



Discharge Summary

CRNO: 2014051323 Name: Chhail Behari Jaiswal 87/ Y/M Department: Cardiology  
 Unit: UNIT-D0003-01 Ward/Bed: 1202 Cardiology Wing-801(GEN) / PVT / 2  
 Admission No: ADM-201403324 Admitted on: 02-02-2014 12:30 Discharged on: 05-02-2014 14:48  
 Patient Type: Normal Consultant: Sudeep Kumar Discharge Type: Normal Discharge  
 Correspond. Address: 166 Sec-2,Vikas Distt. State Uttar Pradesh Pin No. 226022 Phone No +91-  
 Nagar

Diagnosis - ASYMPTOMATIC INTERMITTENT CHB

History & Examination:-

This patient nondiabetic, nonhypertensive, non smoker, with no family H/o CAD underwent ELR that showed Intermittent C-  
 O/E BP= 140/90, Pulse = 70 Bp/m, regular, JVP- Normal, CVS- S1,S2 normal, No S3/S4, no murmurs. R/S- NVBS present. Patient  
 was admitted for PPI

ECG- NSR

Operation Details

PPI was done on 03/02/2014 (DDIR, MEDTRONIC)

	ATRIAL	VENTRICLE
Threshold -	0.6	0.4
Impedence -	478	778
P/R WAVE -	3.0	15.0

Hospital Course- Uneventful

Status at discharge - Stable

Future plan - Medical follow up

Adv-

INJ. ACTAMASE 1 GM IVI BD FOR TWO DAYS

INJ. TARGOCID 400 MG IVI OD FOR TWO DAYS

TAB. CARDACE 5 MG 1 OD

TAB.CEFTUM 500 MG BD x 5 days

TAB.CHYMORAL FORTE BD x 5 days

TAB.VOVERON 50 MG SOS

CAP. A-Z 1 OD

TO FOLLOW UP IN PACEMAKER CLINIC ON 2ND/4TH SATURDAY AFTER THREE MONTHS

INVESTIGATION RESULTS:

2014-02-03 11:43:11.904	Permanent Pacemaker Implantation
2014-02-04 08:17:35.822	CR X-ray chest PA and lateral
02/02/2014 04:38 PM	01. TLC 8.6 x1000/ul

X/1 A  
19/12/22

Patient Name:	Mr. C B Jayaswal	Location:	Saket (DDF)
Age / Sex:	88 year(s) 1 month(s) 24 day(s) /Male	Date:	Monday, March 20, 2023 12:44 PM
MaxId:	SKDD.902763	Invoice No:	SKCS4065513
Doctor Name:	Dr. Balbir Singh	Referred By:	SELF
Speciality	Cardiology		

22.69

Weight: <sup>67.9</sup> 88.40 Kg	Height: <sup>173</sup> 158 Cm	BMI: <sup>35.4</sup> 35.41	BP: 120/70	Pulse: 74/min	Respiration: 21/min	SpO2: 98 %age
FallRiskScale:	1	PainScale:	1			

**Adult Nutrition Screening**

Mobility	Fully mobile	Body Weight	Obese
			<b>Total score 2 Normal</b>

**Allergy:** No Known Allergy

**Advice for Admission:** Yes Admit

**Advice**

 ECHO  
 DEVICE REPLACEMENT



**Dr. Balbir Singh**  
 Chairman & Head of Cardiology Pan Max & Member of GMAC  
 Cardiology  
 DMC No. :2286

27/03/23

Mr. CB Jayaswal

88/M.

Model	Attenta ATDRL	Make	MDT
Battery	8.5 years	Device	PM-DR.

	A	RV	LV	
IMP (mi)	339	470.		As-Vs
SENSING	>5.6	8.6		As-Vp
THRESHOLD	0.5	0.75		Ap-Vs → 99.5V.
OUT PUT (mi)	3.5	Auto		Ap-Vp
				AT/AF
MODE	DDD			
LR/VTR	70/130			
PAV/SAV	110/100			
EPISODES	Nil.			
COMMENTS	(Ab. dead in RA post)			

Investigations

- ✓ CBC
  - ✓ KFT
  - ✓ LFT
  - ✓ S. Lipid Profile
  - ✓ S. Sugar F & PP
  - ✓ HbA1C
  - Vitamine B & D Levels
  - S. Uric Acid
  - T3, T4, TSH
  - Echo / Stress Echo
- ECG

Ongoing rhythm - Ap-Vs @ 76 bpm.

Underlying rhythm - Vs @ 43 bpm.

19/6/23

Mr. E. B. SACHASWAL M/88

	Model	Anesia-MAN		Make	MST
	Battery	10425		Device	PM-02
	A	RV	LV		
	LB/B				
IMP	526	484		As-Vs	14
SENSING		12mV		As-Vp	
THRESHOLD	0.7V	0.7		Ap-Vs	86
OUT PUT	3.5	Auto		Ap-Vp	
	BIP			AT/AF	
MODE	>>>		RA → LB/B		
LR/VTR	70/130				
PAV/SAV	110/100m				
EPISODES	NIL				
COMMENTS	cont ApVs @ 90ppm				

Native @ 60ppm (Vs)

 changes done - Programmed - Unipolar (RA) → LB

- ✓ ✓ ✓ ① Eliquis 2.5mg BID.
- ✓ ✓ ✓ ② ceftin 500mg BID x 1d
- ✓ ✓ ③ Rosuvastatin 10mg OD
- ✓ ✓ ④ Cardace 1.25mg BID.
- ✓ ⑤ Plavix -T 100mg OD.

