



24 x 7 काल सेन्टर नम्बर - 011-40401010
अखिल भारतीय आयुर्विज्ञान संस्थान (अ.भा.आ.सं.)



MEDICAL RECORD

Progress Notes

NOTE DATED: 09/22/2015 14:37
LOCAL TITLE: NEUROSURGERY DISCHARGE NOTES
STANDARD TITLE: NEUROLOGICAL SURGERY NOTE
VISIT: 09/18/2015 17:43 DR OFFICE
DEPARTMENT OF NEUROSURGERY & GAMMA KNIFE, A.I.I.M.S., NEW DELHI
DISCHARGE SUMMARY

UHID NO:101-25-6349 CR NO: S.NO.:2494/2015
BIOPSY NO: GAMMA KNIFE NO.: N.NO.:
NSOPD NO. :

Patient Name :SINGH,JAGVIR Age :65 Sex: MALE
S/O:MAHILAL SINGH WARD:NS-3 BED NO:31
Address :VILL RAMGARHI JAH KHURJA DISTT BULANDSHAHR
, DL Phone No. :
Unit :I
Consultant :DR.HITESH KUMAR
Assistant Surgeon 1st :DR.GAURAV
D.O.ADM.:Sep 11,2015 OPERATION:Sep 12,2015 DIS.:Sep 18,2015

Diagnosis : RIGHT POSTERIOR COMMUNICATING ARTERY ANEURYSM WITH SAH FISHER
GRADE 4

Presenting complaints: SUDDEN ONSET SEVERE HEADCAHE ON 8/9/15 AT AROUND
6 PM FOLLOWED BY RECURRENT VOMITTING LAST 2 DAYS

Past history :
NO H/O: DM , HTN , TB , CAD
Treatment History:NOT SIGNIFICANT

History of Allergy

Non Significant

Examination Findings: E4V5M6
ORIENTED TO TIME PLACE PERSON
PUPILS NSNR BILATERALLY
NECK RIGIDITY PRESENT
TONE NORMAL IN ALL LIMBS
POWER 5/5 IN ALL LIMBS
DTR 2+
PLANTARS FLEXORS
NO SENSORY DEFICIT
NO CEREBELLAR SIGNS

Investigation

Collection Date :11/09/2015 08:49 AM
Report Generated on: 18/09/2015 07:46 PM

Test Name	Observation Result	Normal Range	Verification Comment(s)
UREA	32 mg%	20 - 50 mg%	
CREATININE	1.1 mg%	0.6 - 1.2 mg%	
SODIUM	133 mEq/L	136 - 145 mEq/L	
POTASSIUM	4.6 mEq/L	3.5 - 5 mEq/L	

Sample Details : EMB-120915330 (Blood) Collection Date :12/09/2015 04:46
PM

Test Name	Observation Result	Normal Range	Verification Comment(s)
POTASSIUM	4.8 millimol/litre	3.5 - 5.5 millimol/litre	

** THIS NOTE CONTINUED ON NEXT PAGE **

SINGH, JAGVIR VOE OFFICE INSTITUTION OLD Printed:09/22/2015 14:38
101-25-6349 DOB:09/10/1950 Pt Loc: OUTPATIENT Vice SF 509

MEDICAL RECORD

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SODIUM 142 millimol/litre 135 - 145 millimol/litre
 CREATININE 0.8 mg% 0.5 - 1.8 mg%
 UREA 32 mg% 10 - 50 mg%
 Sample Details : EMB-150915058 (Blood) Collection Date :15/09/2015 01:03 AM

Test Name	Observation	Result	Normal Range	Verification Comment(s)
UREA	18 mg%	10 - 50 mg%		
CREATININE	0.7 mg%	0.5 - 1.8 mg%		
SODIUM	137 millimol/litre	135 - 145 millimol/litre		
POTASSIUM	4.0 millimol/litre	3.5 - 5.5 millimol/litre		
PROTHROMBIN TIME (PT)	12.000	sec	11.00-14.00	
INR	1.092			
T.L.C	10.8	10 ³ /ÅµL	4.00-11.00	
RBC COUNT	3.20	10 ⁶ /ÅµL	4.50-5.50	
HB	8.8	g/dL	12.00-15.00	
HCT	27.6	%	0.00-0.00	
PLATELET COUNT	240	10 ³ /ÅµL	150.00-400.00	

Special Diagnostic Procedure

CT SCAN: Sep 9, 2015: DIFFUSE SAH INVOLVING BILATERAL SYLVIAN FISURE AND ANTERIOR

INTERHEMISPHERIC FISSURE, BASAL CISTERNS
 NO HYDROCEPHALUS

ANGIOGRAM: N.NO.

