

QUERY REPLY / ADDITIONAL INFORMATION

TO,

DATE: 01/01/2023

PATIENT NAME :- Harshvay Jagdishbhai shay

POLICY / ID NO :- _____

CCN / AL / CLAIM NO :- UN - 13 - 29080

DOCTOR NAME :- Dr. Dhruv ^{husman} & Dr. Nitay ^{Patani} Patani

DETAILS

It was admitted for complaint of severe pain & swelling in (R) ankle & (L) leg. She was admitted for detailed investigations including (R) ankle xray, (L) leg venous dopler, treatment of uncontrolled diabetes & plan for Orthopedic Surgery. DO neither



Nitay Patani

PATIENT NAME: HARSHABEN JAGDISHBHAI SHAH

IPDNO: I1223118

OPD NO: O1223189

DATE: 31/12/23

DOCTOR:

SEX/AGE: Female / 68 Years

X-RAY RIGHT ANKLE AP

Displace fracture of distal and of fibula bone is seen.

Decreased joint spaces noted in between tibiotalar joint and mild dislocation of distal tibiofibular joint.

No evidence of lytic or sclerotic lesion is seen.

Soft tissue appears normal.

Impression: Displace fracture of distal and of fibula bone is seen.

Decreased joint spaces noted in between tibiotalar joint and mild dislocation of distal tibiofibular joint.

Disclaimer: This report is made by telereporting by ELITE TELERADIOLOGY SERVICES in limited history and resources. Investigations have their limitations. Solitary investigations never confirm the final diagnosis of disease. It only helps in diagnosing the disease in correlation to the clinical symptoms. This is only profession opinion, not a final diagnosis. Kindly co relate imaging findings clinically. Not valid for medico legal purpose.



DR. VIJAY KUCHA

(M.D)

CONSULTANT RADIOLOGIST Date: 31-Dec-2023 10:12:45

REPORT REPORT REPORT

PATIENT NAME: HARSHABEN JAGDISHBHAI SHAH

IPDNO: II223118

OPD NO: O1223189

DATE: 30/12/23

DOCTOR:

SEX/AGE: Female / 68 Years

VENOUS DOPPLER STUDY OF RIGHT LOWER LIMB

Gray scale and color flow imaging study of Right lower limb venous system was done.

On gray scale imaging study

Right Common Femoral, Superficial Femoral, Popliteal, Anterior Tibial and Posterior Tibial veins appear normal with normal compressibility and no evidence of thrombosis within it.

Subcutaneous edema is seen around ankle joint.

No definite collection seen.

On colour flow imaging study

Right Common Femoral, Superficial Femoral, Popliteal, Anterior Tibial and Posterior Tibial veins show normal colour filling and compressibility with augmentation of flow on augmentation test. No evidence of thrombosis seen.

Right lower limb superficial venous system appears normal. No evidence of superficial venous thrombosis seen.

Right saphenofemoral and saphenopopliteal junction appear normal.

Right lower limb arterial system shows Minimal biphasic to monophasic flow with athromatous calcification in dorsalis pedis artery and distal anterior tibial artery.

IMPRESSION-

- Normal right lower limb venous color Doppler study except subcutaneous edema around ankle joint.
- No evidence of deep or superficial venous thrombosis seen.
- Right lower limb arterial system shows Minimal biphasic to monophasic flow with athromatous calcification in dorsalis pedis artery and distal anterior tibial artery.


RADIOLOGIST

DR. MEHUL PATELIYA

REPORT

PATIENT NAME: HARSHABEN JAGDISHBHAI SHAH

IPDNO: I1223118

OPD NO: O1223189

DATE: 30/12/23

DOCTOR: DR. DHAVAL GOSWAMI

SEX/AGE: Female / 68 Years

2D-ECHO

MITRAL VALVE	: SCLEROSED	
AORTIC VALVE	: SCLEROSED	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 31mm	
LEFT ATRIUM	: 39mm	
LV Dd / Ds	: 45/32mm	EF 57%
IVS / LVPW / D	: 11/11mm	BORDERLINE LVH
IVS	: INTACT	NO RWMA AT REST
IAS	: FLOPPY	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1.2/0.9m/s	
AORTIC	: 1.4m/s	
PULMONARY	: 1.1m/s	
COLOUR DOPPLER	: MILD MR/AR/TR	
RVSP	: 28mmHg	
CONCLUSION	: BORDERLINE LVH; NORMAL LV FUNCTION.	

