



ஸ்ரீ மணக்குள விநாயகர்  
மருத்துவக் கல்லூரி  
மற்றும் மருத்துவமனை  
கலிதீர்த்தாள்குப்பம், புதுச்சேரி-605 107.

## OUT PATIENT BOOK

Name

பெயர்

Address

முகவரி

Age

வயது

Sex

இனம் :

Hospital No.:

ம. எண் :

Date :

தேதி :

Hospital No : 019579  
Reg. Date : 19-05-2005 12:00 AM  
Name : ~~XXXXXXXXXX~~  
S/o : PALANI  
Age & Sex : ~~XXXXXXXXXX~~  
Address : pandiyan nagar  
9751111161 VILLUPURAM  
VILLUPURAM  
Department :

**SRI MANAKULA VINAYAGAR  
MEDICAL COLLEGE AND HOSPITAL**

Kalitheerthalkuppam, Madagadipet,  
Puducherry - 605 107. ☎ : 0413 - 2643000  
E-mail : principal@smvmch.ac.in Website : www.smvmch.ac.in

மறுமுறை வரும்போது இந்த புத்தகத்தை தவறாமல் எடுத்து வரவும்

4.2.2  
D)

Dr. KAGNE. R.N  
DEAN  
SRI MANAKULA VINAYAGAR  
MEDICAL COLLEGE & HOSPITAL  
KALITHEERTHALKUPPAM,  
PUDUCHERRY-605107.

# இலவச பரிசோதனைகள்

## BIO-CHEMISTRY

- ❖ Glucose Fasting
- ❖ Glucose PP
- ❖ Glucose Random
- ❖ Urea
- ❖ Creatinine
- ❖ Cholesterol
- ❖ Triglycerides
- ❖ Glucose tolerance Test (Routine)
- ❖ Glucose tolerance Test (pregnancy)
- ❖ Glucose Challenge Test (GCT)

## HAEMATOLOGY

- ❖ Haemoglobin (Hb)
- ❖ Haematocrit (PCV)
- ❖ RBC Count
- ❖ Total Leucocyte Count (TC)
- ❖ Differential Count (DC)
- ❖ Platelet Count
- ❖ Erythrocyte Sedimentation Rate (ESR)
- ❖ Bleeding Time (BT)
- ❖ Clotting Time (CT)
- ❖ Urine Routine

## MICROBIOLOGY

- ❖ Sputum AFB
- ❖ Stool Ova / Cyst
- ❖ HIV, VDRL  
(TB & Chest,  
Dermatology,  
Antenatal Cases)

Dr. KAGNE. R.N

DEAN

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PUDUCHERRY-605107.

4 JAN 2023

## OPD INITIAL ASSESSMENT FORM

Presenting Complaint :

~~Shortness of breath~~

\* 45/M.

\* Co-morbidities (CAD → Diagnosed EAM<sup>2</sup>  
(2008), Thrombolytic

✓ on T → (yes unknown)

✓ DVT in Both lower limb.  
(Byem back) → on T. Dabigatran

✓ Diagnosed as Hypertension

Allergy : Yes / No, if Yes At present Come for

Past Health History : Review. No specific  
complaint present

Previous Hospitalization :  Hypertension

Diabetes  Asthma

TB  Smoking  Alcoholism

Others  stopped since  
1 year.

Family History

Diabetes  Hypertension  Heart Disease

Kidney Disease  Others Hypertension (+)

Physical Examination :

Height ..... cms, Weight ..... Kgs, RR .....

B.P. 150/100 mmHg, Pulse rate : 87/min, Temp: ..... °F

Pallor : No / Yes, Icterus : No / Yes, Cyanosis : No / Yes,

Others  leg edema  (low pitting)

Systemic Examination :

RS : N VIBS ⊕  
 no added sounds

CVS : S<sub>1</sub> S<sub>2</sub> ⊕  
 no murmur/no added sounds

G.I : Soft / NO organomegaly

CNS : Conscious / oriented  
 no focal Neurological Deficit

Others :

Provisional Diagnosis :

Care Plan :  
 ✓ Hemodynamic  
 ✓ Post-Hypertensive CVT & DVT

Investigations :  
 ✓ CAD (Thrombolysis)  
 2017

? Newly Diagnosed IHT -  
 to Review

Final Diagnosis :

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Treatment Plan

Sl. No.	Drugs	Duration
	<u>Plan</u>	
①	Alcohol & Smoking Abstinence to continue.	5
②	Lifestyle changes has been explained	
③	Check Blood pressure & <del>weight</del> maintain BP chart (Home monitoring)	
④	Review E BP chart	
⑤	Continue T. <u>Dabigatran</u>	

Review Date : 18.7.22. E BP chart  
 (Home monitoring)

Doctor's Name Dr. Premkumar Sign. [Signature]

Date & Time : 07.07.22.  
 12:50 PM

Dr. G. PREM Kumar, M.D.,  
 Regn. No: 82692  
 Associate Professor  
 Dept. of General Medicine  
 Sri Manakula Vinayagar Medical College & Hospital  
 Madagadipet, Pondicherry



# Sri Manakula Vinayagar Medical College and Hospital

Kalitheerthakuppam, Madagadipet, Puducherry - 605 107.

