



# COSMOPOLITAN HOSPITALS Pvt. Ltd.

**NABH**  
**Safe - I** An NABH Safe-I Certified Hospital  
FOR HOSPITAL INSPECTION CONTROL

CIN: U85110KL1979PTC003092

**PATTOM, THIRUVANANTHAPURAM-695 004**

Phone: 0471-2521136, 2521100, 2521250/51/52/53 (20 lines) Fax: 91-471-2449188  
email: cosmopolitan@cosmopolitanhospitals.in, www.cosmopolitanhospitals.in

## DISCHARGE SUMMARY

Department Of Neurology

**SCANNED**

Name: DEEPA N

Age: 40YRS

Sex: F

OP Number: C428906

IP Number: 369981

Date of Admission: 15/12/18

Consultant: Dr Shafeeque

Date of Discharge: 17/12/18

### Diagnosis

CVA (L) MCA INFARCT

HTN

RHEUMATOID ARTHRITIS

HOLTER AWAITED

THROMBOCHEK PROFILE RESULT AWAITED.

### Presenting Complaints

This 40yr old female married having 1 daughter was admitted with c/o difficulty in speaking since 13/12/18 morning. No headache, no limb weakness. H/o HTN detected 2 months back not on treatment. No DM. RA & Anti CCP positive on T.Sazo 500mg daily. H/o menorrhagia+ & had treatment

### Clinical Examination

BP-160/90mm Hg, RS-clear, CVS-S1S2+, Abd-soft, BS+, CNS-Mild facial drop (R), Dysarthria, Power (N), Plantar B/L ↑↓

### Investigations

MRI Brain - (L) MCA acute infarct

Hb-10.9, ESR-27

ECG - SR. No specific ST-T changes

ECHO - No RWMA. No LA / LV thrombus

All reports attached

### Course In Hospital

Mrs Deepa 40yrs Nursing staff here was on T.Sazo 500mg (RA & Anti CCP +ve), HTN detected 2 months back not on treatment, presented on 15/12/18 at 7.40PM with c/o difficulty in speaking since 13/12/18 morning MRI Brain showed (L) MCA acute infarct. ECHO done by Cardiologist Dr. Biju R showed no LA / LV thrombus. No RWMA. Holter awaited. Thrombochek profile result awaited. Treated with loading dose of dual antiplatelets & statin & treatment. Optimized with T.Nootropil 800mg twice, PPI.& other supportives. At discharge conscious, oriented, BP-140/100mm Hg, Dysarthria +, power (N)

P. T. O

Advice on Discharge

1. T.Ecosprin 150mg 0-1-0
2. T.Clpilet 75mg 0-1-0
3. T.Atorva 40mg 0-0-1
4. T.Nootropil 800mg 1-0-1
5. T.Telma 20mg 0-0-1
6. T.Pantocid 40mg 1-0-0 (BF)
7. T.Sazo 500mg 0-0-1

Review after 10 days / SOS

Summary prepared by Dr. Thresiamma

*Thresiamma*  
For Dr. Shafeeque,  
Senior Consultant, Neurology.