CBC KFT repeat after 4d

---

July

Vent rate	70	BPM
PR interval	*	126 ms
QRS duration		442/477 ms
QT/QTc-Baz	*	218 32
P-R-T axes		

\*\*\* Poor data quality, interpretation may be adversely affected  
 Ventricular-paced rhythm  
 Abnormal ECG

*Unipolar Vb: 0.5 output*

Unconfirmed



25mm/s 10.0mm/mV 0.56-20 Hz ZPD 50 Hz MAC™ 5.1.00 SP05 12SL v24 4 by 2.5s + 1 rhythm id

<b>Patient Name</b>	: Mr. C B Jayaswal	<b>Patient UHID</b>	: MM02269648
<b>Age</b>	: 88Y	<b>Gender</b>	: Male
<b>Admission Date</b>	: 03/06/2023 17:02	<b>Encounter Type</b>	: Inpatient
<b>Encounter ID</b>	: 20972975	<b>Specialty</b>	: Internal Medicine
<b>Location</b>	: 7th floor B wing	<b>Bed No</b>	: B726
<b>Consultant Incharge</b>	: Dr Ila Pandey		

**DISCHARGE SUMMARY**

<b>Patient Address</b>	:	2/166 vikas nagar, lucknow, Vikas Nagar S.O, LUCKNOW, India, 226022
<b>Discharge Date</b>	:	10/06/2023 06:18
<b>Discharge Date</b>	:	10/06/2023
<b>Reason for admissions</b>	:	Medical Management *
<b>Discharge Status</b>	:	Discharged to home (routine discharge) *

**Diagnosis & Co-morbidities**

Urinary Tract Infection with Urethral Stricture  
 Acute on Chronic Kidney Disease  
 Lower Respiratory Tract Infection  
 Bronchial Asthma- Acute Exacerbation  
 Episodes of Syncope Cause?  
 Coronary Artery Disease (DVD) - Post PTCA, Post PPI  
 Benign Prostatic Hyperplasia  
 Hypokalemia and Hypocalcemia

**Medical History & Presenting Complaints**

This, 88 years old male, a known case of CAD- CAG (DVD) - Post PTCA, Post PPI, EF- 60% and benign prostatic hyperplasia, presented in Medicine OPD with complaints of fever with chills, increased frequency / urgency of urine and incontinence of stool & urine. He was admitted here for further evaluation and management.

**Allergies**

Not known

**Physical & Systemic Examination**

On admission patient was conscious, oriented  
 GC sick looking  
 Temp : 98°F  
 Pulse : 72/min  
 RR : 20/min  
 SpO2 : 95% on room air  
 BP : 140/80mmHg  
 Chest : Bilateral clear  
 P/A : Soft, BS present, No organomegaly; No tenderness  
 CNS : No focal neurological deficit  
 CVS : S1 & S2 normal

**Course in Hospital**

Patient was admitted in ward under Dr Ila Pandey with above mentioned complaints. All relevant investigations were done which showed Hemoglobin- 10.9 gm/dl, White Blood Cells-  $11.69 \times 10^3$  /uL, Platelet Count-  $115 \times 10^3$  /uL, Total Bilirubin- 1.77 mg/dl, Direct Bilirubin- 0.66 mg/dl, Serum glutamic oxaloacetic transaminase/Serum glutamic pyruvic transaminase- 80/34 U/L, Gamma-glutamyl transferase- 111 U/L & Alk Phos.- 193 U/L, Blood Urea- 59 mg/dl, Serum Creatinine- 1.62 mg/dl, Uric acid- 4.2 mg/dl, Serum sodium- 128 mmol/L, Serum Potassium- 3.5 mmol/L. His Urine sample was sent for culture examinations which showed bacterial growth of Escherichia coli, so as antibiotics were modified according to sensitivity. In view of benign prostatic hyperplasia, Urology team opinion was taken and their advice incorporated. NCCT whole abdomen was done on 04.06.2023 report showed Subtle surface hepatic nodularity with widening of fissures, possibility of chronic hepatic parenchymal disease needs to be ruled out. Prostatomegaly. Mild ascites. Diffuse circumferential wall thickening involving the urinary bladder as described, likely representing changes of cystitis. Paraoesophageal hiatal hernia with herniation of omental fat. In view of slurring of speech, neurology opinion

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H-2022-0936

Apr 9, 2022 - Apr 8, 2026

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Patient Name : Mr. C B Jayaswal  
Age : 88Y  
Admission Date : 03/06/2023 17:02  
Encounter ID : 20972975  
Location : 7th floor B wing  
Consultant Incharge : Dr Ila Pandey

Patient UHID : MM02269648  
Gender : Male  
Encounter Type : Inpatient  
Specialty : Internal Medicine  
Bed No : B726

was taken and their advice incorporated. Patient was dull so NCCT brain was done on 04.06.2023 report revealed no significant abnormality. HRCT Chest was done on 04.06.2023 report showed Mild bilateral pleural effusion tracking along oblique fissures. Few dependant ground-glass opacities with associated interlobular septal thickening in the basal segments of bilateral lower lobes, possibility of infective aetiology. Nephrology team opinion was taken for deranged renal function and their advice incorporated & diagnosed as Acute on Chronic Kidney Disease. Urology opinion was taken for urethral stricture, their advice incorporated. Patient had wheeze and bronchospasm. He was added Nebulization and Tuloplast patch. His NT Pro BNP was 4230 pg/mL. He had Facial swelling and was given diuretics for it. Pulmonary team opinion was taken for Bronchial Asthma and advice incorporated. Neurology review done in view of episodes of unconsciousness, EEG was done and their advice incorporated. Cardiology team review was done in view of an episode unconsciousness and their advice were followed. As patient is a case of Post PPI, PGR and PCI to LAD. His 2D Echo was done, report showed Giant left atrium and right atrium, Mild concentric left ventricular hypertrophy, LVEF-55% and moderate to severe MR. Carotid Doppler was done on 09.06.2023 which revealed Doppler study of bilateral carotid arteries shows Mild intimal thickening s/o age related atherosclerotic changes, An echogenic plaque at left carotid bulb causing 16% stenosis extending into ICA. Patient is bronchospasm improved gradually. PPI interrogation was done which was normal. Patient had Hypokalemia and Hypocalcemia which were treated. During the hospital stay he was managed with, IV antibiotics, nutritional support and other supportive measures. Patient & his family well counselled regarding disease condition. Now he is being discharged on his request.