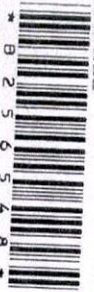
## INPATIENT ADMISSION FORM

(To be filled in by the Admitting Doctor)

MLC  Yes  NO

MLC No

Name of Patient with Address



B256548 - 65/Male

S/o: MAYIL ANANTHAM

Age & Sex

Hospital No. B256548	Date & Time of Admission 19/11/23 at 7.10 PM
Admitting Department / Unit GM-4	Ward N. Meds
Professor Prof. Dr. S. GIRIJA	Provisional Diagnosis - AFI - Dengue?
Probable duration of stay at hospital	3-5 days.
Proposed Surgery / Procedure	—
Admitting Doctor / Unit	Name Dr. S. Madhan Kumar
Signature	<p>DR. S. MADHAN KUMAR, M.D., REGD. No: 98904 ASSISTANT PROFESSOR DEPARTMENT OF GENERAL MEDICINE Sri Manakula Vinayagar Medical College &amp; Hospital, Kalitheerthakuppam, Puducherry - 605 107.</p>
Designation	AP
Date & Time	19/11/23, at 7.10 PM

TRUE COPY ATTESTED

BEAN  
SRI MANAKULA VINAYAGAR  
MEDICAL COLLEGE & HOSPITAL  
KALITHEERTHAKUPPAM,  
MADAGADIPET, PUDUCHERRY-605 107.

## AUTHORISATION FOR TREATMENT / PAYMENT

(To be filled in at the Admission Counter)

I hereby authorise the administrators, medical, nursing, and paramedical staff of SMVMC hospital to investigate, treat and administer such drugs as may be necessary and to perform such operations/Procedures under anaesthesia or otherwise as may be deemed necessary and/or advisable in the diagnosis and treatment of my illness.

I ..... (Relationship)  
I hereby authorise on behalf of .....

the administrators, medical, nursing and paramedical staff of SMVMC hospital to investigate, treat and administer such drugs as may be necessary and to perform such operations under anaesthesia or otherwise as may be deemed necessary and/or advisable in the diagnosis and treatment of his illness.

I also undertake to settle all the bills due to the hospital on a periodic basis and in any case before getting discharged from the hospital.

In case of default, I authorise the hospital authorities to proceed against me legally as well to transfer me/the patient to any other hospital for further treatment at my own cost.

I also acknowledge having been informed of the rules and regulations of the hospital and will abide by it

I will not hold the hospital responsible for the loss of my personal belongings.

I have read all / have been explained of the contents of this form in my vernacular.

### சிகிச்சை மற்றும் பணம் செலுத்துதற்கான வாய்தல் வழங்குதல்

இதன் மூலம் நான் இம்மருத்துவமனையின் நிர்வாகம், மருத்துவர், செவிலியர் மற்றும் மருத்துவ ஊழியர்கள் எனக்குத் தேவையான சோதனைகளை செய்து மருந்துகள் கொடுக்கவும், மயக்கமூந்து கொடுத்து அறுவை சிகிச்சை மற்றும் அறுவை சிகிச்சை சார்ந்த சோதனைகளையும் செய்யவும் அதிகாரம் அளிக்கிறேன்.

நான்..... அகிய அவர்

சார்பாக இம்மருத்துவமனையின் நிர்வாகம், மருத்துவர், செவிலியர் மற்றும் மருத்துவ ஊழியர்கள் எனக்குத் தேவையான சோதனைகளை செய்து மருந்துகள் கொடுக்கவும், மயக்கமூந்து கொடுத்து அறுவை சிகிச்சை மற்றும் அறுவை சிகிச்சை சார்ந்த சோதனைகளையும் செய்யவும் அதிகாரம் அளிக்கிறேன்.

மேலும் இம்மருத்துவமனையில் ஆகும் செலவுகளை அவ்வப்போது செலுத்தவும், எப்படியும் மருத்துவமனையிலிருந்து அனுப்பப்படுவதற்கு முன்பு எல்லா செலவினங்களையும் செலுத்தத்தவறமாட்டேன் என்பதற்கும் உறுதியளிக்கிறேன்.

ஒருவேளை அப்படி பணம் செலுத்தத் தவறினால் என் மீது சட்டபூர்வமான நடவடிக்கை எடுக்கவும் என்னை / நேரடியான வேறு மருத்துவமனைக்கு என் சொந்த செலவில் மாற்றம் செய்யும் மருத்துவமனைக்கு அதிகாரம் அளிக்கிறேன்.

மருத்துவமனையின் சட்டதிட்டங்கள் பற்றி எனக்குப்படியும்படி எடுத்துக்கூறப்பட்டது. அவற்றை நான் கடைபிடிப்பேன் என்றும் உறுதியளிக்கிறேன்.

என்னுடைய உடைமைகள் மற்றும் பணம்போற்றவை காணாமல் போனால் மருத்துவமனையை எந்த விதத்திலும் பொருப்பாக்க மாட்டேன்.