# COSMOPOLITAN HOSPITALS Pvt.Ltd.

## NURSES INITIAL ASSESSMENT FORM

Patient Name Deepa N Age: 40y Sex: F

MRD No. C428906 Name of Consultant: Dr. Shafeeqe

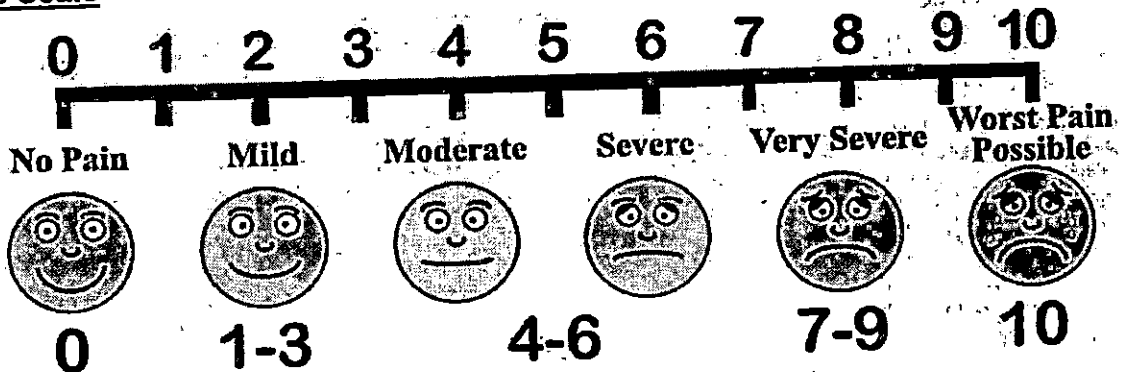
Height: 1.58 cm Weight: 58 Kg ..... gm BMI: 23

Known Allergies :

Present Medical Complaints :  
cb difficulty in speaking.

Provisional Diagnosis :  
(L) MCA infarct

### Pain Score Scale



**Past medical history (previous surgeries) :**

Asthma / Diabetes / Epilepsy / Hepatitis / Psychiatric Disorders/

Thyroid Disorder / Bleeding Disorder / Arthritis

(Yes /No)

**Obstetrical history**

married for ..... Years

a) Gravida  b) Para  c) Living  d) Abortions

**Family history :**

	Living	Deceased	Age	Cancer	Heart Problems	Diabetes	others
Father	✓						
Mother	✓						
Sister(s)							
Brother(s)	✓						

**Nutritional status: Vegetarian / Non-Vegetarian**

**Medication history (previous / present medication)**

**On General Examination :**

a) General built : Slim / Well built / Obese

b) TEMP :- ..... 98.6 ..... °F

c) PULSE:..... 80 ..... / Minute

d) Resp:..... 20 ..... / Minute

e) BP:..... 140/90 ..... / mm of Hg

f) SpO<sub>2</sub> : ..... 98 ..... %

g) Pallor (Yes / No):

h) Icterus (Yes / No)

i) Do you smoke (Yes / No)

j) Do you drink alcohol (Yes / No)

Date: 15/12/20

Time: 10:30

Signature of Staff Nurse: [Signature]

Name of Staff Nurse: Raju [Signature]



# COSMOPOLITAN HOSPITALS Pvt. Ltd.

THIRUVANANTHAPURAM - 695 004

## IN PATIENT CASE RECORD

### PATIENT DETAILS

PtNo: C000428906 ~~PtNo: C0000367981~~  
 Name : Ms. DEEPA.N 40Y/F  
 Address: COSMOPOLITAN HOSPITAL  
 STAFF NURSE, COSMO  
 Adm Date : 15/12/2018 07:40:08 PM  
 Dr. SHAFEEQUE (NEUROLOGY)  
 Ward : GMF9  
 Mrd SNo : CM18-012025

Diagnosis :

CVA - Lt MCA infarct

HTN

Rheumatoid Arthritis -

~~Holter & Thrombochemical profile awaited~~

Date of Discharge with time : 17/12/18

Result : Cured / Relieved / Otherwise / Died

Signature: *Shafaeque*

Name of Doctor: *Dr. Shafaeque*



# COSMOPOLITAN HOSPITALS Pvt. Ltd.

R/IC-09/2

THIRUVANANTHAPURAM - 695 004

## CONSENT FORM

I the undersigned hereby agree to the Hospital Authorities to carry out necessary Investigation, treatment and operations they may consider necessary for myself / my relative.

..... Deepa N ..... (Name) MRD. No. .... C42906 .....  
and also agree to the administration of local or General anaesthetic as may be considered necessary.

I also hereby agree to abide the rules of the hospital.

Patient Signature.....

Name .....

Witness Signature..... Ramesh S .....