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)





LABORATORY REPORT



Name : HARSHABEN SHAH	Sex/Age : Female/ 66 Years	Case ID : 31202200693
Ref.By : Dr. Dipesh Fataniya	Dis. At :	Pt. ID : 3236188
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 30-Dec-2023 14:34	Sample Type :	Mobile No :
Sample Date and Time : 30-Dec-2023 14:35	Sample Coll. By :	Ref Id1 : ER
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Glyco Hemoglobin			
HbA1C	8.51	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
Haemoglobin	10.9	G%	12.0 - 15.0
PCV(Calc)	34.66	%	36.00 - 46.00
MCV (RBC histogram)	77.2	fL	83.00 - 101.00
MCH (Calc)	24.3	pg	27.00 - 32.00
Plasma Glucose - R	373.82	mg/dL	70 - 160
S.G.P.T.	13.91	U/L	14 - 59

Abnormal Result(s) Summary End

Note: (LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Printed On : 30-Dec-2023 15:57



LABORATORY REPORT



Name : HARSHABEN SHAH	Sex/Age : Female/ 66 Years	Case ID : 31202200693
Ref.By : Dr. Dipesh Fataniya	Dis. At :	Pt. ID : 3236188
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Dec-2023 14:34	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 30-Dec-2023 14:35	Sample Coll. By :	Ref Id1 : ER
Report Date and Time : 30-Dec-2023 15:17	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	H 8.51	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) Calculated	197.54	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycaemic control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycaemic control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note (LL-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 30-Dec-2023 15:57



LABORATORY REPORT



Name : HARSHABEN SHAH Sex/Age : Female/ 66 Years Case ID : 31202200693
 Ref.By : Dr. Dipesh Fataniya Dis. At : Pt. ID : 3236188
 Bill. Loc. : Aashika hospital Pt. Loc :

Reg Date and Time : 30-Dec-2023 14:34 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 30-Dec-2023 14:35 Sample Coll. By : Ref Id1 : ER
 Report Date and Time : 30-Dec-2023 15:06 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 10.9	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.49	millions/cumm	3.80 - 4.80
PCV(Calc)	L 34.66	%	36.00 - 46.00
MCV (RBC histogram)	L 77.2	fL	83.00 - 101.00
MCH (Calc)	L 24.3	pg	27.00 - 32.00
MCHC (Calc)	31.5	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.8	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

	Total WBC Count		4000.00 - 10000.00	
	8050	/μL		
	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophil	64.0	% 40.00 - 70.00	5152	/μL 2000.00 - 7000.00
Lymphocyte	29.0	% 20.00 - 40.00	2335	/μL 1000.00 - 3000.00
Eosinophil	2.0	% 1.00 - 6.00	161	/μL 20.00 - 500.00
Monocytes	5.0	% 2.00 - 10.00	403	/μL 200.00 - 1000.00
Basophil	0.0	% 0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	399000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.21		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Microcytic hypochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

Note: (LL-Very Low, L-Low, H-High, HH-Very High) A-Abnormal

Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT



Name : HARSHABEN SHAH Sex/Age : Female/ 66 Years Case ID : 31202200693
 Ref.By : Dr. Dipesh Fataniya Dis. At : Pt. ID : 3236188
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 30-Dec-2023 14:34 Sample Type : Whole Blood EDTA, Plasma Fluoride R, Serum Mobile No :
 Sample Date and Time : 30-Dec-2023 14:35 Sample Coll. By : Ref Id1 : ER
 Report Date and Time : 30-Dec-2023 15:48 Acc. Remarks : Normal Ref Id2 :
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group)

ABO Type **B**
 Rh Type **NEGATIVE**

BIOCHEMICAL INVESTIGATIONS

Plasma Glucose - R <small>Photometric, Hexokinase</small>	H	373.82	mg/dL	70 - 160
S.G.P.T. <small>UV with PSP</small>	L	13.91	U/L	14 - 59
Creatinine		1.05	mg/dL	0.50 - 1.50
Potassium		5.08	mEq/L	3.5 - 5.1
Sodium		137.40	mEq/L	136 - 145
Urea <small>Calculated</small>		37.81	mg/dL	20.97 - 43.01

Note: (LL-Very Low, L-Low, H-High, HH-Very High A-Abnormal)

Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT



Name : HARSHABEN SHAH	Sex/Age : Female/ 66 Years	Case ID : 31202200693
Ref.By : Dr. Dipesh Fataniya	Dis. At :	Pt. ID : 3236188
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 30-Dec-2023 14:34	Sample Type : Serum	Mobile No :
Sample Date and Time : 30-Dec-2023 14:35	Sample Coll. By :	Ref Id1 : ER
Report Date and Time : 30-Dec-2023 15:47	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Hepatitis B Surface Antigen CMIA	0.240	S/CO	0-1 Non Reactive >1 Reactive	

- HBsAg is the earliest marker of acute HBV infection which typically becomes detectable 2-3 months (as early as 14 days) after infection. When symptoms of hepatitis are present, most patients have detectable HBsAg although few patients will have neither HBsAg nor anti-HBs and anti-HBc IgM is the only marker of acute HBV infection (Core window). HBsAg typically persists for 12-20 weeks after onset of symptoms in uncomplicated HBV infection and disappears followed by a small but variable gap with onset of anti-HBs (Seroconversion).
- Detection of HBsAg beyond 06 months defines chronic HBV infection or a chronic carrier state. Chronic HBV infection is seen in 1-2% of adults and adolescents following acute HBV infection, 5-10% of immunocompromised individuals and upto 80% of neonates. The chronic carrier state of HBV shows only persistent HBsAg in the serum without any other HBV marker or evidence of liver injury.
- Hepatitis B vaccination does not cause a positive HBsAg result. Quantitation or Titer of HBsAg is of no clinical value. • Presence of anti-HBs without detectable HBsAg indicates recovery from acute HBV infection, absence of infectivity and immunity against future HBV infection. • HBsAg test is carried out with Chemiluminescence with monoclonal anti-HBs for the detection of HBsAg. HBsAg assays are routinely used to aid in the diagnosis of suspected hepatitis B viral (HBV) infection and to monitor the status of infected individuals.

CAUTION:

Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). Such specimens may show either falsely elevated or depressed values when tested with assay kits which employ mouse monoclonal antibodies. Additional clinical or diagnostic information may be required to determine patient status. • All initial reactive specimens are subjected to further testing by one or two additional methods and final report is issued in accordance with the same. Repeat reactive specimens MUST be confirmed by any combination of the confirmatory tests (e.g. HBsAg neutralization test, Other HBV markers & LFT and HBV DNA by PCR method). • If the HBsAg results are inconsistent with clinical evidence, additional testing is suggested to confirm the result. • For diagnostic purposes, results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute or chronic infection. Samples containing particulate matter or red blood cells must be centrifuged prior to running the assay. • Specimens from heparinized patients may be partially coagulated and erroneous results could occur due to the presence of fibrin. To prevent this phenomenon, draw the specimen prior to heparin therapy. HBsAg value ranges between 1.0 to 10.0 Index should be considered as indeterminate and advised to repeat with new fresh sample.

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)

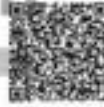
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Page 5 of 7



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"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006
079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com



LABORATORY REPORT



Name : HARSHABEN SHAH	Sex/Age : Female/ 66 Years	Case ID : 31202200693
Ref.By : Dr. Dipesh Fataniya	Dis. At :	Pt. ID : 3236188
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Dec-2023 14:34	Sample Type : Plasma Citrate,Serum	Mobile No :
Sample Date and Time : 30-Dec-2023 14:35	Sample Coll. By :	Ref Id1 : ER
Report Date and Time : 30-Dec-2023 15:48	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
PROTHROMBIN TIME				
TEST PT <i>(Photooptical clot detection)</i>	11.9	seconds	9.5 - 14.4	
Control (MNPT) <i>(Photooptical clot detection)</i>	11.9	seconds		
INR <i>Calculation</i>	1.00		0.85 - 1.15	
Immunology/Serology				
HCV antibody <i>CMA</i>	0.100	S/CO	0 - 1 Non Reactive 1 - 3 Indeterminate > 3 Positive	

Note: (LL-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)

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Page 6 of 7



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LABORATORY REPORT



Name : HARSHABEN SHAH	Sex/Age : Female/ 66 Years	Case ID : 31202200693
Ref.By : Dr. Dipesh Fataniya	Dis. At :	Pt. ID : 3236188
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Dec-2023 14:34	Sample Type : Serum	Mobile No :
Sample Date and Time : 30-Dec-2023 14:35	Sample Coll. By :	Ref Id1 : ER
Report Date and Time : 30-Dec-2023 15:28	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HIV I & II (p24 antigen and antibody combo)				
HIV I & II CMIA	0.19	S/CO	0 - <0.9 Non Reactive 0.9- <1.0 Borderline >=1.0 Reactive	