மேற்கூறிய அனைத்தையும் நான் படித்து தெரிந்து கொண்டேன். எனக்கு விளங்கும்படி எனது மொழியில் எடுத்துக்கூறப்பட்டது என்பதையும் தெரிவித்துக்கொள்கிறேன். **COPY ATTESTED**

Signature of Admitting Authority  
அனுமதியாளர் கையொப்பம்

Name : Palanis  
Date :

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SRI MANJUNATHA VINAYAGAR  
MEDICAL COLLEGE & HOSPITAL  
KALITHEERTHALKUPPAM,  
MADAGADIPET, PUDUCHERRY-605 017.

Signature of Patient / Relative  
நோயாளி / உறவினர் கையொப்பம்

Palanis  
Nature of Relationship  
உறவு முறை



# Sri Manakula Vinayagar Medical College and Hospital

## Kalitherthalkuppam, Puducherry - 605 107.

### TA FORM

Hospital No : **B256548**  
 D.O.A. : **19-01-2023**  
 Name : **MAYIL ANANTHAM**  
 S/O : **SOUTH ST**  
 Address : **PERIYAKATTUPALAYAM**  
**9159987135**  
 Department : **GENERAL MEDICINE**


Hospital No. \_\_\_\_\_  
 MLC  Yes  No  
 MLC No. \_\_\_\_\_  
 Married  Yes  No  
 Ward **N. Med. 302** Bed No. \_\_\_\_\_

Date & Time of Admission	Date of Surgery	Date & Time of Discharge	No. of days in the hospital
19/01/2023 11:00 PM	-	28/01/2023 @ 14:00	9 days
Admitting Department		Unit <b>12</b>	
Condition of the Patient at Discharge			
<input type="checkbox"/> Cured <input type="checkbox"/> Unchanged <input checked="" type="checkbox"/> Improved <input type="checkbox"/> referred <input type="checkbox"/> Expired <input type="checkbox"/> before 48 hrs. <input type="checkbox"/> after 48 hrs			
Type of Discharge			
<input checked="" type="checkbox"/> Routine <input type="checkbox"/> At request <input type="checkbox"/> Against Medical Advice <input type="checkbox"/> Absconded			
Final Diagnosis (To be written in CAPITALS)	<i>3 SEVERE DYSPNOEA FROM RESPIRATORY - RESOLVED</i>		ICD Code <b>A71.3</b>
Associated Diagnosis Conditions			
Associated Complications			
Surgical Procedures Underwent	TRUE COPY ATTESTED		

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 KALITHERTHALKUPPAM,  
 MAUDAGADIPET, PUDUCHERRY - 605 107.

Dr. S. MADHAN MOHAR, M.D.,  
 ASSISTANT PROFESSOR  
 DEPARTMENT OF GENERAL MEDICINE  
 Sri Manakula Vinayagar Medical College & Hospital  
 Kalitherthalkuppam, Puducherry - 605 107.  
 Professor / Assoc. Prof. / Senior Resident

**INPATIENT DATA FORM**

Name:	
Address:	
Age/Sex:	62y/m
Hospital Number:	B256548
Unit:	IV
Ward:	M.Hed
Bed Number:	

DEPARTMENT OF GENERAL MEDICINE

PATIENT CASE RECORD

Date & Time: 19.1.23 <sup>08</sup> 8:00PM

CHIEF COMPLAINTS:

- Fever x 4 days.
- Headache x 4 days

HISTORY OF PRESENTING ILLNESS:

- Pt. was apparently NO before 4 days, after which he developed fever x 4 days, continuous, high grade fever associated with chills and rigors. H/o Headache x 4 days, generalized headache. H/o Nausea +, H/o vomiting. No h/o loose stools. H/o strabalgia +, H/o Retro-orbital pain +, No h/o blurring of vision.

PAST HISTORY: (if yes specify duration/ treatment/ significant issues to the disease)

- Diabetes: NO / YES
- Hypertension: NO / YES
- Infectious disease: NO / YES
- Tuberculosis: NO / YES
- CAD/ Stroke: NO / YES
- Seizure disorder: NO / YES

- H/o Bleeding gums +
- No h/o other Bleeding manifestations.
- H/o Abdominal pain +

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Chronic kidney disease: NO/YES

Bleeding diseases: NO/YES

Any other disease: NO/YES

Toxic exposure: NO/YES

Loose stools: NO/YES

TREATMENT HISTORY: No significant history.

SURGICAL HISTORY, H/O DRUG ALLERGY:

No H/O surgery in the past.

VACCINATION HISTORY: 2 dose of Covid 19 vaccinated.

PERSONAL HISTORY:

Milestones: Delayed/Normal

Barefoot walking NO

Physical habits: Sedentary/ Moderately active/ Very active

Diet: Vegetarian/ Non-vegetarian

Tobacco: NO Yes (Smoking/chewing) Amount:

Insomnia: NO Yes Defecation: Open air/ Closed chronic

Alcoholic beverages consumption: (Specify in detail pattern)

Smoker for 30y

Bowel habits: Normal

Chronic alcoholic since 10y

Bladder habits:

Stopped since 8y

TRUE COPY ATTESTED

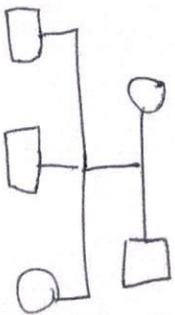
DR. SEAN SRI MANANATHAN VINAYAGAR  
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KALITHEERTHI, KUPPAM,  
MADHAVAPET, PUDUCHERRY-605 107.