**Significant Medications Given** :

As per Record

**Condition at Discharge** : Stable

**Investigations**

**Radiology** :

Attached

**Laboratory** :

Attached

**Discharge Advice**

**Discharge Medication** :

Injection ELORES 1.5gm intravenous twice daily  
Injection CALCIUM GLUCONATE 1 ampule thrice daily intravenously  
Injection MgSo4 4gm twice daily intravenously  
Injection OPTINEURON 1 ampule intravenous once daily  
Injection FOSFOMYCIN 4gm intravenous thrice daily  
Tablet PAN 40mg 1 tablet twice daily  
Tablet EMSET 4mg 1 tablet twice daily  
Tablet DOXY 100mg 1 tablet twice daily  
Tablet LINID 600mg 1 tablet twice daily  
Tablet ELIQUIS 2.5mg twice daily  
Tablet EVION LC 1 tablet once daily  
Tablet ECOSPRIN 75mg once daily at bedtime  
Tablet FOLVITE 5mg 1 tablet once daily  
Tablet MUCOMIX 600mg thrice daily  
Tablet SILODAL D 1 tablet once daily at bedtime  
Tablet ROSUVAS 20mg once daily at bed time  
TULOPLAST - PATCH 2mg L/A once daily  
Capsule NURICAL 60k IU once daily  
Syrup SUCRAFIL O 15ml thrice daily  
Syrup POTKLOR 20ml thrice daily in half glass of coconut water  
Capsule DOXIFLO 650mg once daily  
Nebulization with FORACORT 1mg twice daily  
Nebulization with IPRAVENT 1 respule 6 hourly  
Nebulization with MUCOMIX 1 respule thrice daily



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**Patient Name** : Mr. C B Jayaswal  
**Age** : 88Y  
**Admission Date** : 03/06/2023 17:02  
**Encounter ID** : 20972975  
**Location** : 7th floor B wing  
**Consultant Incharge** : Dr Ila Pandey

**Patient UHID** : MM02269648  
**Gender** : Male  
**Encounter Type** : Inpatient  
**Specialty** : Internal Medicine  
**Bed No** : B726

#### Dietary Instructions :

As Advised

Do not stop any medications without consulting physician.

#### When & How to obtain Urgent Care

In case of any problem like:

1. Fever more than 100 degree F.
2. Loose stools/motions/vomiting or passing black stools like coal tar.
3. Bleeding from any site.
4. Chest pain, breathing difficulty, profuse sweating, giddiness, pain in abdomen.
5. Reduced urine output.
6. Severe weakness/severe mouth ulcers.
7. Rash over skin, swelling over body.

#### Contact:

For any other medical problem which you may think requires urgent attention please report to Emergency at Medanta-Lucknow as early as possible / you may reach out to us at - 0522-4505050.

#### Follow up :

To follow up in Medicine OPD with Dr. Ila Pandey after 5 days with CBC + Diff, LFT and RFT reports with prior appointment.

DR ILA PANDEY  
CONSULTANT - DEPARTMENT OF INTERNAL MEDICINE  
MEDANTA - LUCKNOW

for *Ila Pandey*  
3178

#### You can book Medanta Care Services from your mobile phone-

For Appointments :0522-4505050  
For Emergency and Ambulance Services :0522-4505050 / 1068  
For Home Sample Collection (Only for Lucknow) :0522-4505050 or 91-9559050050  
For Home Medicine Delivery (Only for Lucknow) : 91-7521905050 (Call / Whatsapp)  
For Home Care (Nursing / Physiotherapy) : 91-9151032826 (Call / WhatsApp)  
Preventive Health Check-UP packages starting 999/-onwards :0522-4505050

- . Access your Medical reports and follow up with Doctors through video conferencing by downloading Medanta eCLINIC App or by visiting [www.medantaclinic.org](http://www.medantaclinic.org)
- . Activate your eCLINIC account using the Patient's UHID registered at Medanta (ML\*\*\*\*\*)
- . For any assistance or query regarding eCLINIC / Telemedicine please call 0522-4500801 or write to [lko.telemedicine@medanta.org](mailto:lko.telemedicine@medanta.org)

#### Happy to get your feedback on our services:-

You will receive a message post discharge, please ensure to visit the link ([insights.zykr.com](http://insights.zykr.com)) through your mobile phone and share your valuable feedback / suggestions.