- HIV Ag/Ab Combo is fourth generation, automated Chemiluminescence [ECLIA/CMIA/CLIA] test designed for antigen & antibody detection of HIV-1 & 2 and includes recombinant antigens and synthetic peptides derived from native TMP sequences to cover the genetic diversity across HIV-1 groups M & O and between HIV-1 and HIV-2. Serologic studies indicate that although HIV-1 and HIV-2 share multiple common epitopes in their core antigens, the envelope glycoproteins are much less cross-reactive. Antibodies elicited against the TMP (or portions of the TMP) of a viral strain within one group or type may react well, poorly, or not at all with the TMP (or portions of the TMP) from a viral strain of a different group or type. The HIV Ag/Ab Combo also detects core protein p24, a marker of early infection before seroconversion.
- The advantage of the fourth generation combo kit is increased sensitivity of detection of HIV infection due to significant reduction in the diagnostic window even prior to seroconversion.
- False positive result: Auto-immune diseases, multiple pregnancies, multiple transfusions, antibody to Class II HLA Ag (HLA-DR4), hypergammaglobulinemia, antipolystyrene antibodies, chronic alcoholics, hepatitis, HBV immunization, technical error etc. Others
- False negative result: Infected but not yet seroconverted, window period, late stage disease (immune collapse) and technical error

CAUTION

- As per local regulatory guidelines, all initial reactive results by primary method are subjected to further testing by one or two additional methods (Strategies II & III, NACO guidelines 2007) and final report is issued in accordance with the same. Repeat reactive specimens MUST be confirmed by any combination of the confirmatory tests as recommended by NACO.
- Various screening kits available for detection of HIV antibody or antibody & antigen combination show discordant results due to variable sensitivity and inherent limitations of the technique. If the assay results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.
- Specimens from patients who have received reparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). Such specimens may show either falsely elevated or depressed values when tested with assay kits that employ mouse monoclonal antibodies. Additional clinical or diagnostic information may be required to determine patient status.
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed. Additional information may be required for diagnosis. Disclaimer: indeterminate value has been defined by Laboratory.
- HIV value between 1 to 10 S/CO should be considered as indeterminate and advised to repeat with new fresh sample.

----- End Of Report -----

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)

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Page 7 of 7



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30.12.2023 04:04
AASHKA HOSPITAL LTD
GANDHINAGAR

Order No:
Indication:
Medication 1:
Medication 2:
Medication 3:

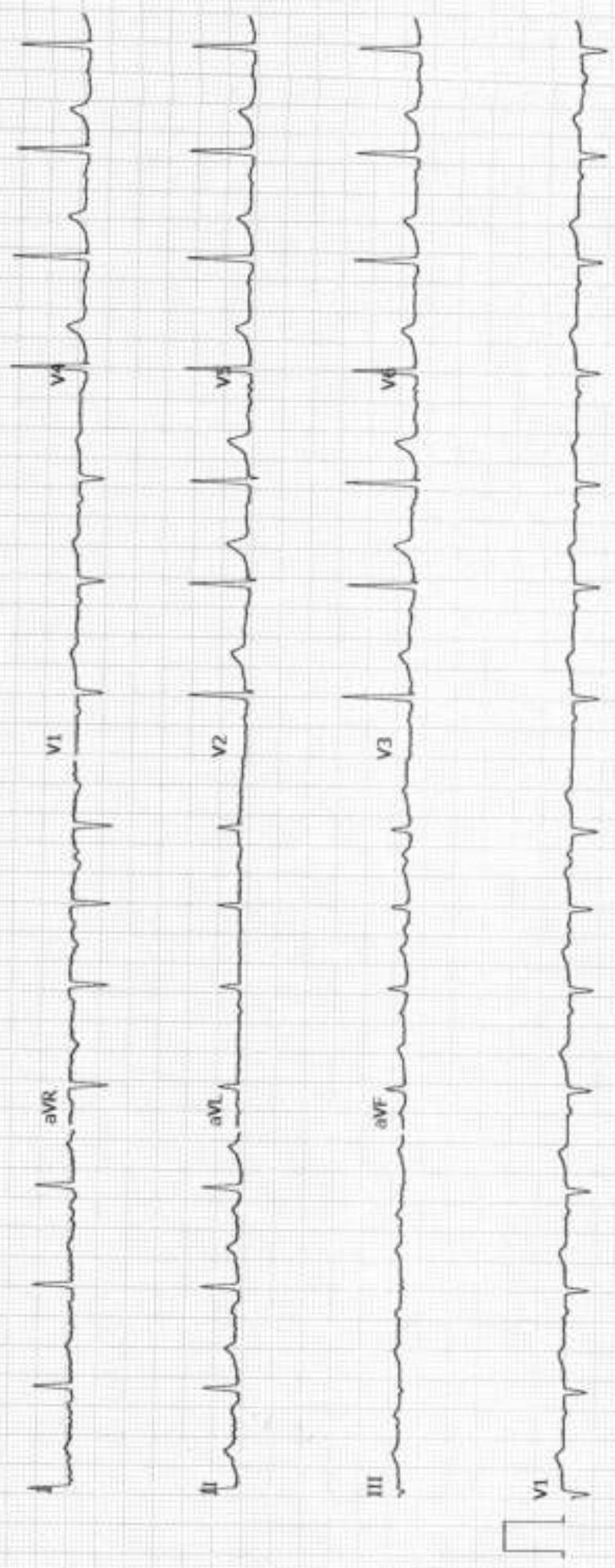
86 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 60 ms
QT / QTcBaz : 370 / 442 ms
PR : 170 ms
P : 104 ms
RR / PP : 696 / 697 ms
P / QRS / T : 61 / 26 / 52 degrees