FAMILY HISTORY:

N/A

FAMILY TREE:



OBSTETRIC HISTORY (for females)

Age at menarche: — Age at marriage: — Periods (flow, pain, duration): —

Contraception: No Yes (safe period, IUCD, pill, other)

Pregnancies: — Para: — Gravida: — LMP: —

Income per year: — Economic status: Rich, middle class, poor, very poor

SUMMARY: A 62 year old male came with the following symptoms: Headache, Nausea, Bleeding gums, Retroorbital Pain

GENERAL PHYSICAL EXAMINATION:

Weight: kg Height: cm BMI: Waist circumference:

Nutrition: Good fair poor

Congenital malformations:

Throat: (N) Tongue: (N) Hair: (A)

Teeth: (N) Gums: (N) Goitre: (B)

Skin: (N)

Skeletal malformation: Yes/No Optic fundus (draw):

Pallor: (C) Icterus: (C) Cyanosis: (C) Clubbing: (C)

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Edema (Pitting/Non-pitting):

(-)

Lymphadenopathy (look all lymph nodes):

(-)

Pulse:

Rate: 78/Min Rhythm: Regular

(N)

Special character: Nil

Arterial Thickening: Yes/No

Carotid: R L Radial: R L Brachial: R L Femoral: R L D.Pedis: R L P.Tibial: R L

Jugular venous pulse: -

Jugular venous pressure:

Upper

Upper

Blood pressure (lying, standing, sitting):

Right 90/60 mmHg Left

Lower

Lower

Signs of liver cell failure: -

Neurological markers: -

Peripheral signs of cardiac disease: -

### CARDIO VASCULAR SYSTEM:

Inspection: Atrial impulse not seen.

Palpation: Atrial impulse felt at 2<sup>nd</sup> sth IC space. No an heath  
medial to MCL. TRUE COPY ATTESTED

**Auscultation: SOUNDS**

Describe sounds yes/no, loud/ soft	Mitral area	Tricuspid area	Pulmonary area	Aortic area
1 <sup>st</sup> sound	+	+	+	+
2 <sup>nd</sup> sound	+	+	+	
Pulmonary component				
Aortic component				
Opening snap				
Ejection click				
3 <sup>rd</sup> heart sound				
Rub				

**MURMURS**

Grade 1-6, timing, duration, time to peak, character, quality, pitch, conduction, relationship to posture, respiration, Valsalva manoeuvres at each site. Represent graphically and describe in words:

Mitral area:   
 Tricuspid area:   
 Pulmonary area:   
 Aortic area:

~~SOB~~ NO MURMUR

**RESPIRATORY SYSTEM:**

Chest wall deformities:

Trachea: *Appears to be in midline*

Chest expansion:  Upper

Posterior

Sinus:  Dilated veins

Scars

**TRUE COPY ATTESTED**

DEVI ANI  
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 KALHEER, MADURAI, KUPPAM,  
 MADURAI, PUDUCHERRY-605 107.

**Palpation:**

Trachea: *In midline*

Chest dimensions: AP

Transverse

Chest circumference: Inspiration:

Expiration:

Expansion:

Tactile fremitus (all area):

Vocal fremitus (all area):

Chest wall tenderness:

Percussion (all areas):

Tidal percussion:

Traube space:

Shifting dullness:

**Auscultation** ( All areas- describe breath sounds present or absent, type, added sounds in detail and special auscultation maneuver) *R/L AEP, No added sounds*

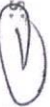
**ABDOMEN:**

**Inspection:**

Scars:



Sinus:



Dilated veins:



Hernia:

Flanks:

Skin:

**Palpation:**

Liver:

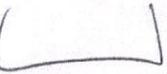


tenderness: (+)

over

epigastric, Hypochondrium

Spleen:



*not palpable*

**Percussion:**

Liver:

Spleen:

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MEDICAL COLLEGE & HOSPITAL  
KAUTHERIPATHAL KUPPANI,  
MADYAGADIPET, PUDUCHERRY-605 107.

Free fluid: *No free fluid*  
 Auscultation:

CENTRAL NERVOUS SYSTEM:  
 Handedness:

Conscious:   
 Memory:

GCS: *15/16* Orientation:  
 Behavior:

Speech:

CRANIAL NERVES	R	L	R	L
1 <sup>st</sup> cranial nerve			7 <sup>th</sup> cranial nerve	
2 <sup>nd</sup> cranial nerve				
3 <sup>rd</sup> cranial nerve	<i>Intact</i>	<i>Intact</i>	8 <sup>th</sup> cranial nerve	
4 <sup>th</sup> cranial nerve			9 <sup>th</sup> cranial nerve	<i>Intact</i>
6 <sup>th</sup> cranial nerve			10 <sup>th</sup> cranial nerve	<i>Intact</i>
5 <sup>th</sup> cranial nerve			11 <sup>th</sup> cranial nerve	
			12 <sup>th</sup> cranial nerve	

MOTOR SYSTEM	RIGHT	LEFT
Bulk	<i>(N)</i>	<i>(N)</i>
Tone	<i>(R)</i>	<i>(N)</i>
Power	<i>Ue</i> <i>Ue</i> <i>Ue</i>	<i>(N)</i> <i>(N)</i> <i>(N)</i>

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 SRIMADHANI ANAVAGAR  
 MEDICAL COLLEGE & HOSPITAL  
 KALITHEERTHAL KUPPAM,  
 MADAGADIPET, PUDUCHERRY-605 107.

