



Rakesh Kumar

SBZ/11-

25/10/2020

Δ COVID-19 sequelae 2 Term EUTE

HRA of Chest

Mr. Glucocorticoid SR by 500mg

Mr. E-wash 150 100mg
100mg

Mr. Rantac 150 100mg
100mg

Mr. Candidal 200mg 100mg

GRD - SF 100mg 200mg

Mr. Keflex 200mg 100mg → STOP
150mg

Mr. Prednisone 100mg → STOP
150mg

AL

Compassionate Care within your reach!



Rakesh Kumari

28/9/2020

SSy1A

A COVID-19 sequelae of T₁ Resp failure
ET 20m EUTI

- ① M Gabumon 500 by 10m ^{over}
- ② M Ecosprin 150 10m
- ③ M Paracet 150 1Am C

M Profenag 20 1MSE

M Predmet Day 1 BDC

- ④ M Conditional Lev 10m

⑤ GRD SF Powder 2000 mg with milk

⑥ Lubricazole cream
X15 days

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DISCHARGE

MAXFORT
MULTISPECIALITY
HOSPITAL

PATIENT DISCHARGE CARD

Name: Mrs Rakesh Kumari Age/Sex: 55y/F
 Father's/Husband's Name: Mr. Roop Singh
 Address: Rambagh Colony, Ramghat Road Dist Aligarh (U.P)
 Contact No.: 93579695005, 0077340373
 Hospital Unique I.D. No.: IRP/2020/719/193 D.O.A: 01-09-20 at 8:00 PM
 Ward/Bed No.: ICU Bg / Pvt. Room D.O.D: 18-09-20 at 10:00 PM
 Consultant /c: Dr. Najees Ahmed M.D. (I.B. & Chest Specialist) / Dr. Amit
 Diagnosis: Covid-19 sequelae & Type I Respiratory failure & DM Type II
 Disease I.D.: Washy. mo (mal) & VTE.

History / Clinical Findings / Summary: Chor severe respiratory distress & gassy respiration.

Referred from Nayah Hospital, Mathura

& H/O: Covid-19 sequelae & VTE & DM Type II & Type I Respiratory failure.

B.P.: 140/90 mmHg Pulser 132/min Temp 101.4 F RR: 32/min
SpO2: 96% & BIPAP RBS: 300mg/dl Chest & B/L rouchia
Chor Conscious (oriented).

Discharge Summary

IP No.	: 72802	UHID	: NHAG.17281
Patient Name	: Mrs. RAKESH KUMARI	Age/Sex	: 55 Year(s) /Female
Admission Date & Time:	24/08/2020 09:09 PM	Discharge Date & Time	: 01-09-2020
Doctor Name	: Dr. Vipul Mishra (Pulmonology & Sleep Medicine)		
Company	: Raksha Contract		

Center for Critical Care, Pulmonology & Sleep Medicine

Diagnosis :

Covid-19 Sequelae
Urinary Tract Infection
Type I Respiratory failure

Co-morbidity-

Diabetes Mellitus

Chief Complaints: Patient was admitted with complaints of breathing difficulties.

History of: Patient had a test for COVID RT PCR done on 01/08/2020, which came out to be positive on 02/08/2020 then patient was admitted in Nayati Hospital Agra on 06/08/2020 with complaints of fever since 10 days and breathing difficulty since 5 days, there patient was diagnosed to have severe covid 19 pneumonia and then referred to Nayati Medicity Mathura for further management on 24/08/2020. RT PCR Covid-19 was negative on 18/08/2020. Where Remdesivir therapy was completed and Plasma therapy was given on 08/08/2020 2 units and repeat plasma therapy was given 1 unit on 09/08/2020 , 1 unit on 11/08/2020 and 1 unit on 17/08/2020 to the patient.

On examination at the time of admission: CNS - Conscious & Oriented, BP : 145/80 mmHg, PR : 102/min, RR : 28/min, Temperature : 98.2°F, SpO2 : 99% on room air, RBS : 282 mg/dl, Chest : B/L crepts (+).

Other Relevant Investigations were done which showed CBC showed Hb - 12.9, TLC - 12.5 & Platelet Count - 2.30 lac. LFT showed Bilirubin total - 0.82, Bilirubin direct - 0.27, SGOT - 33, SGPT - 35. KFT showed Urea - 32.9, Creatinine - 0.66, Sodium - 137, Potassium - 4.3. PT/INR/APTT : 11.7/0.94/22.8. Procalcitonin - 0.1, D-Dimer Quantitative - 615.0, Ferritin - 790.9, LDH - 470, CRP - 10.3. Urine R/M showed Nitrite : Positive, Pus Cells : 8-10/hpf. MHL-COVID - 19 (Real time PCR) was sent on 25/08/2020, which was found to be negative. HRCT Thorax showed features of diffuse interstitial thickening with diffuse ground glass densities and areas of tractional bronchiectatic changes s/o Interstitial lung disease (needs clinical correlation and if any previous imaging done). However in view of diffuse ground glass densities covid disease has to be ruled out advice PCR Test for further evaluation. USG Whole was done which showed No significant abnormality seen in visualized window. 2D Echo was done which showed normal LV/RV systolic function (LVEF-60%), no RWMA, no MR, AR, TR, PR, grade I LVDD, no pericardial effusion/clot/veg.

