

**DEPARTMENT OF NEPHROLOGY
DISCHARGE SUMMARY**

400454549

Name : MISS. NANCY DHUNNA Date of Admission : 11/09/2023
IP.No : 149423
Age : 40 Year(s) Female Date of Discharge : 19/09/2023
Address : D/O MR ASHOK DHUNNA Type : Self Paying
51, BHARAT NAGAR, ASHOK
VIHAR, ADRASH NAGAR
NORTH WEST DELHI, ADRASH
NAGAR Delhi
PHONE : 9718898040

YH.No : 400454549

CHIEF CONSULTANT:

Dr. NAGESWARA REDDY P

MD,DM(NIMS), Research Fellow (Mayo Clinic) Consultant Nephrologist
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Dr. SURYA PRAKASH VADDI

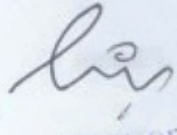
MS.,FRCSED,MCh,DNB D.Lap (France) Sr.Consultant Urologist,Robotic
& Transplant Surgeon Reg No 36898

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DIAGNOSIS:

1. LIVE RELATED RENAL ALLOGRAFT RECIPIENT ON TRIPLE
IMMUNOSUPPRESSANTS(12/09/2023) ✓
NATIVE KIDNEY DISEASE -CIN/CPN ✓
DONOR -BROTHER (ABO_c) ✓
BASELINE CREATININE-1.1MG/DL ✓
2. ESRD ON MHD 3/WEEK (MAY 2023) ✓
3. HYPOTHYROIDISM ✓
4. SYSTEMIC HTN ✓


RESIDENT MEDICAL OFFICER
YASHODA HOSPITAL
Somajiguda, Hyderabad-500 082

**HISTORY OF PRESENT
ILLNESS:**

MISS. NANCY DHUNNA, presented with ESRD on MHD admitted for
LRRT. Detailed evaluation and all medical, legal clearance taken prior to
the admission. Cross matches were negative y CDC and Flow cytometry,

DSA negative. Need for life long immunosuppressions, risks and benefits and financial and psychological aspects discussed with the patient.

PAST HISTORY:

ESRD ON MHD 3/WEEK since May 2023.

Known case of Hypothyroidism

Known case of Systemic Hypertension

Physical Examination:

General Examination:

Temp: 98.6°F

PR: 82/min

BP: 120/80mmHg

RR: 20/min

Systemic Examination:

RS: Bilateral air entry adequate

CVS: S1+, S2+

P/A: Soft, BS+

CNS: No focal neurological deficit

INVESTIGATIONS :

11/09/2023	CHLORIDES		
	SERUM CHLORIDES	105	mmol/L
11/09/2023	CREATININE		
	CREATININE	4.90	mg/dL
11/09/2023	POTASSIUM		
	SERUM POTASSIUM	5.20	mmol/L
11/09/2023	SODIUM (SERUM)		
	SERUM SODIUM	142	mmol/L
11/09/2023	BLOOD UREA WITH BUN		
	BLOOD UREA	38	mg/dL
	BUN	18	mg/dL
12/09/2023	PROTHROMBIN TIME (PT) WITH INR		
	Prothrombin Time Test (PT)	13.6	
	Mean Normal Prothrombin Time (MNPT)	13.20	sec
	International Normalised Ratio (INR)	1.03	
12/09/2023	CREATININE		



Color filling, Peak systolic velocities, Spectral wave forms, resistive indices and acceleration time of intrarenal arteries and main renal arteries of transplant kidney are normal.

Renal vein reveals normal color filling.

IVC - patent, normal flow and calibre (13 mm).

IMPRESSION:

*** COLOR DOPPLER STUDY OF TRANSPLANT KIDNEY REVEALS NO DIAGNOSTIC ABNORMALITY.**

SUMMARY OF HOSPITAL COURSE:

Patient was admitted in the kidney transplant unit one day -prior to the transplant. Anesthesia and Urology clearance was done. Tab Myfortic 360mg twice daily was started prior to the transplant along with Tacrolimus. Inj. Solumedrol 625mg was given on POD 0 and later tapering dose of steroids were given. Inj. ATG 50mg given with pre medications. She was shifted to the OT on 12/09/2023 in the morning. Kidney was pink and turgid after clamp release. Intra - operatively had minimal blood loss. Good immediate graft function, with hourly urine output of around 500ml/hr. IV fluids were continued according to urine output.