Reflexes (superficial & deep)	Biceps Triceps Knee Ankle Plantar	+	+	+	+	+	+	+
Coordination & gait								
Involuntary movements								

SENSORY SYSTEM			
Spinothalamic tract			
Posterior column	Intact	Intact	
Cortical sensations			

CEREBELLUM: Intact

AUTONOMIC SYSTEM: N

SPINE & CRANIUM: N

PROVISIONAL DIAGNOSIS:

Fever ↓ EVALUATION.

? Dengue  
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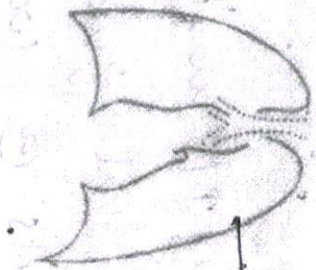
DR. N. SRI MANI  
SRI MANI VASANTHAR  
MEDICAL COLLEGE & HOSPITAL  
KALITHEERTHALURIPPAI  
MADAGADIPET, PUDUCHENRI-605 017.

PLAN OF MANAGEMENT:

IV fluids  
supportive care

ECG: Sinus Rhythm, HR 78/min, No acute ST-T changes

CHEST X RAY:



Normal lung parenchyma

Notes written by with date:

Checked by with date: Dr. Shripa (PL)  Blood c/s  Urine c/s

INVESTIGATIONS

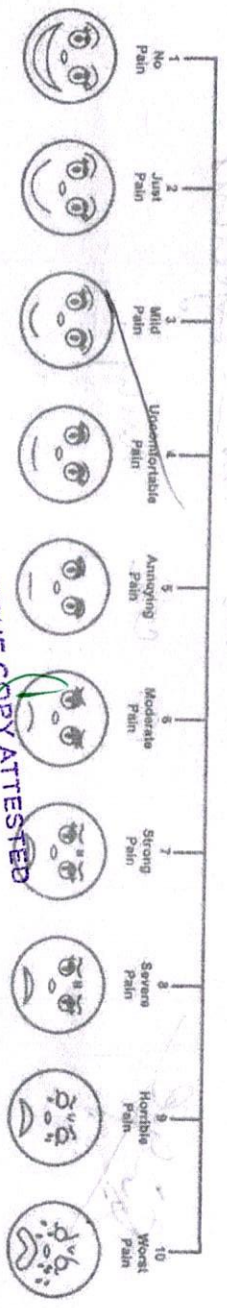
ECG, CXR, RBS, CRP, ESR, RFT, LFT, U/R, S. electrolytes,  
Blood c/s, urine c/s, Dengue Ig m antibody, Scrub Typhus  
Dengue NS1 antibody, PT/INR, Pbs e<sup>-</sup> R<sub>c</sub> Ig m antibody

VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS NEEDED?

YES/NO

IF YES \_\_\_\_\_ (Drug name/ Mechanical)

PAIN SCORE:



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RFT: 49/1.2  
Elevations: (N)

TREATMENT ADVICE:

DOCTOR SIGNATURE & SEAL:

DATE: 19/1/23

TIME: 8.00 pm

Mo: 14. 3gls  
Tue: 10, 500  
Pt: 159,000

- Also
- 1) TPR / RR / SpO2 / EtO slow rising.
  - 2) Plenty of oral fluids 24 day.
  - 3) JVF axons @ 100w/yr.

(N) 4. C. DXX DR 100w/yr:

- 5. Any ANTIRETRORNE being iv
- 6. Any ENIGET Any iv 808.
- 7. T. AREA being 1-0-1
- 8. w/f Breeding manifestations
- 9. No iv injections

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*Signature*  
DR. SHILPA PAUL  
Reg. No. 74097  
Post Graduate  
Gen. Med. SMVMCH

DEAN  
SPRINGER DEVA VINAYAGAR  
MEDICAL COLLEGE & HOSPITAL  
KALITHIER NIVALKUPPAM,  
MADAGADIPET, PUDUCHENRI-605 007.





# Sri Manakula Vinayagar Medical College and Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

## INPATIENT LAB INVESTIGATION REPORTS

Patient Name ~~XXXXXXXXXX~~

Age & Sex 64 / m

Hospital No. B256548

Ward & Department 333333

Consultant Dr. [Signature]

Date :

Haematology							
TLC	11500						
DLC							
Hb	14.3						
PCV	41.6						
Others							
MP / MF							
ESR	22 / 40						
Urine							
Albumin							
Sugar							
Micro							
<b>Stool</b>							
Oval / Cyst							
Occult blood							
<b>Biochemistry</b>							
Blood Sugar							
Urea							
Creatinine							
Bilirubin							
SGOT							
Alk. Phospatase							
Total Protein	TRUE COPY ATTESTED						
Serum Albumin							

TRUE COPY ATTESTED

Medical College and Hospital  
(A Unit of Sri Manakula Vinayaga Educational Trust)  
**DISCHARGE SUMMARY**