Course in Hospital & Treatment Given : Mrs. Rakesh kumari, 55 years old Lady, known patient of diabetes mellitus, transferred from nayati hospital agra to Nayati Medicity, Mathura, with diagnosis of severe covid sequele, urinary tract infection. Patient was shifted to isolation ICU for further evaluation and management, in view of HRCT Thorax findings were suggestive of diffuse ground glass densities and areas of tractional bronchiectatic changes. Treatment were started with IV Antibiotic (Monocef, Azithromycin), Inj. Clexane, Inj.

NAYATI MEDICITY, MATHURA

NH-19, Mathura - 281001, U.P. India
 Call: 0565-6675500, 7088-565-565
 Emergency: 1800-4199-565
 support@nayatithealthcare.com
 CIN No. UB5120HR2013PTC048389



Discharge Summary

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Company	: Raksha Contract		

Dexona, Inj. Vitamin C, Inj. HAI, Tab. Zinconia, Tab. Thiamine and other supportive measures & medications. Patient was maintained on O2 support by NRBM. Gradually her o2 requirement tapered and now she is on oxygen of 4 liter/min by nasal prongs. Incentive spirometry were done from time to time. Urine c/s was sent on 27/08/20 grown providencia rettgeri. Antibiotics were added as per the culture sensitivity report. Guarded prognosis has been explained to the patient's attendants in details. Patient has not improved completely, still presents with episodes of tachypnia, tachycardia and hypoxia. At present patient is maintaining saturation (94%) on oxygen support via nasal prong @ 2-3 ltr/min. Now patient is being referred to a higher centre for further management in hemodynamically stable condition.

Investigations : All reports handed over to patient/Attendant.

Discharge Medications :

- Inj. Tazact 4.5 gm thrice daily (day 3) ✓
- Tab. Wysolone 20 mg once daily ✓
- Tab. Perfinex 200 mg twice daily ✓
- Tab. Zinconia 100 mg once daily ✓
- Tab. Pantocid 40 mg once daily (Before Breakfast) ✓
- Syp. Cremaffin 15 ml twice daily ✓

How & When to obtain urgent care: Chest pain, Blood in sputum, Breathlessness, cough with expectoration, Fever, Vomiting, Drowsiness, Unconsciousness, breathlessness.

In case of emergency, please call - 0565 - 6675500, 2565565

Follow-up Appointment: Review in Pulmonology OPD after 5 days.

Dr. Vipul Mishra
MD, EDIC, EDRM, FCCP

Dr. Utpal Sharma
DNB, DA, IDCCM

Dr. Amit Singh
MD IFCCM EDIC

Dr. Rohit Yadav
Senior Consultant

HOD & Senior Consultant

Sr. Consultant

Sr. Consultant

Dr. Ravi Jain

Dr. Shreya Sharma

Dr. Rishikant Birla

Dr. Shalini Singh

MBBS, MD, FNB (CCM)
Consultant

MD, PDCC (CCM)
Attending Consultant

MD, PDCC (CCM)
Attending Consultant

MBBS, MD, PDCC
Attending Consultant



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Discharge Summary

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Admission Date & Time: 24/08/2020 09:09 PM **Discharge Date & Time** : 01-09-2020
Doctor Name : Dr. Vipul Mishra (Pulmonology & Sleep
Medicine)
Company : Raksha Contract

Dr. Shradha Soni
MBBS, MD (Respiratory Medicine)
FACI, Fellowship in Sleep Medicine
Attending Consultant/Allergy specialist

Dr. Deepak Sharma
MBBS, DNB
Senior resident

"The contents and the advice on discharge has been explained to me in the language I understand and I acknowledge that I understood it very well. I also acknowledge the receipt of the discharge summary"
Attendant name: _____ Relationship: _____ Mobile No. _____
Patient/Attendant signature



NAYATI HOSPITAL, AGRA

Near Sikandra, NH-2, Agra - 282007 U.P, India
Call: 0562-7111562, 7055-562-562
Emergency: 1800-4199-565
support@nayatihospital.com
CIN No. U85100UP2013PTC048280

**Patient Transfer Summary**

IP No.	: 7266	UHID	: NHAG.17281
Patient Name	: Mrs. RAKESH KUMARI	Age/Sex	: 55 year(s) /Female
Admission Date & Time:	06/08/2020 12:58 AM	Discharge Date & Time	: 24-08-2020
Doctor Name	: Dr. Amit Singh (Critical Care)		
Company	: AG Raksha Contract		

Diagnosis :

Severe COVID 19 Disease (RT PCR Positive)

Co-morbidities:

Diabetes mellitus on OHA

UTI (Klebsiella pneumoniae sensitive)

Presenting Complaints : Patient was admitted with complaints of fever since 10 days and breathing difficulty since 5 days.

