No.: 99001

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





TMU HOSPITAL

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

Discharge Summary

To Be Filled By Doctor

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

Patient Name: Shri Jay Prakash Mishra Age: 76y Sex: M Weight: _____
UHID No: 311181548 IPD No: 251208068 D.O.A: 8/12/23 D.O.D: 12/12/23
Consultant Incharge: Dr. V. K. Singh Sir Department: Unit I med.

Final Diagnosis:

K/O HTN / Unstable Angina

Operative Procedure (if any):- Not Done

Complication if any - No Complications during Hospitalisation

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 starting from retrosternal region, throbbing type, non-radiating not c/w nausea, typical chest pain increased on exertion or doing physical activities. Post/Family/Personal History increases on long time standing, decreasing on sitting, No c/o Fxcs, No c/o Cough c/ Sputum, No c/o Burning Micturition
K/O BPH c/ Post CABG
Status, H/O HTN x 20 years
Allergy - on irregular t/t.
Not Any Known

On Examination

G/E Pallor (-ve) Clubbing (-ve)
Icterus (-ve) Edema (-ve)
Cyanosis (-ve) Lymphadenopathy (-ve)

Systemic Examn → CNS
B/L Pupil - NSRL
Plantar Flexion

CVS
S1,2 (+)
No Murmur
Heard

Resp
B/L Air Entry (+)
NV BS (+)

P/A
Soft NT, ND
Bowel sounds (+)



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

Sr. Electrolytes → Na⁺ → 140.0
K⁺ → 4.6
Cl⁻ → 98.0
2D Echo → LVEF (50%)
Grade I LVDD.

Treatment given during hospitalization:-

Tab AVAS Tab. METOPRO-XL
Inj PANSEC Tab. RANOGARD
Tab ANGIPLAT

Patient's condition at the time of discharge:-

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

Treatment advice on Discharge:-

Rx

- Tab. Rosuvastatin-A HS (2T/D) 24hrly
(75/10)

- Tab. Metoprolol-XL 25mg OD 24hrly

- Tab. Angiotensin II 25mg BD 12hrly

- Tab. Ranolazine 500mg BD 12hrly

Nutritional Advice:-

Low salt Diet / Cap. Pan-D OD BBA

Immunization Advice:-

↓ Only over conditions

x 5 days

Follow up Plan

Review in Med OPD - Tuesday

When and how to obtain Emergency Care

If Pt. has Recurrence

1. Chest Pain

2. Palpitation

Patient Name & Signature

Date :- 12/12/23

Time :-

Dr. Anil Singh
Jr. Medicine
Reg. No. 20572

RMO/ Sr. Consultant Name & Signature

Date :- 12/12/23

Time :-

Regd.No.

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

