



NALAM MEDICARE CENTER

EGMORE, CHENNAI – 600008.

Powered by



NO:17,2nd Floor Gandhi Road,Alwarthirunagar,
Valasaravakkam,Chennai-87.



DISCHARGE SUMMARY

General Information

PHN : PHN24092014001

IP No : IP140002

Ward/Bed No : 1/A

Name : Mrs.Shanthini.R

Age : 25

Sex : Female

Address : 2nd Floor,Gandhi Road,Vadapalani

Primary Consultant : Dr.Shanmuga Sundaram

Date of Admission : 14/Nov/2014

Date of Discharge : 06/Feb/2015

Diagnosis : These results suggest that the appearance of pulmonary infiltrates and purulent tracheal secretions does not result from bacterial pneumonia in a majority of patients. Patients requiring antimicrobial therapy can be accurately identified using samples obtained with a protected specimen brush and evaluated with quantitative culture techniques, but cannot be distinguished on clinical grounds alone. Evaluation of patients suspected of having nosocomial pneumonia by this procedure avoids the unnecessary use of antibiotics in such patients, thereby reducing toxicity associated with antibiotic use and the overall cost of patient management.

Procedure : In gynecology, diagnostic laparoscopy may be used to inspect the outside of the uterus, ovaries and fallopian tubes, for example in the diagnosis of female infertility. Usually, there is one incision near the navel and a second near to the pubic hairline. For gynecological diagnosis a special type of laparoscope can be used, called a fertioscope. A fertioscope is modified to make it suitable for trans-vaginal application. A dye test may be performed to detect any blockage in the reproductive tract, wherein a dark blue dye is passed up through the cervix and is followed with the laparoscope through its passage out into the fallopian tubes to the ovaries.



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History of Present Illness

CHIEF COMPLAINTS : Stomach disorder

CLINICAL EXAMINATION

BP : --

Pulse : --

Investigations Done

BioChemistry

Test Name

Reference value

Result

14/Nov/2014 10:06 AM

Gram's Stain

87

Gram's Stain

87

14/Nov/2014 11:05 AM

Blood Sugar-Fasting

60 to 100 mg/dl

111

Blood Sugar-post-Prandial

100 to 140 mg/dl

112

Blood Sugar-Random

80 to 120 mg/dl

110

Blood Urea

15 to 40 mg/dl

39

14/Nov/2014 11:08 AM

Blood Sugar-Fasting

60 to 100 mg/dl

150

Blood Sugar-post-Prandial

100 to 140 mg/dl

122

Blood Sugar-Random

80 to 120 mg/dl

85

Blood Urea

15 to 40 mg/dl

42

18/Dec/2014 10:08 AM

Blood Urea

15 to 40 mg/dl

15

Blood Urea Nitrogen

5 to 21 mg/dl

25

S.G.O.T

Upto 37 U/L

S.G.P.T

Upto 40 U/L

45



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18/Dec/2014 11:58 AM

Serum Albumin 12

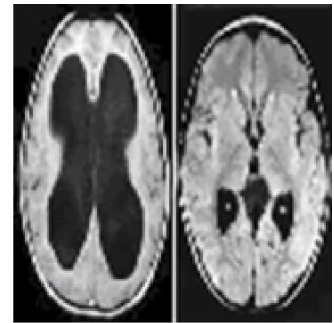
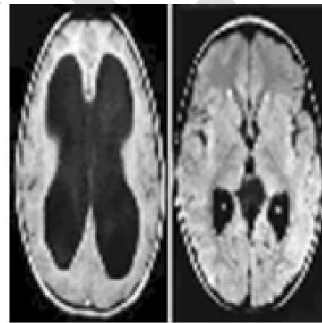
Serum Uric Acid 2.7 to 7.2 mg/dl 5

18/Dec/2014 04:11 PM

Sputum 15

Sodium

X Ray/Scan Images:



Course In The Hospital & Discussion

Condition at Discharge :

ADVICE ON DISCHARGE



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You will be given a return appointment for approximately two weeks after you get out of the hospital. Bi-weekly or monthly follow-up appointments should occur on a regular basis until you've been discharged from our care. However, if you experience any of the following symptoms, you need to call immediately. fever that is 101 degrees or higher, nausea and/or vomiting, a wound that looks infected, swollen, red, or drains excessively, inability to tolerate food, swelling in the legs

Prescription Details

Drug Name	Nos	Morning	Afternoon	Evening	Night	AF/BF
ALDACTONE 25 MG TAB	15	1	1	-	1	AF
ADMENTA 5 MG TAB	10	1	0	-	1	BF
AKURIT 3 TAB	5	0	1	-	0	AF

Follow up :26/Feb/2015 05:00 PM

PLEASE CALL 04426265412/413/414 IN CASE OF EMERGENCY.

Dr. Shanmuga Sundaram
Primary Consultant