In view of ongoing COVID pandemic patient got her COVID RT PCR done, Reported positive.

Examination at Admission : CNS - Conscious & Oriented, BP : 139/82 mmHg, HR : 117/bpm, RR : 17/min, SpO₂ : 86 % on oxygen support with NRBM, Temp : 97.7°F.

Other Relevant Investigations were done which showed CBC showed Hb : 11.5, TLC : 14.9, Platelet count : 2.08 lac. HbA1c : 7.5%. LFT showed Bilirubin total/Bilirubin direct - 0.4/0.2, SGOT : 43, SGPT : 56, GGT : 107. KFT showed Urea : 41.8, Creatinine : 0.8, Sodium : 145, Potassium : 3.7. PT Test/ INR : 13.8/1.06, APTT - 45.6. Urine R/M showed protein(traces), glucose(++), ketones(+), LDH: 629, Ferritin: 1061.0, CRP: 108.45, CPK: 47, CKMB Mass: 4.6, Interleukin-6: 47, ESR: 90. Widal test showed negative, Dengue serology(NS1Ag, IgM, IgG) showed Non reactive, Malaria parasite showed non reactive, Blood culture showed Sterile after 5 days of incubation at 37 degree Celsius, urine culture showed Klebsiella pneumoniae, Trop T : < 0.04, Procalcitonin: 0.1, X Ray was done which showed inhomogenous opacities & haziness is seen in both lung fields likely s/o infective ?COVID. Both costophrenic angles are obliterated.

Course at Hospital : Mrs. Rakesh Kumari, 55 years female patient presented with above mentioned complaints. In view of ongoing COVID-19 pandemic and symptoms, patient had a test for COVID RT PCR done on 01/08/2020, which came out to be positive on 02/08/2020, hence patient got admitted on 06/08/2020 in our hospital, as ours is a level 3 facility for COVID + patients, approved by government. Patient was not maintaining saturation so She was given BIPAP support, Treatment was given with BIPAP support 14/6, Oxygen support @ 5 liter/min, Inj. Clexane 40mg sc once daily, Inj Solumedrol 40mg iv twice daily. Inj Remdesivir, Tab Thiamine, Tab Zinconia, Tab. Azee, Tab. Dolo, Tab. Limcee, Tab. Pantop and other supportive measures and medication. Remdesivir therapy was completed and Plasma therapy was given on 08/08/2020 2 unit and repeat plasma therapy was given on 09/08/2020, 1 unit, 11/08/2020, 1 unit and 17/08/2020, 1 unit to the patient. Patient on 5 lt oxygen through face mask, one RT PCR came negative, so on request of family. Patient is being transferred with follow up advice to a tertiary health care center for further management. Patient and patient attendants advised to transport the patient in ACLS ambulance with accompanying doctor. Patient need more hospital stay for further management. Prognosis was explained in

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Patient Transfer Summary

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Admission Date & Time:	06/08/2020 12:58 AM	Discharge Date & Time	: 24-08-2020
Doctor Name	: Dr. Amit Singh (Critical Care)		
Company	: AG Raksha Contract		

detail to the patient attendants in their own language. Risk of transportation (fall of oxygen saturation, need of intubation and hemodynamic instability) including risk of death is explained to attendant.


Current Status at time of transfer summary : BP- 130/82mmHg, Pulse- 110/min, RR- 23 /min, Spo2- 95% on oxygen support with face mask @ 5lt/min

Ongoing Treatment :

Inj. Clexane 0.6 ml sc twice daily day
 Inj. Dexamethasone 6mg iv od
 Inj. Remdesivir completed 10 days course
 Inj. Inj. Lantus 16 unit sc HS at 10 pm
 Inj. HAI as per sc sliding scale- RBS tds, premeals
 Inj. Thiamine 200mg iv twice daily
 Inj. Pan 40mg iv once daily
 Inj. Vit C 500mg iv thrice daily
 Tab. Zinconia 100 mg 1 tab once daily
 Cap. B-complex 1 tab twice daily

Contact COVID helpline as and when required.

Dr. Vipul Mishra MD, EDIC, EDRM, FCCP Dir. & Senior Consultant (Critical Care Pulmonology And sleep medicine)	Dr. Jyoti Goyal FCCP DNB, EDIC, IDCCM, CCEBDM Dir. & Senior Consultant (Internal medicine)	Dr. Utpal Sharma DNB, DA, IDCCM Sr. Consultant (Head Critical care & Pulmonology)	Dr. Amit Singh MD IFCCM EDIC Sr. Consultant
Dr. Rohit Yadav Sr. Consultant Critical care and Pulmonology	Dr. Anurag yadav Attending Consultant Anesthesia & Critical care		


 For: Dr. Amit Singh
 24/08/2020.