Name & Address..... Ramesh S .....

..... Meena N. Vas .....

..... Studio road, Trm-19 .....

Phone No. .... 924 924 2903 .....

Relationship..... Husband .....

എനിക്ക് / എന്റെ ബന്ധുവിന് ..... (പേര്)  
എം.ആർ.ഡി. നം..... ഈ ആശുപത്രിയിൽ വച്ച് രോഗകാരണം കണ്ടുപിടിക്കുന്നതിനു  
വേണ്ട പരിശോധനകൾ / സൂക്ഷ്മ പരിശോധനകൾ നടത്തുന്നതിനും, വേണ്ടിവന്നാൽ മയക്കം കൊടുക്കുക,  
ഓപ്പറേഷൻ ചെയ്യുക, രക്തം കുത്തിവയ്ക്കുക മുതലായവയ്ക്കും ഇതിനാൽ പൂർണ്ണമായി സമ്മതിച്ചിരിക്കുന്നു.  
കൂടാതെ ആശുപത്രി നിയമങ്ങൾ പാലിക്കുമെന്നും ഇതോടൊപ്പം സമ്മതിച്ചിരിക്കുന്നു.

രോഗിയുടെ ഒപ്പ്.....

പേര്.....

ബന്ധുവിന്റെ ഒപ്പ്.....

പേര്.....

മേൽവിലാസം.....

ഫോൺ നമ്പർ.....

രോഗിയുമായുള്ള ബന്ധം.....



# COSMOPOLITAN HOSPITALS Pvt. Ltd.

THIRUVANANTHAPURAM - 695 004

## BY - STANDER'S DECLARATION

I, (Name)..... Ramesh .....  
 (Relationship with the patient)..... husband .....  
 hereby declare that my relative have today got admitted Sri./Smt./Master/Miss..... Deepa .....  
 .....  
 in ward..... C7 ..... Cosmopolitan Hospital, Pattom, Thiruvananthapuram - 4 vide  
 IP No..... C 928906 ..... and I further agree to be the By-Stander of the patient during  
 his/ her hospitalisation and abide by the discharge formalities and other obligations connected therewith.

Date	Time	Full Name & Address with Telephone No. if any	Relationship
<u>15/12/17</u>		<u>Ramesh - S</u> <u>MEENA NIVAS</u> <u>3rd floor road</u> <u>NEEMOM</u> <u>TRM - 17</u>	<u>Husband</u>

Thiruvananthapuram

Date.....

Signature..... [Signature] .....



# COSMOPOLITAN HOSPITALS Pvt. Ltd.

## INPATIENT INITIAL ASSESSMENT FORM

DATE : Name : Ms. DEEPA N 40Y/F  
Address: COSMOPOLITAN HOSPITAL

PAT No. :

NAME : STAFF NURSE COSMO

SEX : MF

Admn Date : 15/12/2018 07:40:08 PM

Dr. SHAFEEQUE (NEUROLOGY)

Ward : GWF9

CONSULT/ Mrd SNo : CN18-012025

### HISTORY OF PRESENT ILLNESS:

Speaking Admitted with difficulty  
in ~~breathing~~ since 13/12 morning. No headache  
or vomiting. No limb weakness.

### PAST HISTORY:

Hypertension (HTN) detected 2 months  
not on treatment. No DM  
R & L eye up +ve and on T. Sazo 500 mg OD.