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<b>Patient Name</b>	: Mr. C B Jayaswal	<b>Patient UHID</b>	: MM02269648
<b>Age</b>	: 88Y	<b>Gender</b>	: Male
<b>Patient IP No</b>	: 20972975	<b>Date &amp; Time of Admission</b>	: 03/06/2023 17:02
<b>Consultant Incharge</b>	: Dr Ila Pandey	<b>Specialty</b>	: Internal Medicine

### Case Summary

**Bed No.** : B7 - 726  
**Date of Case Summary** : 09/06/2023

#### Diagnosis

Urinary Tract Infection with Urethral Stricture  
 Acute on Chronic Kidney Disease  
 Lower Respiratory Tract Infection  
 Bronchial Asthma- Acute Exacerbation  
 Episodes of Syncope Cause?  
 Coronary Artery Disease (DVD) - Post PTCA, Post PPI  
 Benign Prostatic Hyperplasia  
 Hypokalemia and Hypocalcemia

#### Hospital Course

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On admission patient was conscious, oriented  
 GC sick looking  
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Patient was admitted in ward under Dr Ila Pandey with above mentioned complaints. All relevant investigations were done which showed Hemoglobin- 10.9 gm/dl, White Blood Cells-  $11.69 \times 10^3$  /uL, Platelet Count-  $115 \times 10^3$  /uL, Total Bilirubin- 1.77 mg/dl, Direct Bilirubin- 0.66 mg/dl, Serum glutamic oxaloacetic transaminase/Serum glutamic pyruvic transaminase- 80/34 U/L, Gamma-glutamyl transferase- 111 U/L & Alk Phos.- 193 U/L, Blood Urea- 59 mg/dl, Serum Creatinine- 1.62 mg/dl, Uric acid- 4.2 mg/dl, Serum sodium- 128 mmol/L, Serum Potassium- 3.5 mmol/L. His Urine sample was sent for culture examinations which showed bacterial growth of Escherichia coli, so as antibiotics were modified according to sensitivity. In view of benign prostatic hyperplasia, Urology team opinion was taken and their advice incorporated. NCCT whole abdomen was done on 04.06.2023 report showed Subtle surface hepatic nodularity with widening of fissures, possibility of chronic hepatic parenchymal disease needs to be ruled out. Prostatomegaly. Mild ascites. Diffuse circumferential wall thickening involving the urinary bladder as described, likely representing changes of cystitis. Paraesophageal hiatal hernia with herniation of omental fat. In view of slurring of speech, neurology opinion was taken and their advice incorporated. Patient was dull so NCCT brain was done on 04.06.2023 report revealed no significant abnormality. HRCT Chest was done on 04.06.2023 report showed Mild bilateral pleural effusion tracking along oblique fissures. Few dependant ground-glass opacities with associated interlobular septal thickening in the basal segments of bilateral lower lobes, possibility of infective aetiology. Nephrology team opinion was taken for deranged renal function and their advice incorporated & diagnosed as Acute on Chronic Kidney Disease. Urology opinion was taken for urethral stricture, their advice incorporated. Carotid Doppler was done on 09.06.2023 which revealed Doppler study of bilateral carotid arteries shows Mild intimal thickening s/o age related atherosclerotic changes, An echogenic plaque at left carotid bulb causing 16% stenosis extending into ICA. His EEG was done which was normal. Patient had wheeze and bronchospasm. He was added Nebulization and Tuloplast patch. His NT Pro BNP was 4230 pg/mL. He had Facial swelling he given diuretics. Pulmonary team opinion was taken for Bronchial Asthma and advice incorporated. Neurology review done in



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Patient Name : Mr. C B Jayaswal  
Age : 88Y  
Patient IP No : 20972975  
Consultant Incharge : Dr Ila Pandey

Patient UHID : MM02269648  
Gender : Male  
Date & Time of Admission : 03/06/2023 17:02  
Specialty : Internal Medicine

view of episodes of unconsciousness, EEG was done and their advice incorporated. As patient is a case of Post PPI, PGR and PCI to LAD, Cardiology consultation was taken and their advice incorporated. Patient is bronchospasm improved gradually. PPI interrogation was done which was normal. His 2D Echo was done, report showed Giant left atrium and right atrium, Mild concentric left ventricular hypertrophy, LVEF-55% and moderate to severe MR. Patient had Hypokalemia and Hypocalcemia which were treated. During the hospital stay he was managed with, IV antibiotics, nutritional support and other supportive measures. Patient & his family well counselled regarding disease condition. He Requires more Hospitalization for further recovery.

- : Ongoing Medications :
- Injection ELORES 1.5gm intravenous twice daily
  - Injection CALCIUM GLUCONATE 1 ampule thrice daily intravenously
  - Injection MgSo4 4gm twice daily intravenously
  - Injection OPTINEURON 1 ampule intravenous once daily
  - Injection PAN 40mg intravenous twice daily
  - Injection EMSET 4mg 1 tablet twice daily
  - Injection DOXY 100mg intravenous twice daily
  - Injection LINID 600mg intravenous twice daily
  - Injection FOSFOMYCIN 4gm intravenous thrice daily
  - Tablet ELIQUIS 2.5mg twice daily
  - Tablet EVION LC 1 tablet once daily
  - Tablet ECOSPRIN 75mg once daily at bedtime
  - Tablet FOLVITE 5mg 1 tablet once daily
  - Tablet MUCOMIX 600mg thrice daily
  - Tablet SILODAL D 1 tablet once daily at bedtime
  - Tablet ROSUVAS 20mg once daily at bed time
  - TULOPLAST - PATCH 2mg L/A once daily
  - Capsule NURICAL 60k IU once daily
  - Syrup SUCRAFIL O 15ml thrice daily
  - Syrup POTKLOR 20ml thrice daily in half glass of coconut water
  - Capsule DOXIFLO 650mg once daily
  - Nebulization with FORACORT 1mg twice daily
  - Nebulization with IPRAVENT 1 respule 6 hourly
  - Nebulization with MUCOMIX 1 respule thrice daily
  - Nebulization with LEVOLIN 1 respule 4 hourly

Signature:-

DR ILA PANDEY  
CONSULTANT - DEPARTMENT OF INTERNAL MEDICINE  
MEDANTA - LUCKNOW

*Signature*  
2023

*Verified*

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## Medanta Lucknow

## Dispensing Sheet For Inpatients - Deliver

Address : SSH-1, POCKET-1, SECTOR-A, SUSHANT GOLF CITY, LUCKNOW-226030,Uttar Pradesh