<b>Name of Patient with Address :</b> [REDACTED], SOUTH ST, PERTYAKATTUPALAYAM, CUDDALORE, TAMILNADU,		<b>Hospital No.</b> B256548 <b>Age / Sex</b> 66 / Male
<b>Date of Admission</b> 19/01/2023	<b>Date of Discharge</b> 28/01/2023	<b>Ward :</b> Male Medical -> Ward 303
<b>Consultant :</b> Dr.Girija.S.		<b>Department :</b> General Medicine

**Diagnosis**

SCRUB TYPHUS IGM REACTIVE- RESOLVED

**SurgicalProcedure**

NIL

**ClinicalHistory**

C/o. Patient was apparently normal before 4 days, after which he developed fever X 4 days, continuous , high grade fever associated with chills and rigor  
H/o headache X 4 days, generalized headache present  
H/o nausea present  
H/o abdominal pain present  
No H/o vomiting  
No H/o loose stools  
H/o arthralgia present  
H/o retro- orbital pain present  
No H/o burning micturition  
H/o bleeding gums  
No H/o other bleeding manifestations  
NOT/K/c/o epilepsy /asthma/CV/SHTN/ thyroid disorder

**PhysicalFindings**

O/E : conscious, oriented , Afebrile  
Pallor (+), no icterus, no clubbing, no cyanosis, no lymphadenopathy , no pitting pedal edema , no dehydration,

PR : 95bpm  
BP : 120/80mmHg  
CVS : S1, S2 +  
RS : B/L AE+,  
P/A : soft,  
CNS : NFND, GCS-15/15

**LabInvestigation**

Reports enclosed

**TreatmentGiven**

1. IV Fluids
2. INJ. PAN 40 mg IV BF 1-0-0

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KALUTHIERTHAIKUPPAM,  
MADACADIPET, PUDUCHERRY-605 107.

Hospital No. :B256548

Name : Mr. ~~XXXXXXXXXX~~

Age / Sex :66/Male

3. INJ. EMESET 4 mg IV 1-0-0
4. T. NAXDOM 500 MG SOS
5. T. NEUROKIND 1-0-0
6. C. SOMPRAZ D 1-0-0
7. C. DOXY LDR 1-0-1
8. SYP. LACTIHEP 15 ml 1-0-1 SOS

### CourseStay

A 50 year old male patient with no known comorbidities presented with c/o fever for pas 4 days. Patient was apparently normal before 4 days, after which he developed fever which was continuous , high grade fever associated with chills and rigor. H/o headache present, h/o arthralgia present, h/o retro orbital pain present, h/o bleeding gums, H/o abdominal pain present. o/e BP - 90/60 mm Hg. No eschar / lymphadenopathy. Investigations showed mild (?Prerenal) AKI, Normal LFT, electrolytes, thrombocytopenia and leukocytosis. Scrub Igm ELISA was positive. Blood and Urine culture was negative. Patient was treated with Oral Doxycycline and supportive measures. RFT improved and Serial CBG monitoring showed increasing platelets and patient had no fever in last 3 days hence Patient discharged as routine.

### DischargeAdvice

1. T. NAXDOM 500 MG SOS 3 tablets
2. T. NEUROKIND 1-0-0 x 2 weeks
3. SYP. LACTIHEP 15 ml 1-0-1 SOS

REVIEW AFTER X 2 week IN MEDICINE OPD  
IF EMERGENCY / CONTACT THIS NUMBER 0413-2643000 EXT - 1015

Summary Prepared by  
Name & Designation

**DR. JOHN HELIO**  
TCMC Reg.No: 78954  
PG RESIDENT  
VERIFIED BY  
DR. MEDICAL CHERRY  
Name & Designation  
**SMMCH**

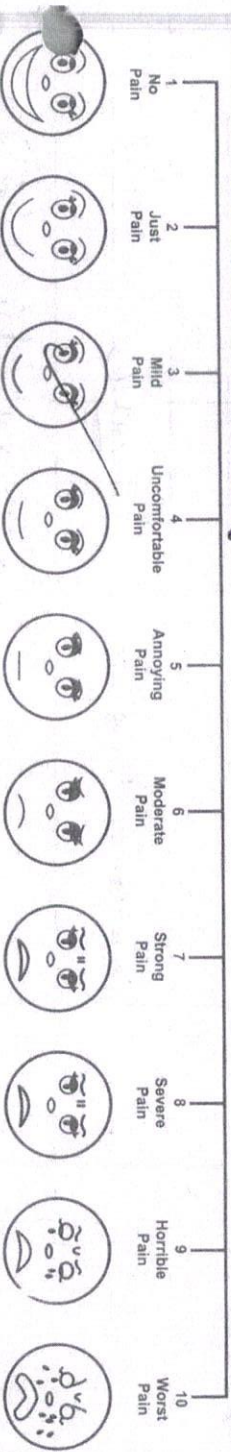
**M**  
Dr.S.MADHAN KUMAR,M.D.,  
Regd. No: 93504  
CONSULTANT PROFESSOR  
DEPARTMENT OF MEDICINE  
Sri Manakula Vinayagar Medical College & Hos  
pital  
Kalthieerthalkuppam, Puducherry - 605 1

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NEELAN  
SRI MANAKULA VINAYAGAR  
MEDICAL COLLEGE & HOSPITAL  
KALTHIEERTHALKUPPAM,  
MADAGAUDIPET, PUDUCHERRY-605 107.