### FAMILY HISTORY:

Having taken T. Riquitrohi  
during menis for 5 months from  
Sep 2017 till Feb. 2018  
Nil relevant From March 18  
started cellulitis thigh

### PERSONAL HISTORY:

Married, 1 daughter.  
Menses - irregular. Menorrhagia +

### HISTORY OF ALLERGIES:

Bowel & Bladder habits are  
normal

Nil

### PRESENT MEDICATIONS:

T. Sazo 500 mg OD

## CLINICAL EXAMINATION

### GENERAL EXAMINATION:

conscious, oriented

BP: 140/80 mmHg P/R 78/mf

No pallor, No rales, No lymphadenopathy

### SYSTEMIC EXAMINATION:

Chest - clear

CNS - S<sub>2</sub>S<sub>2</sub>+

Abd - soft, B.S+

CNS - conscious, oriented  
Mild dysarthria  
Mild facial droop Rk  
power N1  
plantar ↑↓ Bil

### LOCAL EXAMINATION:

### PROVISIONAL DIAGNOSIS:

? CVA

H-LN

### PLAN OF CARE:

MRI - Brain  
Medical

management.

DATE: 17/12/18

TIME: 8:15 AM

SIGNATURE *Fu D. Shabiq*

NAME OF DOCTOR: Fu D. Shabiq



# COSMOPOLITAN HOSPITALS Pvt.Ltd.

Thiruvananthapuram - 695 004

## IP REFERRAL FORM

Patient's Name: Deepa

Age: 40 Sex: F IP.No. C428906

To

Dr. Biju R  
Specialty: Cardiology

Sir / Madam,

Referring this patient for your expert Opinion / Co-management / Take over

Reasons for referral: Pt with dysrhythmia. K/clo HT Not on Rx.  
MRI - (L) MCA Infarct. Kindly see the patient  
and give your valuable opinion.

Young stroke to 2% Cardiac source  
Please consider Cxnto = HTHT

Date: 15/12/18

Thanking you, *[Signature]*

Signature: (For Dr. Shaheeq)

Time:

Name of Consultant:

Date & Time	Examination Findings	Suggested Treatment
16/12/18	<p>Diagnosed by MRI on 15/12/18            As per DM / Dr. Biju            eva (L) MCA infarct.            No symptoms            echo - No echo strain</p>	<p>2mm            16/12/18            Dr. Shaheeq            Cxnto = HTHT</p>
	HTHT connected	<p><i>[Signature]</i>            Dr. Biju R</p>



**Cosmopolitan Hospitals Pvt. Ltd. Thiruvananthapuram - 4**

Patient No. C428906

INPATIENT

**DOCTOR'S ORDER**

Name: deepa . N

Age: 40 yrs Sex: Fe

Ward: 8th Bed: 27

Date	Daily Assessment	Treatment Ordered
<u>16/12/18</u> <u>5:00 PM</u>	Status <u>CO</u> BP <u>160/90</u> R/L <u>weak</u> <u>facial palsy</u> Dysarthria Power <u>NI</u> Plan for <u>B/L 1</u>	① BP Chart ② <u>✓</u> Dantrolene 40 <u>BD</u> ③ <u>✓</u> Rosprine 150 <u>0-12</u> ④ <u>✓</u> Clopiket 75 <u>OTD</u> ⑤ <u>✓</u> Atova 40 <u>OTD</u> ⑥ <u>✓</u> Nootropyl 800 <u>1-5</u> <u>✓</u> Sazo 500 <u>OTD</u>
	<del>Thrombolysis                      power                      power                      Azule 6                      Amphotericin                      Am conestyl                      amn                      Homograph</del>	<del><u>Pranav</u>                      P.D. Shajee</del>
<u>17/12/18</u> <u>6:15 AM</u>	Conscious, oriented <u>R</u> BP <u>140/70</u> <u>W/B</u> Mild dysarthria + power <u>NI</u> Plan for <u>B/L 1</u>	Continue all on on <u>16/12/18</u> <del><u>Pranav</u>                      P.D. Shajee</del>

All orders to be initialled, dated and timed. Cancel by closing through and initialling. Rewrite all orders when turning over and after surgeries.