Patient Name	Mr. C B Jayaswal	Patient ID	MM02269648
Gender, Age & DOB	Male , 88Y & 24/01/1935		
Ordering Facility	Medanta Lucknow	Nationality	Indian
Attending Practitioner	Dr Ila Pandey	Weight/Height	
Source	7th floor Bwing	Bed No	B726
Admission Date	03/06/2023	Document Type/No	MLEPSA/24109789
Order Date	06/06/2023 17:09	Dispense Location	IP PHARMACY
Dispensed Date	06/06/2023 17:11	Allergy	No Known Allergy
Patient Address	2/166 vikas nagar,lucknow,Vikas Nagar S.O.,LUCKNOW,Uttar Pradesh,226022,India		

## Diagnosis

SL No	Description	UOM	Dispense Qty	MRP (Unit)	Payable Amt.	Exp. Date & Batch ID	Dose	Priority	Dispense No	Manufacturer
1	rise 15Mg(Tolvaptan) Tab 4s	ST04	1 STR	587.00	587.00	30/11/2024, GTD2885A	1 TAB	Urgent	103985554	SUN PHARMA
Clinical Comments:										
2	Shelcal 500mg(Calcium) Tab 15s	ST15	1 STR	131.30	131.30	30/12/2024, GDxD0026	1 TAB	Routine	103985553	TORRENT PHARMA
Clinical Comments:										

Prescribed By: Dr Ila Pandey

Total Amount: 718.30

Address: SSH-1, POCKET-1, SECTOR-A, SUSHANT GOLF CITY, LUCKNOW-226030,Uttar Pradesh

Ordered By: Dr Ila Pandey

Filled: Mr VINOD KUMAR PAL

Dispensed By: Mr VINOD KUMAR

Received by:

PAL  


<b>Patient Name</b>	: Mr. C B Jayaswal	<b>Patient UHID</b>	: MM02269648
<b>Age</b>	: 88Y	<b>Gender</b>	: Male
<b>Admission Date</b>	: 10/06/2023 11:39	<b>Discharge Date</b>	: 17/06/2023 18:53
<b>Encounter Type</b>	: Inpatient	<b>Encounter ID</b>	: 20155865
<b>Consultant Incharge</b>	: Dr Anand jaiswal & Team	<b>Specialty</b>	: Respiratory & Sleep Medicine
<b>Location</b>	: 7th Floor B2B3	<b>Bed No</b>	: 4722

### Discharge Summary

**Patients Address** : 2/166 VIKAS NAGAR,LUCKNOW ,UTTAR PRADESH,Vikas Nagar  
S.O,LUCKNOW,India,226022

**Date of Discharge** : 17/06/2023

**Name of Consultant** : Dr Anand jaiswal & Team

**Bed No** : 4722

**Reason for admissions** : Medical Management

**Diagnosis & Co-morbidities** :

Lower respiratory tract infection  
Acute exacerbation of bronchial asthma  
Urinary tract infection with stricture  
Acute on CKD  
CAD - Post PTCA (2014, 2022)  
Post PPI  
? CLD  
Thrombocytopenia

**Allergies** :

Not known

#### Medical History & Presenting Complaints

Mr. C B Jayaswal 88 years old male patient, known case of Lower respiratory tract infection, UTI with stricture, bronchial asthma, acute on-CKD, CAD - Post PTCA, Post PPI. Patient was admitted to Medanta Lucknow hospital on 03/06/2023 with complaints of fever with chills, increased frequency of urine, urgency of urine and incontinence. On investigations showed numerous pus cells in urine, Blood culture showed growth of E.coli, and managed with intravenous antibiotics. Patient had an episode of slurring of speech and syncope. CT head was done which was normal. CT whole abdomen showed ? CLD. Carotid Doppler showed plaque at left carotid bulb. HRCT chest showed bilateral pleural effusion, GGO and patient was shifted here for further evaluation and management.

#### Physical & Systemic Examination :

On admission patient was conscious, oriented

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JCI certificate  
(CN - 3628.2)



Certificate No  
H-2011-0073

For Emergency & Ambulance: Dial 1068

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E-18, Defence Colony, New Delhi  
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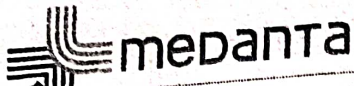
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Corporate Identity Number - L85110DL2004PLC128319

6/17/20



<b>Patient Name</b>	: Mr. C B Jayaswal	<b>Patient UHID</b>	: MM02269648
<b>Age</b>	: 88Y	<b>Gender</b>	: Male
<b>Admission Date</b>	: 10/06/2023 11:39	<b>Discharge Date</b>	: 17/06/2023 18:53
<b>Encounter Type</b>	: Inpatient	<b>Encounter ID</b>	: 20155865
<b>Consultant Incharge</b>	: Dr Anand jaiswal & Team	<b>Specialty</b>	: Respiratory & Sleep Medicir
<b>Location</b>	: 7th Floor B2B3	<b>Bed No</b>	: 4722

Saturation of Peripheral Oxygen (SPO2): 98% on room air  
 Temperature: 98°F  
 Pulse: 72/min  
 Respiratory rate: 20/min  
 Blood pressure: 130/80mmHg  
 Chest: Bilateral air entry present  
 Per abdomen: Soft, nontender,  
 Central Nervous System : No focal neurological deficit  
 Cardiovascular System: S1 & S2 normal

