



Patient Name: Mrs. SALUJA RANI .

MRD#: 1454534

Date of Birth: 31/12/1968

Sex: Female

Visit Code: IP0004

Created Date: 24/01/2025

Speciality: CLINICAL HAEMATOLOGY

Ward/Bed No: 5 D - 538

Consultant: Dr. MELINKERI SAMEER

Date of Admission: 21/01/2025

Date of Discharge: 04/02/2025

Blood Group: A+

Weight in Kg: 77

Height in Cm: 157

Discharging Status: FOLLOW UP DISCHARGE
SUMMARY

DIAGNOSIS:

Diffuse large B cell lymphoma non GCB type tripple Expressor
Stage IV

Polatuzumab + Rituximab + CHP regimen+High Dose Methotrexate cycle 2

DRUG ALLERGIES:

not known

HISTORY OF PRESENT ILLNESS:

56 yrs female known case of Diffuse large B cell lymphoma non GCB type tripple Expressor Stage byIV with CNS involvement already received cycle 1 of Pola R CHP and High dose methotraxate. Now admitted for cycle 2 .

CLINICAL EXAMINATION:

afebrile

vitals stable

normotensive

INVESTIGATIONS:

COURSE IN THE HOSPITAL AND DISCUSSION:

Base line lab was normal.

Inj Rituximab 600 mg iv in 500 ml NS over 6 hours on 22/1/25

She received polazutumab 90 mg on 23/1/25

Then she receivedand CHP cycle 2

Inj Doxorubicin 70 mg in 100ml NS IV over 1 hour

Inj Endoxan 1275 mg in 500ml NS IV over 1 hour

Tab Dexamethasone 20 mg once a day after food from

After completion of chemotherapy he received Inj Adfil 6 mg s/c .

she was planned to give Consolidation cycle by dose of Methotrexate 3gm/m2.

.Inj. Methotraxate 5000 mg 24 hours infusion was given followed by folinic acid rescue for 48 hours.She was given leucovorin till MTX level < 1 .

she also received intrathecal Methotraxate 12.5 mg. She tolerated chemotherapy well. There was hypokalemia which was corrected. Meanwhile patient developed neutropenic fever.Blood culture grew pseudomonas,she was started on Cefepime in creatinine adjusted doses.Her fever subsided,counts recovered .she is being discharged in stable condition.

PLAN ON DISCHARGE:

follow up after 7 days with CBC on 12/2/25 in OPD

DISCHARGE PRESCRIPTION:

Inj Cefepime 2 gm once a day in 100 ml NS over 1 hr for 7 days

MRD No:1454534

Name:Mrs. SALUJA RANI .

Tab. thyroxine 75 mcg once day before breakfast continue till further advice.
Tab . Nicardia retard 10 mg twice day continue till further advice.
Tab. Locasam 100 mg twice day for 1year .
Tab. Brevipil 100 mg twice day for 1year .
Tab. pantocid 40 mg onceday before breakfast for 7 days.
Tab. Emeset 8 mg sos if nausea& vomiting.
Tab. Acivir 400 mg twice day continue till further advice.
Tab. Bactrim DS twice day on Tuesday & Friday continue till further advice.
Syrp. Duphalac 30 ml sos if constipation

ADVICE ON DISCHARGE:

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

In case of Fever/ Bleeding/Cough/Breathlessness please report back to the Hospital.

DIET RECOMMENDATIONS:

home cooked food.

Avoid sugary food .

fruits that can be peeled off.

PHYSICAL ACTIVITY:

AS tolerable ,

Special needs

PICC line dressing:

Weekly

SIGNED BY: Dr. MELINKERI SAMEER

PREPARED BY: DR.TIWARY RAMESHVAR

