



Patient Name: Smt. LONDHE USHA JALINDAR **MRD#:** 1479566
Date of Birth: 01/06/1969 **Sex:** Female
Visit Code: IP0002
Age : 55Y 10M 14D **Blood Group :** O+
Bed No : 1 Annex General Ward - 193
Consultant : Dr. PURANDARE SUKRUT
Date of Admission : 11/04/2025 **Discharge Type :** FOLLOW UP DISCHARGE
Date of Discharge : 16/04/2025

DIAGNOSIS :

Necrotising fascitis with critical limb ischemia - wet gangrene above right knee amputation with gram negative sepsis

In known case of hypothyroidism and anemia

HISTORY OF PRESENT ILLNESS :

55year old female, Known Case of Hypothyroidism and Anemia on regular medical management, Recently admitted with Right leg -Wet gangrene extending upto 3cm below knee

Underwent - Above knee amputation of right lower limb-31/03/2025

Now presented with complaints of fever and mild cough admitted for further management .

CLINICAL EXAMINATION ON ADMISSION:

Conscious oriented

bp-110/64 p-100 temp-101

HD stable

RELEVANT INVESTIGATIONS :

handed over to the relatives

COURSE IN THE HOSPITAL AND DISCUSSION :

Patient was admitted with above mentioned complaints for further management. routine labs were sent showed cbc-11.1/6160/502000, creat-0.40 and serum procal 0.10 and urine routine with pus cells-13. She was managed with cough suppressants, analgesics, iv minocycline cephoparazone, sulbactum and hydration was continued. usg was done to rule out pyelonephritis which showed- mildly echogenic kidneys, non tappable b/l pleural effusion and mild ascites, mild pericystic fluid. Infectious diseases opinion was sought by Dr. Bharat Purandare, antibiotics optimised as per previous culture report and surgical review was done by Dr. Ashish Chittaranjan advised to continue daily dressing, betadine painting and physiotherapy. Repeated blood culture showed no growth. Her symptoms subsided and now hemodynamically stable without any fresh complaints, hence being discharged.

ANTIBIOTIC SUMMARY :

minocycline 100 bd for 7 days

Cephoparazone sulbactum 1.5 bd for 3 days

forcan 150 od for 5 days

STATUS AT DISCHARGE :

Silicone Folye's in situ (7/4/25)

PLAN ON DISCHARGE :

Investigations to be done before coming to the follow-up:

To collect blood culture report

haemogram, blood urea level, creatinine

daily dressing, physiotherapy to continue

Follow Up:
with Dr.Sukrut Purandare after a week, with prior appointment in Medicine OPD, Old building, Ground Floor, D wing.

follow up in urology opd with Dr.Shivade after 2 weeks for voiding trial with prior appointment

follow up with Dr.Ashish Chittaranjan after a week with prior appointment in surgical opd

DISCHARGE MEDICATIONS:

Medicine	Frequency	Duration	Instruction
TAB.ZIFI CV	1-0-1	5 DAYS	
TAB.MINOCYCLINE 100	1-0-1	FOR MORE 3 DAYS	
TAB.FORCAN 150	0-1-0	5 DAYS	
TAB.UROTONE TAB	1-1-1	continue till follow up	
ALDACTONE TAB 25 MG	1-0-0	continue till follow up	
LASIX TAB 40MG	1-0-0	continue till follow up	
TAB.THYROXINE 100	1-0-0	continue till follow up	Empty stomach
TAB THYROXINE 25	1-0-0	continue till follow up	Empty stomach
OLIMELT TAB 2.5MG	0-0-1	continue till follow up	
rivaroxaban(10 mg)Tablet	1-0-0	continue till follow up	
ME-12 OD TAB	1-0-0	60 DAYS	
OROFER XT TAB	1-0-0	30DAYS	
SILODAL CAPS 4MG	0-0-1	continue till follow up	
ARNEURON-P TAB	1-0-1	continue till follow up	
PANTOCID-DSR CAPS	1-0-0	5 DAYS	
TYTEEN SF 200GM	1-0-1	continue till follow up	2 scoops
CREMAFFIN PLUS 30ml	0-0-1	if required for contipation	

CONTACT DETAILS :

* **OPD Appointment: 020-40151100 between 9.00 a.m. to 6:30 p.m. (Sunday Closed)**

* **Medicine OPD Reception: 020-40151072 (9 a.m. to 6 p.m.)**

* **DMH reception 020- 40151000/49153000**

IN CASE OF EMERGENCY :

If you have following symptoms :

High grade fever, pus discharge from wound, severe pain of right lower limb

Refer to DMH-Emergency Room-1 which is available 24 x 7 for 365 days. Phone 020-40151027/1065

Ambulance No. 020-40151540/108

SPECIAL NEEDS :

Betadine painting tds

PREPARED BY : DR.BHAGWAT PADMAVATI SHREYAS

APPROVED BY : Dr. PURANDARE SUKRUT