**COSMOPOLITAN HOSPITALS Pvt. Ltd. Thiruvananthapuram - 4**
**NURSES RECORD SHEET**

I.P. No.		Name	Age	Sex
C428906		Deepa N	40y	F
Date	Time	Treatment details	Signature	
15/12/18	9:30pm	New admission came to ward under Dr. Shafeeq with complaints of difficulty in speaking. Vitals checked are: T 98.6°F PR - 80/min BP - 140/90 mm of Hg P. Nootropil 800mg + given Patient is resting.	/ Deepa 121339	
16/12/18	8am	BP → 140/100 mm of Hg HR - 92/min SpO <sub>2</sub> - 98%.	/ Deepa 121339	
	7am	Hand over taken from night duty staff.	Manj 1136	
	8am	Tab - Pantocid (40) - ① Tab - Nootropil (800) - ①	Dgnis Manj 1136	
	9am	Seen by Dr. Shafeeq advised to continue Tab. Sazo ①. OD and		

Date	Time	Treatment details	Signature
		to do Thrombolytic checks profile	
		→ continue others as same	Munge
		→ BP chart	1136
	11:15 <sup>am</sup>	S/B Dr. Biju. advise to Echo + Holler in evening 4 <sup>pm</sup> to be in Am	Danah 2020 Dr.
	11:30 <sup>am</sup>	Blood send to lab for Thrombocheck profile Bill NO	
	12 <sup>am</sup>	BP → 160/90 mm of Hg	
	1 <sup>pm</sup>	Hand over gms to D duty staff	Munge 1136
	1 <sup>pm</sup>	Handover takes from night 1st duty staff.	Danah 2020
	2 <sup>pm</sup>	Tb. Escapirio 150mg - 1 Tb. clopidet 75mg - 1 given	Danah 2020
	7 <sup>pm</sup> 8 <sup>pm</sup>	Taken over from 2nd duty staff P. Atorva 40mg + P. Noodropel 500mg + given P. Sep 500mg + BP → 150/90 mm of Hg	Pop E1339 Pop E1339







# COSMOPOLITAN HOSPITALS Pvt. Ltd.

THIRUVANANTHAPURAM - 695 004

## PATIENT NUTRITION DATABASE

Name of Patient..... *Deepa N* ..... Ward/Room..... *C7* .....

Age..... *40y* ..... Sex..... *F* .....

Height..... *158 cm* ..... Weight..... *58kg* .....

Diagnosis..... *Ch difficulty in Feeding* .....

Feeding Modality :  Oral /  Enteral /  Parenteral

Diet Preference :  Vegetarian /  Non - Vegetarian

Appetite :  Excellent /  Good /  Fair /  Poor

Food Allergy : *Nil* .....

### Food intake problems

◆ Problems associated with eating, chewing, swallowing

.....

◆ History of Nausea, Vomiting or diarrhoea

.....

◆ Episodes of coughing during meals

.....

Date

*15/12/18*

Signature with Name  
Dietician / Nurse





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## DEPARTMENT OF LABORATORY MEDICINE INVESTIGATION REPORT

Patient No	: C000428906	Invoice No.	: 217559
Name	: Ms.DEEPANA	Invoice Date	: 15/12/2018 10:56:45 PM
Gender/ Age	: Female / 40 Yrs-2 Mths-14 Days	Sample Date	: 16/12/2018 06:32:39 AM
Sample No	: 6817824	Result Verified	: 16/12/2018 08:17:54 AM
IP #	: 0000369981	Bed #	: 8B7
Ward	: CUBICLE 8TH		

Test Name	Result	Units	Ref. Range
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### BIOCHEMISTRY

BLOOD SUGAR FASTING (FBS) Method:HEXO KINASE	83	mg/dl	60 - 110
HBA1C Method:HPLC	5.3	%	4.8 - 6.0
BLOOD UREA Method:UREASE -GLDH	12	mg/dl	15 - 45
SERUM CREATININE Method:JAFEEES	0.6	mg/dl	0.5 - 1.4
Thyroid-stimulating hormone (TSH) Method:ECLIA	2.8	mIU/L	0.3 - 4.3

