

**COSMOPOLITAN HOSPITALS Pvt. Ltd.**

**NABH**  
**Safe - I** An NABH Safe-I Certified Hospital  
FOR HOSPITAL ACCREDITATION

CIN: U85110KL1979PTC003092

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**DISCHARGE SUMMARY**  
**Department of Neurology**

Name: RAJARETHNAMMA Age: 76 YRS Sex: F  
OP Number: N 1079804 IP Number: 365026  
Date of Admission: 23.08.18 Consultant: Dr Shafeeque Date of Discharge: 25.10.2018

Diagnosis

**CVA BIHEMISPHERIC INFARCT**  
**CARDIOEMBOLIC**  
**PAROXYSMAL AF**  
**HTN**  
**HYPONATREMIA**

Presenting Complaints

This 76-year-old lady a known case of HTN on treatment was admitted in a stuporous state on 23/8/18. History of fall from bed on 22/08/18 morning and sustained injury left forehead and was ambulant. By evening she became drowsy.

Clinical Examination

O/E: Stuporous.  
BP: 120/80mmHg, HR: 56/mins, SPO2 – 98% afebrile.  
Chest: Clear. CVS: S1 S2 +. GIT: Abdomen soft B.S+  
CNS - Stuporous. PEARL – Mildly.  
No Anisocoria. Left Nasolabial fold obliterated  
Moves Right UL and LL  
Left Hemipares  
Left Plantar ↑ Right ↑  
LE – Sutured wound Left forehead  
Oedema left eyelid  
Bruise sacral region

Investigations

Attached.

P.T.O

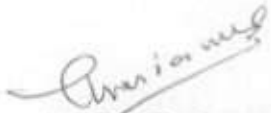
### Course In Hospital

Mrs. Rajarethamma, 76 years, known hypertensive on treatment, presented in a stuporous state following fall from bed on 22/08/18 with left hemiparesis. Bilateral plantar Extensor. CT scan showed Left occipital, Right posterior parietal, occipital hypodensity. MRI Brain showed acute infarct Bil PICA, Bil MCA suggestive of cardioembolus infarct. Treated with Tab. Ecosprin, Tab. Atorva, Inj. Somazina, IV Antibiotics, Inj. Fondaflo and other supportives. Patient developed AF with FVR after admission, controlled with IV Amioderone. Hospital course was complicated by hyponatremia, Aspiration pneumonitis, treated with hypertonic saline Tab. Tolvaptan. Consulted Nephrologist, Pulmonologist and Gynaecologist. Patient's neurological status improved marginally. Patient continued to be drowsy with bilateral Hemiplegia left > Right and patient is presently on:

### Advice on Discharge

- |                                              |                          |
|----------------------------------------------|--------------------------|
| 1. Tab. Cordarone 200mg                      | 1/2 -0-0                 |
| 2. Tab. Rantac 150mg                         | 1-0-1                    |
| 3. Tab. Cilacar 5mg                          | 1-0-0                    |
| 4. Tab. Benfomet Plus                        | 0-1-0                    |
| 5. Tab. Stablon 12.5mg                       | 1-0-1                    |
| 6. Tab. Modalert 100mg                       | 1-0-0                    |
| 7. Tab. Celin 500mg                          | 0-1-0                    |
| 8. Tab. Warf 3mg at 5 PM according to PT INR |                          |
| 9. Tab. Syndopa plus                         | ½-0- ½ -0 (7 AM , 4 PM ) |
| 10. Tab. Synaptol                            | ½ -0- ½                  |

Summary prepared by : Dr. Thresiamma

  
Dr. Shafeeqe,  
Senior Consultant, Neurology.