### Investigations

**Laboratory** :  
 Attached

**Radiology** :

**MRI UPPER ABDOMEN PLAIN 13/06/2023** : There is bilateral moderate pleural effusion. There is cardiomegaly with enlarged RA, RV, SVC and IVC. Liver shows volume redistribution with enlarged left lobe and caudate lobe with widened intersegmental fissure and smaller right lobe suggestive of chronic liver disease. Few tiny cysts are seen scattered in both lobes of liver. No intrahepatic SOL is seen on the plain scan. No intrahepatic biliary radical dilatation is noted. The portal vein and its branches appear normal. Hepatic veins and IVC appear normal. Gallbladder is distended and does not show any intra-luminal filling defect. CBD is normal in caliber. Pancreas appears normal. Peripancreatic fat planes are preserved. Spleen is normal in size and attenuation. Bilateral adrenal glands are normal. Both kidneys are normal in size, shape and attenuation. No hydronephrosis or mass lesion is seen. Few small cysts are seen in left kidney, the larger measuring 12 x 11 mm. There is bilateral perinephric fat stranding. Both ureters are not dilated. There are no enlarged lymph nodes or free fluid in the upper abdomen. Bones under view show no obvious abnormality.

**USG CHEST 16/06/2023** : Minimal pleural effusion is seen on right side. Approximate volume 50-80cc pleural effusion is seen on left side. Diaphragmatic movements are normal on both sides.

**Others**

**Echo (10/06/2023)** : LVEF 55%, dilated RA/RV/LA, grade II LV diastolic dysfunction, raised LVEDP, mild 2+ MR, severe 1+ PASP 35mmHg, IVC dilated.

**Course in Hospital**

WHEN TO CONTACT INCIDENT CASE  
 Patient was admitted in ICU under Dr Anand jaiswal & Team with above mentioned complaints and appropriate treatment was started. All relevant investigations were done which showed anemia, thrombocytopenia, deranged liver & kidney function test, raised procal, NT pro-BNP & Lactate dehydrogenase. Blood and urine culture showed no growth. Cardiology (kartikeya bhargava) review was taken for post PTCA status and advice followed. Nephrology review was taken for deranged renal parameters and advice followed. Urology reference was taken for BPH and advice

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6/17/20

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 Corporate identity Number - L85110DL2004PLC128319

<b>Patient Name</b>	: Mr. C B Jayaswal	<b>Patient UHID</b>	: MM02269648
<b>Age</b>	: 88Y	<b>Gender</b>	: Male
<b>Admission Date</b>	: 10/06/2023 11:39	<b>Discharge Date</b>	: 17/06/2023 18:53
<b>Encounter Type</b>	: Inpatient	<b>Encounter ID</b>	: 20155865
<b>Consultant Incharge</b>	: Dr Anand Jaiswal & Team	<b>Specialty</b>	: Respiratory & Sleep Medicin
<b>Location</b>	: 7th Floor B2B3	<b>Bed No</b>	: 4722

followed. After stabilization patient was shifted to ward. Gastro review was taken for abdominal pain and advice followed. Hematology review was taken in view of low platelet and advice followed. During the hospital stay patient was managed with intravenous antibiotics and other supportive measures. Patient & his family well counselled regarding disease condition and plan of treatment. Tablet Eliquis started after cardiac consultation. His platelet count, renal function was monitored. He responded well to given treatment. Now he is being discharged in stable condition with following advice and medication.

**Significant Medication Given :**

Injection Elores, Nebulization

**Condition at Discharge :**

Stable

### Advice on Discharge

**Discharge Medication :**

Tablet ELIQUIS 2.5mg twice daily  
 Tablet CEFTUM 500mg twice daily for 5 days  
 Tablet AZTOR 10mg once daily  
 Tablet PANTOCID 40mg once daily before breakfast  
 Tablet SILODAL - D 4mg once daily  
 Syrup A TO Z 1tsf once daily  
 Tablet DYTOR PLUS 20/50mg once daily  
 Syrup CREMAFFIN 30ml as and when required for constipation  
 Syrup POTKLOR 30 ml thrice daily for 3 days  
 T- BACT OINTMENT once daily local application  
 Tablet DROTIN 40mg twice daily/ as and when required  
 Tablet FLUCONAZOLE 150mg once daily for 5 days (swish & swallow)  
 CANDID - B mouth paint thrice daily for 2 weeks  
 BETADINE MOUTH RINSE thrice daily for 2 weeks  
 Nebulization DUOLIN 2.5ml thrice daily  
 Nebulization BUDECORT 0.5mg twice daily  
 (Rinse mouth with water 5 min after use of nebulization)

**Diet :**

As advised

**WHEN TO OBTAIN URGENT CARE:**

In case of any problem like:-

1. Fever
2. Loose stools/motions/vomiting or passing black stools like coal tar.
- ✓ 3. Bleeding from any site

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 Certificate No  
H-2011-0073

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Corporate Identity Number - L85110DL2004PLC128319

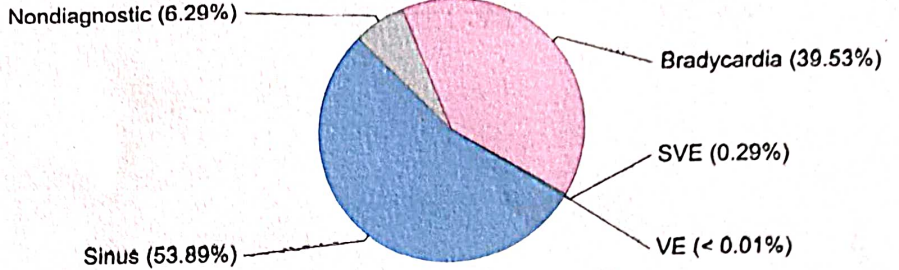
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6/17/20

**Mobile Cardiac Telemetry - End of Study Report**

**Ordering physician:** Sudeep Kumar  
 Physician's phone: 9415016197  
 Physician's address: SGPGIMS, Lucknow

**Interpreting physician:** Sudeep Kumar  
**Referring physician:** Dr. Sudeep Kumar  
 Begin: Sep-22 10:50 End: 2020-Sep-28 11:25  
 Study duration: 6d 0h 36m (509197 beats)  
**Reason:** not set