INPATIENT PROGRESS RECORD

Patient Name	Age / Sex	Department - unit	Ward	Hospital no.
<del>XXXXXXXXXX</del>	66 / M	GM-4	MMW	13256548



Date & Time	Examination & progress notes	Doctor's orders (with Signature)
30/1/23 Sam	<p>Ai - 1) fever &amp; <del>stomatitis</del></p> <p>2) <del>pericarditis</del></p> <p>c/o lower backache</p> <p>ole: conscious, oriented</p> <p>BP: 90/60</p> <p>PR: 67/min</p> <p>SLE: vs: S1S2 ⊕</p> <p>RS: B1c A2 ⊕</p> <p>PAI warm ⊕, Tenderness ⊕ epigastrium &amp; hypochondrium</p> <p><del>abd:</del></p> <p>CNS: NEND</p> <p>Collect - Dengue/ scrub Rept -</p> <p>Indur given for phyllorin</p>	<p>Advise</p> <p>1) TPR/ BP/ SpO2 / RR chourly</p> <p>2) plenty of oral fluids 2L/day</p> <p>3) IVF 20NS @ 100ml/hr</p> <p>4) Inj. PAIN for my IV 1-0-0 (B)</p> <p>5) Inj - EMESET 4mg IV SOS</p> <p>6) c. DEXY LDR 100mg 1-0-1</p> <p>7) T. PARA 600mg 1-1-1</p> <p>8) W/F Bleeding manifestations</p> <p>9) No IM injections</p> <p>10) cbe daily</p> <p>11. T. NARDIM 500mg SOS</p> <p>12) Daily BC</p>
	TRUF. REPAIESTED ROOM	
	Staff -	

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KALITHEER VALKUPPAM  
MADAGAPETH PUDUCHERRY-605 107.



**NURSING DIAGNOSIS AND CARE PLAN RECORD**

**PATIENT LABEL**

Diet Advised : *ND*  
Diet Taken : *Taken*

Date : *22/1/23*  
Shift : *8 am to 2 pm*  
*2 pm to 8 pm*  
*8 pm to 8 am*

**NURSING DIAGNOSIS :**

*Knowledge deficit Regarding home care management*

**NURSING CARE PLAN :**

NURSING INTERVENTIONS	NURSING IMPLEMENTATIONS	OUTCOMES
To maintain vital signs	<i>T - 98°F, PR - 82bpm BP - 120/70 mmHg Pain scale - 2/10.</i>	<i>Monitors vitals</i>
To alleviate pain	<i>Patient takes oral meds</i>	
To maintain fluid and electrolyte balance	<i>In the presence of patient -</i>	<i>2 liter patient -</i>
Care of catheters	<i>for</i>	
a) Peripheral	<i>sure drug 8:30am.</i>	
b) Urinary	<i>Follow up with colleague</i>	
c) NG Tube	<i>patient self void.</i>	
d) Drains	<i>patient self void.</i>	
To ensure safety	<i>patient self void.</i>	
a) Medication	<i>patient self void.</i>	
b) Infection	<i>patient self void.</i>	
c) Environment	<i>patient self void.</i>	
To meet elimination needs	<i>patient self void.</i>	
To promote early ambulation	<i>patient self void.</i>	
To meet psychological needs	<i>patient self void.</i>	
To provide PFE	<i>patient self void.</i>	

Name of Nurse : *S. Sri Lakshmi*  
SM/MCH/FORM/262/VERSION

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Kallikeri, Madhavadipet, Pudukottai, Tamil Nadu - 605 107.  
Sri Lakshmi

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Signature

TIME	SPECIAL NOTES
8:21/2023	→ Patient vitals stable - Due
9:00am	drugs 8:00am, USS Abdomen & pelvis to be taken. Ins - NS on Monday - 10m/2023 / No chest aspirator - 5m/23
10:00am	→ Patient vitals checked and Reviewed - Due drug 8:00am - no any other complaints - 5m. 5-10/23
3pm.	Patient vitals are checked & recorded. Due drugs to be given as per order. USS abdomen pelvis plan. 5pm. vitals.
5pm	Patient vitals are checked & recorded. USS abdomen plan. I/O chart, 100% chart maintained. Due drugs to be given. 5pm. vitals
9:30pm	patient vitals and recorded checked vitals are stable No any other complaints patient general condition just. USS abdomen to be done 5pm. 5-10/23 5pm. vitals Signature

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SRI MANJUNATHA SWAMYANAR  
MEDICAL COLLEGE & HOSPITAL  
RAJITHHEENI TRAIL, RUPAKA  
MADANAPALLE, PUDUCHENNAI-605 006

Name of Nurse : *Sangeetha*

Signature *S*

# NUTRITION CARE PLAN

Diet Plan: ND / SRD / LPD / BD / DD (SRD) / DD / DD (SRD) / DD (LPD)