### HAEMATOLOGY

#### COMPLETE BLOOD COUNT (CBC)

HAEMOGLOBIN Method:SIX PART CELL COUNTER-SLS HEMOGLOBIN METHOD	10.9	g/dl	13.0 - 15.0
TOTAL COUNT (TC) Method:FLOW CYTOMETRY	5320	cells/ $\mu$ L	4000 - 11000
NEUTROPHIL Method:FLOW CYTOMETRY	57	%	40-75
LYMPHOCYTE Method:FLOW CYTOMETRY	36	%	20-45
EOSINOPHIL Method:FLOW CYTOMETRY	04	%	1-6
MONOCYTE Method:FLOW CYTOMETRY	03	%	2-10
BASOPHIL Method:FLOW CYTOMETRY	00		0-1
P C V Method:CALCULATED	35	%	36 - 48
RBC Method:DC DETECTION	4.5	Million/ $\mu$ L	4.5 - 5.6
PLATELET COUNT Method:DC DETECTION	278000	/cumm	150000 - 450000
M C V Method:CALCULATED	78	fL	76 - 96

PRINTED TIME : 16/12/2018 08:18 AM

PRINTED BY : NANDINI

Lab tests have their own limitations, which are imposed by sensitivity and specificity of individual procedure as well as the quality of specimen received by the lab. Results should be always correlated with clinical findings.

Patient No	: C000428906	Invoice No.	: 217559
Name	: Ms.DEEPA.N	Invoice Date	: 15/12/2018 10:56:45 PM
Gender/ Age	: Female / 40 Yrs-2 Mths-14 Days	Sample Date	: 16/12/2018 06:32:39 AM
Sample No	: 6817824	Result Verified	: 16/12/2018 08:17:54 AM
IP #	: 0000369981	Bed #	: 8B7
Patient Type	: STAFF		

Test Name	Result	Units	Ref. Range
MCH <i>Method:CALCULATED</i>	24	pg	26 - 34
MCHC <i>Method:CALCULATED</i>	31	gm/dl	31 - 36
ESR <i>Method:WESTERGRENS METHOD</i>	27	mm/hr	5 - 15

Dr.SHAFEEQUE  
(NEUROLOGY)  
REFERRED

SARANYA.KS  
AUTHORIZED BY

DIVYA BC  
LAB TECHNICIAN



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## DEPARTMENT OF LABORATORY MEDICINE INVESTIGATION REPORT

Patient No : C000428906 Invoice No. : 217559  
Name : Ms.DEEPAN Invoice Date : 15/12/2018 10:56:45 PM  
Gender/ Age : Female / 40 Yrs-2 Mths-14 Days Sample Date : 16/12/2018 06:32:39 AM  
Sample No : 6817824 Result Verified : 16/12/2018 08:22:50 AM  
IP # : 0000369981 Bed # : 8B7  
Ward : CUBICLE 8TH

Test Name	Result	Units	Ref. Range
<b>BIOCHEMISTRY</b>			
<b>LIPID PROFILE FASTING</b>			
SERUM CHOLESTEROL <i>Method:CHOD-POD</i>	186	mg/dl	< 200
TRIGLYCERIDES <i>Method:GPO-POD METHOD</i>	108	mg/dl	0 - 150
HDL-Cholesterol <i>Method:DIRECT-ENZYMATIC</i>	44	mg/dl	> 40
LDL-Cholesterol <i>Method:DIRECT-ENZYMATIC</i>	133	mg/dl	<130
VLDL <i>Method:CALCULATED</i>	22	mg/dl	2 - 30

Dr.SHAFEEQUE  
(NEUROLOGY)  
REFERRED

SREEDEVI AMMA P  
AUTHORIZED BY

LAB TECHNICIAN

PRINTED TIME : 16/12/2018 08:22 AM

PRINTED BY : NANDINI

Lab tests have their own limitations, which are imposed by sensitivity and specificity of individual procedure as well as the quality of specimen received by the lab. Results should be always correlated with clinical findings.