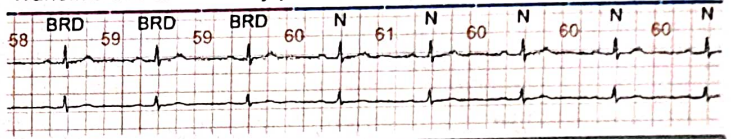


**Arrhythmia Summary**

- Patient Triggered -
- With symptoms -
- Correlated with arrhythmias -
- Second frequent -
- Second frequent -
- Atrial Fibrillation / Flutter -
- Fastest minutely rate -
- Average minutely rate | rest - | -
- Slowest minutely rate -
- Longest episode -

**ECG Strips**

Transmission canceled by patient: Bradycardia at 22:37:21 d1



NONE

**Sinus Rhythm** 53.89 %  
 Fastest minutely rate 95 BPM at 13:23 d1  
 Average minutely rate | rest 61 BPM | 57 BPM  
 Slowest minutely rate 43 BPM at 04:18 d3  
 Bradycardia 39.53 %

Fastest minutely HR: 95 BPM at 13:23:00 d1



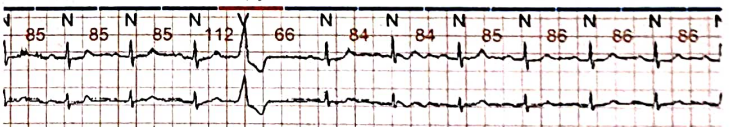
**Pause / Block** -  
 Missed Beat -  
 Pause (>2 s) -  
 Asystole (>3.5 s) -  
 Slowest Bradycardia N-N 37 BPM at 04:59 d3

Slowest Bradycardia: 37 BPM, duration >13 m at 04:59:47 d3



**Ventricular** <0.01 %  
 Single | Couplet | Triplet 7 | 0 | 0 episodes  
 Runs (>3 beats) -  
 Longest run -  
 Fastest run -

Fastest Ventricular Ectopy at 19:35:44 d6



**Supraventricular** 0.29 %  
 Single | Couplet | Triplet 720 | 257 | 79 episodes  
 Runs (>3 beats) 201 episodes  
 Longest run 131 BPM, 25 beats at 00:27 d5  
 Fastest run 137 BPM, 17 beats at 00:24 d6

Fastest Supraventricular Run: 137 BPM, 17 beats (7s) Onset



No symptoms reported.  
 Sinus Rhythm with presence 93.42% of the time and fastest minutely rate of 95 BPM (day 1 at 13:23). The slowest N-N interval within Bradycardia (day 3 at 04:59); rate of 37 BPM (1.6s).  
 Ventricular ectopy with burden <0.01% and fastest beat with rate of 112 BPM (day 6 at 19:35).  
 Supraventricular ectopy with burden 0.29% and fastest run with rate of 137 BPM had 17 beats and duration of 7s (day 6 at 00:24).  
 Detailed diagnostic notes on page 4.

Diagnostic findings

Physician interpretation







# SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES

Rae Bareilly Road, Lucknow-226 014

Name: Sharda Jassal CR. No. 202128694

Diagnosis: Hyponatremia, HbN, CAD A/E (Chest), Renalial Asthma.

### Investigations Ordered

- Hematology
- Coagulation
- Cl. Chemistry
- Urinalysis & Fluids
- Cytology
- Bacteriology
- Serology
- Plain X-ray
- Ultrasound
- CT
- MRI
- Nuclear Medicine
- Immunology
- Medical Genetics
- Endocrinology
- GI Endoscopy

Rx

~~Tab Cap Eosprin 75mg LOD~~

Tab Eliquis 25mg 1BD

Tab Melicard 25mg LOD

Tab Cardace 25mg LOD

Tab Flardon MR 1BD

Tab Angiplat 25mg 1BD

o 6Am — o 2pm —

Tab Soe bitsati 5mg subling  
605

Inhaler for bronchial asthma + Centrum

Tab Rozaril 40mg 1BD

### Others

- .....
- .....
- .....
- .....

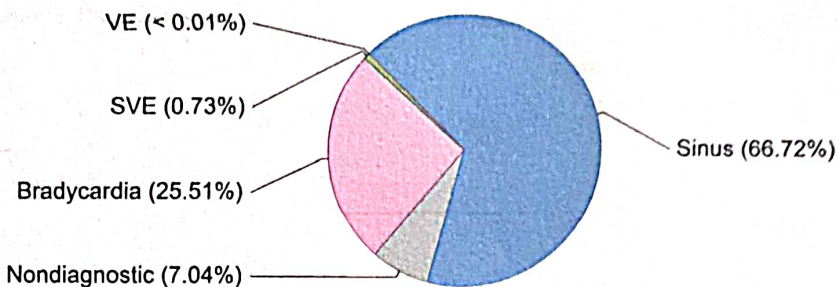
Next Appointment on..... in

15/06/22  
(Signature)

**Mobile Cardiac Telemetry - End of Study Report**

Ordering physician: **Sudeep Kumar**  
 Physician's phone: 9415016197  
 Physician's address: SGPGIMS,  
 Lucknow

Interpreting physician: **Sudeep Kumar**  
 Referring physician: not set  
 Begin: Jun-08 19:56 End: 2022-Jun-15 12:34  
 Study duration: 6d 16h 37m (606030 beats)  
 Reason: not set