DATE-1 : Sep 11, 2015

RIGHT ICA COMMUNICATING SEGMENT ANEURYSM SIZE 6.7MMX5.8MM WITH NECK OF 2.79MM DIRECTED POSTEROLATERALLY. GOOD CROSS FLOW IS NOTED ON CC STUDY VIA ACOM.

DATE-2 : Sep 15, 2015

.NO SIGNIFICANT SPASM SEEN . RIGHT PCOMM. ANEURYSM IS WELL COILED. HOWEVER 4 MG NIMODIPINE GIVEN INTRAARTERALLY ON 15/9/15.

Therapeutic Procedure

Surgeon : DR.HITESH KUMAR Operation-1: Sep 12, 2015

Operative Procedure : BALLON ASSISTED COILING OF RIGHT PCA-PCOMM. ANEURYSM WAS DONE UNDER GA.

Operative Findings : COMPLETE OCCLUSION OF ANEURYSM ON POST COILING ANGIOGRAM WITH PATENT PARENT ARTERY

Course in Hospital

HE DEVELOPED MILD WEAKNESS OF LEFT UPPER LIMB AND WAS TAKEN UP FOR CHECK DSA FOR SPASM. NO SIGNIFICANT SPASM SEEN . RIGHT PCOMM. ANEURYSM IS WELL COILED. HOWEVER 4 MG NIMODIPINE GIVEN INTRAARTERALLY ON 15/9/15. PATIENT IMPROVED IN WEAKNESS. NOW IS BEING DISCHARTGED IN STABLE CONDITION.

Condition On Discharge: E4V5M6, ORIENTED, MOVING ALL LIMBS, MILD WEAKNESS OF LEFT UPPER LIMB 4+/5 IN HANDGRIP 90%, ACCEPTING ORALLY, VITALS STABLE, AFEBRILE.

Comments: FOLLOW UP IN NEUROSURGERY OPD AND NEURORADIOLOGY.

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MEDICAL RECORD

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Advice On Discharge

TAB EPTOIN 300 MG HS
TAB NIMDIPINE 60 MG QID
TAB CROCIN SOS FOR PAIN
TAB RANTAC 150 MG BD X 3 DAYS
TOTAL DAILY INTAKE ATLEAST 3 LITRES
Follow up Appointment

> FOLLOW UP IN NEURO SURGERY OPD of UNIT-1 On MONDAY at 8:30AM TO 10:30AM and
on THURSDAY at 12:30PM to 2:30PM In Room no.11
PREPARED BY : DR.GAURAV

PLEASE LAMINATE THIS DOCUMENT PLEASE MAKE 2 PHOTOCOPIES .
FOR APPOINTMENT CONTACT:011-26593291, ROOM NO. 720 CN CENTRE.

End of note

Signed by: /es/ KRITIKA SHARMA
L.D.C.
09/22/2015 14:38

SINGH, JAGVIR
101-25-6349 DOB:09/10/1950

VOE OFFICE INSTITUTION OLD
Pt Loc: OUTPATIENT

Printed:09/22/2015 14:38
Vice SF 509

DEPA NS 2015/017/0011019
 UHID: 101256349
 Date 24/09/2015 Mon, Thu
 Name JAGVIR SINGH
 Phone No. 9412129635
 Consultant Room 11
 SR Room
 Neuro Surgery-1
 Neuro Surgery
 Charges Rs. 10/-
 65Y 14D /Male
 Dr. HITESH KUMAR

SCIENCES CENTRE,
 LHI-110029.
 Date
 NS OPD No./ C.R.
 Diagnosis
 Contact Tel. No.

PAC Regn. No.
 NAME
 Referring consultant
 Proposed Operation/Prc
 Address



HISTORY

CARDIO-VASCULAR SYSTEM
 (Hypertension, Chest pain, Palpitations,
 Dyspnoea (on exertion/ on lying down
 or at night + T/t)

RESPIRATORY SYSTEM
 Asthma, PTB, Chronic/ Recent cough/ URI, Sputum/
 Hemoptysis Sleep apnoea or other resp. disease + T/t)

ENDOCRINE SYSTEM
 (Diabetes, Thyroid-
 unexplained weight gain/weight loss
 excessive heat/ cold + T/t)

NERVOUS SYSTEM
 (Seizure/ Headache/ Unconsciousness/
 Limb weakness/ speech difficulty + T/t)

GASTRO-INTESTINAL SYSTEM
 (Jaundice, Indigestion or heartburn + T/t)

URO-GENITAL SYSTEM
 (Kidney or urinary trouble + T/t)

BRUISING OR BLEEDING PROBLEM
 (+ T/t)

OTHERS (Motion sickness, any hospital admission,
 blood transfusion, recent/ Chronic fever, any allergy,
 Pacemaker or any implants, LMP)

SMOKING, ALCOHOL CONSUMPTION

o/c/o @ Pcom Aneurysm
 Balloon assisted coiling done on 22/9/15

- H/o Headache - 10/9/15

↓
 on regular follow-up

↓
 asymptomatic

↓
 Residual Aneurysm

- No H/o HTN, DM, Asthma, surgical int.