UHID : 01223189
IPD No : 11223118
MARSHABEN JAGDISHIBHAU SHAH
Sex/Age: Female / 68 Yrs
DR.DHAVAL AND DR.DIPESH
D.O.A.30/12/2023,13.56
E. SP-316

Sinus rhythm with premature atrial complexes
Otherwise normal ECG



Nurse	Name & ID	Sign.
Morning	Chowellerry vinee V-1732	CF
Evening		
Night		

UHID : 01223189
 IPD No : 1223118
 HARSHABEN JAGDISHBHAI SHAH
 Sex/Age: Female / 68 Yrs
 DR. DHAVAL AND DR. DIPESH
 D.O.A.: 30/12/2023, 13.38
 E. SP-316

Date: 1/1/24 Allergy: D.O. Surgery

Input $\left\{ \begin{array}{l} \text{IV} \\ \text{Oral} \\ 1600 \end{array} \right.$	Output $\left\{ \begin{array}{l} 2250 \text{ Urine} \\ \text{Drain} \\ \text{RTA} \\ \text{Other} \end{array} \right.$	Investigation : Today : Investigation : Tomorrow 6.00 AM :
Balance : 650 -ve		

Diagnosis: RT fibula-tibia in K1C1O IHD + DMII + HTN

Diet: Full Diet + ADD + SRD

No.	Medication Order	Administration Details							
		Dose	Route	Morning	EID Sign.	Evening	EID Sign.	Night	EID Sign.
PABP	TAB CILNIDIPINE 1-0-0	10 mg	plu	8 Am	K10 500 1732				
	TAB ROSUSUN-F 0-0-1	5/160	plu					10 pm	
	INT HUMAN ACTRAPID SUBCUTANEOUS ACC TO RBJ (C) HRU								
	< 150 U MEL PL PL 160								
	151-200 : (6) unit 6 Am	225 mg/da							
	201-250 : (6) unit 12 MD	377 =							
	251-300 : (8) unit 6 PM								
	301-350 : (10) unit 12 MD								
	351-400 : (12) unit								
	400 > inform								



No.	Medication Order	Administration Details							
		Dose	Route	Morning	E.ID Sign.	Evening	E.ID Sign.	Night	E.ID Sign.
	TAB DIPLO - 5 (10/100) 1-0-0								
✓	T. ISTAVUL (100) 1-0-0								
✓	T GLUCOMET (50) 0-1-0 (Sooli) 0								
✓	T CLUXAN 0.6 SIC 00								
✓	T ULINACE 1-0-0								

TREATMENT SHEET

SOS / Stat Order / Verbal :

No.	Medication	Ordered by	Given by E. ID Sign.
	TAB DULO (50mg) 1/0 505		
w/h	TAB GLUCOMET - 1 (100mg) 0-1-0		
	TAB DEPLATT A (75/75) 0-0-0		
	INJ HUMAN MIXTARD 13BF - 26 unit - 13D - 26 unit		

