Lata Mangeshkar Medical Foundation's
Deenanath Mangeshkar Hospital & Research Center
Erandawane, Pune 411 004. Tel. : 020 40151000 / 49153000
Email : info@dmhospital.org, Website : www.dmhospital.org

MEDICAL DISCHARGE SUMMARY

Patient Name: Mr. BHUJAD PRADEEP VASANTRAO
Date Of Birth: 19/10/1956
Visit Code: IP0003
Created Date: 31/10/2024
Ward/Bed No: SS9A - 3906
Date of Admission: 26/10/2024
Date of Discharge: 31/10/2024
Age: 68Y 0M 12D

MRD#: 1153873
Sex: Male
Speciality: MEDICINE
Consultant: Dr. JOSHI ASHWINI
Blood Group: A+
Discharging Status: FOLLOW UP DISCHARGE SUMMARY

DIAGNOSIS:
Seizure, Right Parietal Lobe Intraparenchymal Bleed in known case of Diabetes Mellitus

HISTORY OF PRESENT ILLNESS:
DM
Brought to ER with 3 episodes of GTCS and in post ictal state
Hemodynamically okay
CT brain done - right cortical parietal bleed

CLINICAL EXAMINATION:
CNS Finding :- Drowsy
Pupils bilaterally equal and reactive
Localising with upper limbs
Currently in post ictal state
Plantars extensor

COURSE IN THE HOSPITAL AND DISCUSSION:
A 68-year-old male with a medical history of diabetes mellitus and a previous left total hip replacement, who was scheduled for a right hip replacement, was admitted to the ICU following a right parietal bleed accompanied by seizures. He reported left upper limb tingling a day prior and had experienced decreased grip strength in both upper limbs over the past two days. At approximately midnight, he suffered three episodes of generalized tonic-clonic seizures (GTCS) but had no prior symptoms such as headache, nausea, vomiting, fever, or recent head trauma. On admission, his blood pressure was 160/80, and an arterial blood gas analysis revealed metabolic acidosis with elevated lactate levels around 18. He was managed with midazolam and levetiracetam. A CT scan showed a right parietal bleed, while MRI brain angiography and venography ruled out cerebral venous sinus thrombosis, identifying only mild atherosclerotic changes and a subacute right-sided bleed. Neurological assessment found him conscious and oriented, with 4/5 power in the left upper limb and no current complaints. Due to pain, his right lower limb power couldn't be evaluated. A 2D echocardiogram was within normal limits. MRI findings noted an intraparenchymal hemorrhage in the right parietal lobe, age-related cerebral atrophy, chronic ischemic white matter changes, lacunar infarcts, and chronic microhemorrhages in both cerebral and cerebellar hemispheres. DSA was done

...er Dr alurkar Anand and it was normal. Patient is hemodynamically stable and can be discharged

PLAN ON DISCHARGE:

Follow up with Dr Joshi Ashwini Medicine OPD after 2 weeks with prior appointment and with bsl f/pp report

Follow up with Dr Rushikesh Deshpande neurology opd after 2 weeks with prior appointment

DISCHARGE PRESCRIPTION:

Tab Levipil 250 mg, 1-0-1
Tab Atorvastatin 40 mg, 0-0-1 (bedtime)
Tab Cilacar 10 mg , 1-0-0
Tab Rivamer 1.5 mg, 0-1-0
Tab Olet-1.25, 0-0-1/2 at 10 PM
Tab Benadon 40 mg, 0-1-0
Tab Lacosamide 100 mg , 1-0-1
Tab Ondero 5 mg, 1-0-0
Tab Pantocid 40. , 1-0-0
Candid Mouth Paint , topical , 1-0-1

Midazolam Nasal Spray 0.5% w/v, give 2 puffs , both nostrils , sos if seizure

ADVICE ON DISCHARGE:

In case of emergency like breathlessness , chest pain , increasing sleepiness, please come to DMH ER 1 (Emergency Room). It is open 24 hours a day. Phone no.: 020-4015-1027 / 1065.

DIET RECOMMENDATIONS:

Diabetic diet

Special needs:

SIGNED BY: Dr. JOSHI ASHWINI

APPROVED BY: DR.MENDPARA ISHIT VINODBHAI