RICE KANJEE / MILK / RT feed / HPD / NPO / PN / EN

## Diet prescription instructions by treating consultant

Date	Type of Diet	Doctor Signature	Calorie	Protein	Any other nutrient	Remarks	Signature of Dietician
23/01/25	BD	<i>Dr. S. Manikumar</i> Dr. S. MANIKUMAR, M.D., Regd. No: 98504, ASSISTANT PROFESSOR DEPARTMENT OF GENERAL MEDICINE SHRI MANAKULAM HOSPITAL, Kalthheerthaikuppam, Pudukkottai	2000	65g	17mg	Iron Phosphorus and B Vitamins	<i>[Signature]</i>
ND - Normal Diet						DD (LPD) - Diabetic with Low Protein Diet	
SRD - Salt Restricted Diet						<i>TRICE COPY AT FEED STYLES Tube feed</i>	
LPD - Low Protein Diet						HPD - High Protein Diet	
BD - Bland Diet						DEAN NPO - Nil Per Oral SRI MANAKULAM HOSPITAL MEDICAL COLLEGE & TR KALTHHEERTHAIKUPPAM, PUDUKKOTTAI	
BD (SRD) - Bland with Salt Restricted Diet						Parenteral Nutrition	
DD - Diabetic Diet						EN - Enteral Nutrition	
DD (SRD) - Diabetic with Salt Restricted Diet							

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**Sri MANAKULA VINAYAGAR**  
Medical College and Hospital

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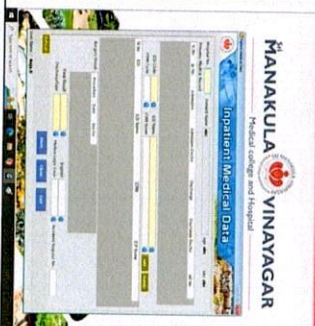
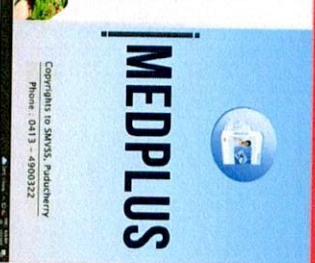
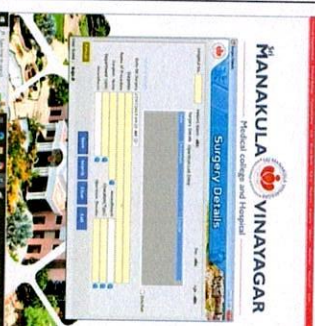
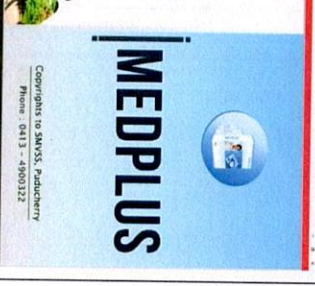
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 <p><b>MEDPLUS</b></p>	 <p><b>MEDPLUS</b></p>

MEDICAL RECORDS DEPARTMENT

Dr. KAGNE, R.N  
DEAN  
MANAKULA VINAYAGAR  
AL COLLEGE & HOSPITAL  
HEERTHALKUPPAM,  
PUDUCHERRY-605107.



 <p><b>MANAKULA VINAYAGAR</b> Medical college and Hospital</p> <p>Birth Details</p>	 <p>Copyrights to SWS, Puducherry Phone : 0413 - 4900322</p>
 <p><b>MANAKULA VINAYAGAR</b> Medical college and Hospital</p> <p>Death Details</p>	 <p>Copyrights to SWS, Puducherry Phone : 0413 - 4900322</p>

 <p><b>MANAKULA VINAYAGAR</b> Medical college and Hospital</p> <p>Inpatient Medical Data</p>	 <p>Copyrights to SWS, Puducherry Phone : 0413 - 4900322</p>
 <p><b>MANAKULA VINAYAGAR</b> Medical college and Hospital</p> <p>Surgery Details</p>	 <p>Copyrights to SWS, Puducherry Phone : 0413 - 4900322</p>

**REGISTRATION**

 <p><b>MANAKULA VINAYAGAR</b> Medical college and Hospital</p> <p>Registration</p>	 <p>Copyrights to SWS, Puducherry Phone : 0413 - 4900322</p>
 <p><b>MANAKULA VINAYAGAR</b> Medical college and Hospital</p> <p>Patient Request</p>	 <p>Copyrights to SWS, Puducherry Phone : 0413 - 4900322</p>

 <p><b>MANAKULA VINAYAGAR</b> Medical college and Hospital</p> <p>Patient Search</p>	 <p>Copyrights to SWS, Puducherry Phone : 0413 - 4900322</p>
 <p><b>MANAKULA VINAYAGAR</b> Medical college and Hospital</p> <p>Patient Admission</p>	 <p>Copyrights to SWS, Puducherry Phone : 0413 - 4900322</p>

**DR. KAGNE. R.N**  
DEAN  
MANAKULA VINAYAGAR  
HOSPITAL COLLEGE & HOSPITAL  
MUTHIERTHALKUPPAM,  
PUDUCHERRY-605107.

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LABORATORY

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**Dr. KAAGNE. R.N**  
 DEAN  
 SRI MANAKULA VINAYAGAR  
 MEDICAL COLLEGE & HOSPITAL  
 KALTHEERTHALKUPPAM,  
 PUDUCHERRY-605107.