M.O. Name : Dr. Hota Ravi

M.O. Signature: [Signature]
1427

Consultant Signature : _____

Nurse	Name & ID	Sign.	UHID : 01223189 IPD No : 11223118 HARSHABEN JAGDISHBHAI SHAH Sex/Age: Female / 68 Yrs DR. DHAVAL AND DR. DIPESH D.O.A: 30/12/2023, 13.58 E. SP-316
Morning	Shrinani 09	Shrinani	
Evening	Shrinani 09	Shrinani	
Night	Chemelkany vineev - 1732	Chemelkany	

Date: 31/12/23 Allergy: NA D.O. Surgery

Input IV 1100 Oral 1100	Output Urine 2050 Drain RTA Other	Investigation : Today : Investigation : Tomogrow 6.00 AM : TIM PUN dus SOS
Balance : 950 -ve		

Diagnosis: # Rt. fibula + tibia in lclio IHD + DM II + HTN

Diet: Full Diet + ADD + SIRD

No.	Medication Order	Administration Details							
		Dose	Route	Morning	E.ID Sign.	Evening	E.ID Sign.	Night	E.ID Sign.
ADP	TAB CILNIDIPINE 1-0-0	10 mg	PO	8 AM	Chemelkany	150/50			
	TAB ROSUVASTATIN-F 0-0-1	5/160	PO					10 AM	Chemelkany
	INT HUMAN ACTRAPID SUBCUTANEOUS ALL TO 400 @ HRCT								
	< 150: NIL								
	151-200: 4 unit 6 AM	148 mg/dl							
	201-250: 6 unit 12 MD	322 mg/dl							
	251-300: 8 unit 6 PM	309 mg/dl							
	301-350: 10 unit 12 MN	324 mg/dl							
	351-400: 12 unit								
	400: infom								



No.	Medication Order	Administration Details							
		Dose	Route	Morning	E.ID Sign.	Evening	E.ID Sign.	Night	E.ID Sign.

TREATMENT SHEET

SOS / Stat Order / Verbal :

No.	Medication	Ordered by	Given by E. ID Sign.
	TAB GLYCOMET - 1 (100mg) o-1-o	Dr. Jm' [Signature]	[Signature]
	TAB DEPLATT - A (75/75) o-1-o		
	INT HUMAN MIXTARD B3F- 26 unit		
	13127 26 unit		
	TAB DOLOCAST (50mg) P/O STAT [Clonazepam]		4:15 PM [Signature]

M.O. Name : Dr. Jm' [Signature]

M.O. Signature: [Signature]

Consultant Signature : _____

Nurse	Name & ID	Sign.	UHID : 01223189 IPD No : 11223118 HARSHABEN JAGDISHBHAI SHAH Sex/Age Female / 68 Yrs DR. DHAVAL AND DR. DIPESH D.O.A. 30/12/2023, 13.58 E. SP-310
Morning			
Evening	Poynanku 1690	Pranav	
Night	Chouvalkeny vinee. v-1732	ST	

TREATMENT SHEET

Date: 30/12/23. Allergy: NA. D.O. Surgery

Input < IV Oral	Output Urine Drain RTA Other	Investigation: Pte- OP Major, HbA1c → CLR Today: ✓ Investigation: Tomorrow 6.00 AM:
Balance:		

Diagnosis: # Rt. tibia + fibula, k/clo: - IHD, DM II, @HTN

Diet: full diet + ADD + SAD.

No.	Medication Order	Administration Details							
		Dose	Route	Morning	EID Sign.	Evening	EID Sign.	Night	EID Sign.
BBP	TAB. CILNIDIPINE 1-0-0	10 mg	pl0						
	TAB. ROSUVASTON-F 0-0-1	5/160	pl0					10 PM	
	INI. HUMAN ACTRAPID SUBCUTENOUS	Acc. TO RBS @ HRLY.							
	< 150 = NIL								
	151 - 200 = 4 unit.	2 PM = 328 mg/dl = 8 unit							
	201 - 250 = 6 unit.	9 PM = 271 mg/dl = 6 unit							
	251 - 300 = 8 unit.	3 AM = 246 mg/dl = 6 unit							
	301 - 350 = 10 unit.								
	351 - 400 = 12 unit.								
	> 400 = INFORM.								

