



DISCHARGE SUMMARY

MRN: 784207	Patient Name: MD MONIR HOSSAI	Payment Status: <input type="checkbox"/> Self-Pay <input type="checkbox"/> MOH <input checked="" type="checkbox"/> Insurance: BUPA	
Gender: Male	Nationality: Bangladeshi	Date of Birth: 02.05.1991	Allergies: <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify:
Visit: <input checked="" type="checkbox"/> OPD <input type="checkbox"/> ER Date:	Admitted to: <input type="checkbox"/> ICU <input type="checkbox"/> CCU <input type="checkbox"/> LTCU <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> SCBU <input checked="" type="checkbox"/> Ward: Mohammed Room No: 222	Admission Date: 02.11.2023 Discharged Date: 09.11.2023	Length of stay: 7 Days

Preliminary Diagnosis: Acute Epigastric pain (? acute pancreatitis)	
Final Diagnosis: Acute Pancreatitis	ICD CODE: K859
Surgery/Procedures Performed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify and their outcome:	ACHI CODE:

Previous consultation/ hospitalizations prior to this visit <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, When: 10.08.2023 Where: KFMC Reason:- Urinary Tract Infection
Present Illness Chief Complaint(s): <ul style="list-style-type: none">- A 32 Years old male patient brought by red crescent ambulance with complaints of abdominal pain score is 7-8/10. epigastric pain, acutely developed associated with persistent, recurrent vomiting.- The ultrasound study showed large oedematous inflamed pancreas, and free fluid in the peritoneal cavity, with polymorph neutrophil leucocytosis, disturbed electrolytes (hyponat, hypokalemia). Normal creatinine.- Plan of management:<ul style="list-style-type: none">- 1- IV aggressive hydration- 2- IM pethidine 50 mg/ 6 hours- 3- check S. calcium ,to be corrected if hypocalcemia- 4- withholding the Abx, check base-line s. procalcitonin, if rising start meropenem- 5 hospitalization extension for one day more- The procalcitonin was found strikingly high (22.4, RR: less than 0.04), denoting ongoing bacterial infection, Thus, Meropenem 1 gm IV every 8 hours was initiated. The patient assessment today (3/11/2023), showed persistence of remittent epigastric pain (scoring 5-6 on numeric scale), hemodynamically stability, guarding rigidity in the epigastrium. The general and abdominal condition of the patient requires hospitalization extension for adequate course of antibiotics to control the bacterial infection (VERY HIGH PROCALCITONIN) and following the all lines of the plan of management, two- days hospitalization extension.
Medication Prior to Admission/ visit: None
Previous Medical History: None
Previous Surgical History: None

Physical Examination: Pressure ulcer: (Risk) <input checked="" type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high (Upon admission): <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Stage: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Area:-----
Consultations/Referrals: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, if yes specify specialty: Surgical consultation
<ul style="list-style-type: none">- 02.11.2023- A 32 Years old male patient brought by red crescent ambulance with complaints of abdominal pain pain score is 7-8/10. epigastric pain, acutely developed associated with persistent, recurrent vomiting. The ultrasound study showed large oedematous inflame,d pancreas, and free fluid in the peritoneal cavity, with polymorph neutrophil leucocytosis, disturbed electrolytes (hyponat, hypokalemia).- Normal creatinine, Plan of management:<ul style="list-style-type: none">- 1- IV aggressive hydration- 2- IM pethidine 50 mg/ 6 hours- 3- check S. calcium ,to be corrected if hypocalcemia- 4- withholding the Abx, check base-line s. procalcitonin, if rising start meropenem- 5 hospitalization extension for one day more

Diagnostic Procedures: (Indicate significant findings)

Laboratory	Radiology	Others(i.e., ECG, Echo)
Prothrombintime, Active Partial Thromboplastin Time, Cbc(8 parameters), Creatinine(Serum), Serum Electrolytes(Na,K,Cl,Hco3), Gamma Glutamyltransferase(Ggt), Hbd(Hydroxybutyrate Dehydrogenase, Lipase, Amylase, Calcium, C-Reactive Protein, Procalcitonin	Chest-Ap1-View, Upper Abdomen Us/Total	Abdominal Ultrasound upon admission and follow-up

Pending Investigation Report at the time of Discharge: No Yes, if yes specify:

Medications Used During Admission:

Normal Sal	Nexole 40 M	Imatox 4mg	Dextrose 5	Pethidine
Ondansetron	Dextrose 5	Ronem 1gm	Paracetamol	Meropenem
Eva Qu 4mg	Scopinal 2	Imatox 4mg	15% W-V Po	Scopinal 2
Sopa-K 20m				

Patient's Condition at Time of Discharge:

Disposition	<input checked="" type="checkbox"/> Discharged <input type="checkbox"/> DAMA <input type="checkbox"/> Transferred <input type="checkbox"/> Deceased, time: _____
Discharged Transferred to:	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Tertiary/Specialized Care <input type="checkbox"/> Other Facility: _____
Condition on Discharge	<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Recovered <input type="checkbox"/> Fair <input type="checkbox"/> Unstable.....

Discharge Medications :

Name of Medication	Dose	Route	Frequency	Duration
RONEM 1GM	1.00 VIL	Int	Once Daily	5 Days

Special Care/Instructions:

Diet	Soft, bland diet
Activity of Daily Living	Limited

Follow-Up Appointment, Additional Consultation/Treatment:

<input checked="" type="checkbox"/> Clinic Name: _____ Date: 16.11.2023	<input type="checkbox"/> Clinic Name: _____ Date: _____
<input type="checkbox"/> The ER:	
<input type="checkbox"/> Tertiary/Specialty Hospital:	
<input checked="" type="checkbox"/> Sick leave: (10) days, starting from the date of admission	

Recommendations:

Treating Physician Name: Dr. Mohammed Essawy

Department: Internal Medicine

Signature


 DR. MOHAMMED E. ESSAWY
 Internal Medicine / Nephrology Consultant
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Medical Reports Stamp