POD - 0 :

She had minimal pain at graft site. Analgesics and other supportive medications were continued
IV fluids were continued with respect to the urine output
Orally sips of water was started
Tacrolimus tablet restarted from evening

POD - 1 :

She remained clinically stable
She was passing good urine. Drain was around 250 ml
She was started with liquid diet, he tolerated it well.
Oral antihypertensives were added
Urine output 8L/day

POD - 2 :

She remained stable. had no fresh complaints



Urine output was good.6.7L/day
Serum creatinine was 2 mg / dl
Orally soft diet was started

POD - 3 :

Patient remained asymptomatic
She was passing good urine with 6L/day
She was taking good oral diet and was ambulated well.
CMV prophylaxis started

POD - 4:

She remained stable
Urine output 6L/day
Serum creatinine 1.1mg/dl.

POD - 5& 6 &7:

She remained stable
Urine output 6L/day
Serum creatinine 1.1mg/dl
As TLC counts were on higher side showing rising trend, antibiotics escalated

She was regularly underwent baseline investigation, monitoring of tacrolimus trough, USG doppler of transplant Kidney as per need and now being stable she is discharged on following medications with advice to have closed follow up.



RECOMMENDATIONS AT DISCHARGE:

S.NO	DESCRIPTION	DOSE	ROUTE	TIMINGS	DURATION
1.	CAP. TACROREN	4MG-4MG	PER ORAL	TWICE DAILY 1HR BEFORE FOOD(7AM- 7PM)	
2.	TAB. WYSOLONE	40MG	PER ORAL	ONCE DAILY AT 9AM	
3.	TAB. MYFORTIC	360MG	PER ORAL	2-2 TWICE DAILY BEFORE FOOD(7AM- 7PM)	
4.	TAB THYRONORM	100MCG	PER ORAL	ONCE DAILY AT 6AM	
5.	TAB. CONCOR	2.5MG	PER ORAL	TWICE DAILY (8AM-8PM)	
6.	TAB. DILZEM	30MG	PER ORAL	THRICE DAILY (8AM-2PM- 10PM)	
7.	TAB. ARKAMINE (2 tabs)	100MCG	PER ORAL	THRICE DAILY(8AM- 2PM-10PM)	
8.	TAB. BACTRIM DS	1TAB	PER ORAL	DAILY ALTERNATE NIGHTS AT 9PM	
9.	TAB. VALGAN	450MG	PER ORAL	ONCE DAILY AT 2PM	
10.	TAB. SHELCAL	1TAB	PER ORAL	ONCE DAILY	
11.	TAB. OPTINEURON	1TAB	PER ORAL	ONCE DAILY	
12.	SYP. LACTIHEP	15ML	PER ORAL	AT BED TIME	SOS FOR CONTIPATION
13.	TAB. PAN	40MG	PER ORAL	ONCE DAILY BEFORE FOOD	
14.	INJ. ZAVICEFTA 2.15GM IN 100ML NS OVER 1HR TWICE DAILY X 5 DAYS				
15.	INJ. AZTREONEM 2GM IN 100ML NS OVER 1HR TWICE DAILY X 5 DAYS				
16.	T. FORCAN 50mg % OD.				

ADVICE OF DISCHARGE:

TOTAL FLUID INTAKE 5.5L/DAY

REVIEW:

REVIEW ON (21-09-2023) THURSDAY WITH RENAL TYPACKAGE 1/CRP AND BLOOD TAC
LEVEL REPORTS WITH DR. NAGESHWARA REDDY OPD AND DR. SURYA PRAKASH REDDY
OPD

REVIEW AFTER 2 WEEKS FOR SUTURE REMOVAL

REVIEW AFTER 4 WEEKS FOR STENT REMOVAL TO DR SURYA PRAKASH OPD

MONITOR WEIGHT/ BLOOD PRESSURE/ OUTPUT/ TEMPRATURE

For Review visits contact 8121066677/04045674567 (24hrs) for prior appointments.

In case of decreased urine output, fever, nausea, decreased appetite, report to emergency room in ground floor of this Hospital (or) call Emergency room Telephone No. 040-23308944.

CONSULTANT / RESIDENT



[Signature]
RESIDENT MEDICAL OFFICER
YASHODA HOSPITAL
Somajiguda, Hyderabad-500 082.