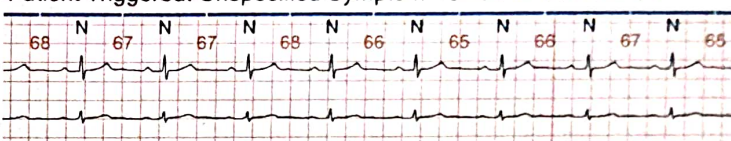


**Arrhythmia Summary**

Patient Triggered: **2 events total**  
 With symptoms: -  
 Correlated with arrhythmias: -  
 Most frequent (2 events): **Unspecified Symptom | Sinus**  
 Second frequent: -

**ECG Strips**

Patient Triggerred: Unspecified Symptom - Sinus at 19:56:45 d1

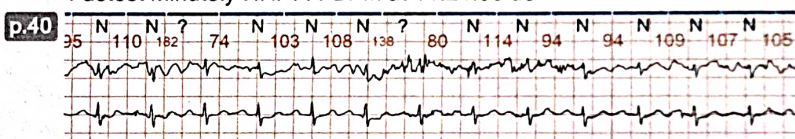


Atrial Fibrillation / Flutter: -  
 Fastest minutely rate: -  
 Average minutely rate | rest: - | -  
 Slowest minutely rate: -  
 Longest episode: -

**NONE**

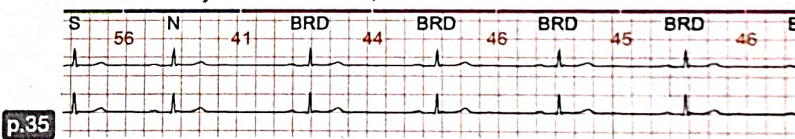
**Sinus Rhythm** 66.72 %  
 Fastest minutely rate: 111 BPM at 11:21 d8  
 Average minutely rate | rest: 67 BPM | 61 BPM  
 Slowest minutely rate: 46 BPM at 06:24 d7  
 Bradycardia: 25.51 %

Fastest minutely HR: 111 BPM at 11:21:00 d8



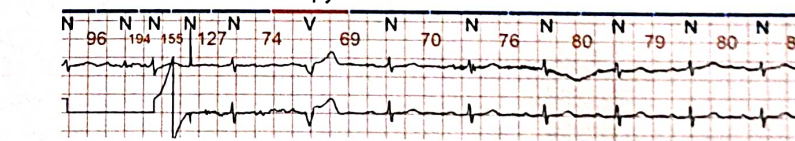
**Pause / Block** -  
 Missed Beat: -  
 Pause (>2 s): -  
 Asystole (>3.5 s): -  
 Slowest Bradycardia N-N: 41 BPM at 01:52 d7

Slowest Bradycardia: 41 BPM, duration >2 m at 01:52:46 d7



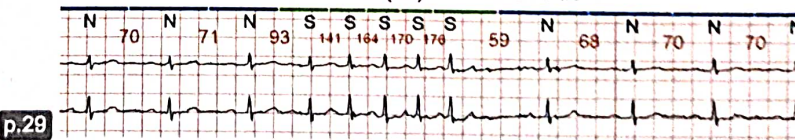
**Ventricular** <0.01 %  
 Single | Couplet | Triplet: 4 | 0 | 0 episodes  
 Runs (>3 beats): -  
 Longest run: -  
 Fastest run: -

Fastest Ventricular Ectopy at 22:33:21 d4



**Supraventricular** 0.73 %  
 Single | Couplet | Triplet: 2471 | 1007 | 324 episodes  
 Runs (>3 beats): 228 episodes  
 Longest run: 134 BPM, 17 beats at 22:28 d1  
 Fastest run: 149 BPM, 5 beats at 19:24 d5

Fastest run: 149 BPM, 5 beats (2s) at 19:24:15 d5



Most frequent symptomatic event: Unspecified Symptom during Sinus (2/2 events). Sinus Rhythm with presence 92.23% of the time and fastest minutely rate of 111 BPM (day 8 at 11:21). The slowest N-N interval within Bradycardia (day 7 at 01:52); rate of 41 BPM (1.5s). Ventricular ectopy with burden <0.01% and fastest beat with rate of 74 BPM (day 4 at 22:33). Supraventricular ectopy with burden 0.73% and fastest run with rate of 149 BPM had 5 beats and duration of 0m 2s (day 5 at 19:24).  
 Detailed diagnostic notes on page 4.

Diagnostic findings

Physician interpretation

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_



# SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES

Rae Bareli Road, Lucknow 226 014

Name: Sharda Kuswal CR. No.

Diagnosis: DM, HTN, CAD-AOS II, Bronchial Asthma

**Investigations Ordered**

- BP 150/55.
- Hematology
  - Coagulation
  - Cl. Chemistry
  - Urinalysis & Fluids
  - Cytology
  - Bacteriology
  - Serology
  - Plain X-ray
  - Ultrasound
  - CT
  - MRI
  - Nuclear Medicine
  - Immunology
  - Medical Genetics
  - Endocrinology
  - GI Endoscopy

**Others**

- Adh ELR
- .....
- .....
- .....

Review after ..... months  
 With Hb, S. Creat, Na/k, HbA1C  
 Lipid pro., FBS, PPBS Reports

**R** Paroxysmal AF/Tachy-Brady

- ① T<sub>b</sub> Eliquis 2.5mg 1BD
- ② T<sub>b</sub> Envas 2.5mg 1BD
- ③ T<sub>b</sub> Amlovas (2.5) 1OD
- ④ T<sub>b</sub> Thyronorm (37.5) OD  
BBF
- ⑤ T<sub>b</sub> Rozavel (20) 1OD
- ⑥ T<sub>b</sub> ~~Febatex~~

Continue OHA's / Br. Asthma treatment

AB  
11/12/23

Next Appointment on...at.....in

(Signature)