- Reformed smoker - 6 yrs back.

Any previous operations/ Procedures under anaesthesia

- 1) Under LA/GA/SAB on/...../..... at Hospital, any Complications?.....
- 2) Under LA/GA/SAB on/...../..... at Hospital, any Complications?.....

PRESENTING COMPLAINTS & DURATION

PHYSICAL EXAMINATION

Body Weight 89 Kgs. Heightcms.
 Pallor - Icterus - Cyanosis - Clubbing - Oedema - Ascites
 Temperature Pulse 86 beats/min. BP 150/92 mm Hg SpO₂.....
 Venous Access Eyes: (Ptosis/ Proptosis) Yes/ No Any abnormal movements

AIRWAY ASSESSMENT

Mouth Opening: Normal/ Restricted ✓ Uvula Central/ Deviated Mallampati Score II
 Teeth: Loose/ Buck/ Dentures/ Edentulous/ Missing Teeth Receding Mandible: Yes/ No
 Neck: Normal/ Short/ Swelling Neck Movemnets: Normal/ Restricted
 Thyromental Distance: 7 cms. Mentohyoid Distance:cms.
 DIFFICULT AIRWAY ANTICIPATED: Yes/ No

CARDIO-RESPIRATORY SYSTEM

RR: 16 breaths/min Accessory muscles (At rest): Normal/ Active Chest expansion Equal/ Unequal Breath Holding Time.....Sec
 Auscultation: Breath sounds AECCE clear Air entry H/C Equal Any abnormal sound/s
 Heart sounds: S1, S2 (R) Murmur/s, if any - Neck veins (R) Any other finding/s

CENTRAL NERVOUS SYSTEM

conscious/Unconscious Alert/Drowsy cooperative/Restless

Cranial Nerves:

WNL

GCS: E^VM⁶ PUPILS: Size NS Reaction To Light

LL

Motor System:

SPINE: Splen

WNL

Kidneys

Albumin

Sugar

Ketones
Microscopic

URINE

S. Billirubin

Plts. 165

ECHO:

Neck

OTHERS

ABDOMEN: Liver

OTHERS:

INVESTIGATIONS

Hb 13.4 gm%

TLC: 4700

Bld. Sugar: Fasting

BU: 2.4 mg%

Liver Function Tests: T. Protein

Coagulation Screen: BT

ECG: WNL

X-RAYS: Chest WNL

PULMONARY FUNCTION TESTS

FVC Actual % Predicted FEV₁/FVC PEER Actual % Predicted

ABGs: pH pO₂ mm Hg pCO₂ mm Hg HCO₃ m Eq/L BE

CT Scan (No/ Date) Findings

MRI (No/ Date) Findings

Angiogram (No/ Date) Findings

OTHERS (Trop I/ CK-MB/LDH/ D-dimers etc.)

RISK GROUP STATUS (ASA Grade)

Hunt & Hess Grade (SAH)

OPINION

Serum electrolyte - Na⁺, K⁺, ECG, CXR, PT/INR

1. FURTHER NEEDS a) b) c)

2. CONSULTATION TO [] Cardiology [] Respiratory [] Hematology [] Any other

3. (A). FIT FOR PROPOSED ELECTIVE OPERATION/ PROCEDURE UNDER G.A. []

(B). ACCEPTED FOR PROPOSED ELECTIVE/ EMERGENCY OPERATION/ PROCEDURE UNDER G.A./ MAC WITH HIGH RISK. []

(C). PATIENT MAY BE ADMITTED..... DAYS BEFORE THE PROPOSED OPERATION/ PROCEDURE

(D). UNFIT FOR PROPOSED ELECTIVE OPERATION/ PROCEDURE UNDER G.A. []

(E). TO BE REVIEWED ON/ AFTER reports if awaited reports are WNL

(F). INSTRUCTIONS & ADVICE/s

1. CONSENT ROUTINE/ HIGH RISK
2. BEFORE OPERATION

(I). "DRUGS TO BE STOPPED" a).
(II). Arrange adequate Blood/ Blood products

3. ON THE DAY OF OPERATION/ PROCEDURE.

"DRUGS NOT TO BE TAKEN"

(a).
(b).
(c).

"DRUGS TO BE TAKEN"

(a). Antisialagogue
(b).
(c).

4. Investigations to be done on the Morning of operation/ procedure.

(a). (b). (c).

Signature
Name:
DESIGNATION: SR/NA

SEEN BY