

[DISCHARGE] SUMMARY

IP No.	IP/05941	UHID No.	TMH/159884
Patient Name	Mast VAYU YADAV	Sex & Age	11 Months 18 Days Male
Father	PRADEEP KUMAR	Bed Category	PRIVATE
Address	HNO-A-487 SHARDA ENCLAVE NEAR MANTHAN HOSPITAL PREM NAGAR-3 KIRARI	Bed/Room No.	204
Consultant Name	DESHAI08 NEW DELHI	Admission Date	17/06/23 19:00:00
Consultant Department	PAEDIATRICS	Discharged Date	
Sponsor	STAR HEALTH & ALLIED INSURANCE CO		

Provisinal Diagnosis

ACUTE FEBRILE ILLNESS WITH VOMITNG

Final Diagnosis

AFI WITH SEPSIS WITH LRTI

Family History

NO H/O ANY CHRONIC DISEASE

Past History

NOTHING SIGNIFICANT

Chief Complaints:

HIGH GRADE FEVER WITH VOMITING REDUCED ORAL INTAKE

Drug Allergy:

N/A

History of Present Illness

HIGH GRADE FEVER WITH VOMITING REDUCE ORAL INTAKE SINCE 2-3 DAYS

On Examination

TEMP-102.4 F PULSE 141/MIN, RR-24/MIN RBS 110 MG/DL SPO2- 95% ON RA. RR/26 MIN, WT 7.5 KG CHEST -B/L
A/E (+) CVS----S1 & S2 (+) P/A---SO CNS CONSCIOUS & ORIENTED LOCAL EXAMINATION--NAD

Operative Procedure / complication [If any]

CONSERVATIVE MEDICAL MANAGEMENT

Course During Hospitalisation

INJ MONOCEF,
INJ PCM
INJ EMSET,
INJ AMIKACIN
SYP AZEE
SYP NOBLE PLUS
SYP MAXTRA

Treatment Given During Hospitalization

PATIENT WAS ADMITTED WITH ABOVE MENTIONED COMPLAINTS. RELEVANT INVESTIGATIONS DONE .PATIENT
MANAGED CONSERVATIVELY WITH IV FLUIDS, IV ANTIBIOTICS ALONG WITH OTHER SUPPORTIVE CARE . PATIENT
RESPONDED WELL TO THE GIVEN TREATMENT AND NOW IS BEING DISCHARGED IN SATISFACTORY CONDITION WITH
NECESSARY FOLLOW UP ADVICE

Gynaecological Details

N/A

[DISCHARGE] SUMMARY

IP No.	IP/05941	UHID No.	TMH/159884
Patient Name	Mast VAYU YADAV	Sex & Age	11 Months 18 Days Male
Father	PRADEEP KUMAR	Bed Category	PRIVATE
Address	HNO-A-487 SHARDA ENCLAVE NEAR MANTHAN HOSPITAL PREM NAGAR-3 KIRARI DELHI-110086 NEW DELHI	Bed/Room No.	204
Consultant Name	Dr. D D SHAKYA	Admission Date	17/06/23 19:00:00
Consultant Department	PAEDIATRICS	Discharged Date	
Sponsor	STAR HEALTH & ALLIED INSURANCE CO		

Medicine Advice on Discharge

Sl.No.	Type	Medicine Name	Frequency/Time	Dose	Days	Instrunctions
1	SYRUP	ZEDOCEF	0.7 ML	Twice a day	5 DAYS	AFTER MEAL
2	SYRUP	CLARIBID DROPS	2 ML	Twice a day	5 DAYS	AFTER MEAL
3	DROPS	T-98	0.7 ML	Once a day	5 DAYS	AFTER MEAL
4	DROPS	MAXTRA	0.7 ML	Once a day	5 DAYS	AFTER MEAL

Nutritional Advice

NUTERIOUS BALANCED DIET

Patient's Condition on Discharge

PATIENT CONDITION SATISFACTORY AND VITALLY STABLE

PHYSICAL ACTIVITY

ALLOWED

Follow up Plan :

FOLLOW -UP AFTER 5 DAYS PAEDIATRICS OPD

Prepared By
RAJWANT
Resident Medical Officer

Consultant Incharge
Dr. D D SHAKYA

PAEDIATRICS