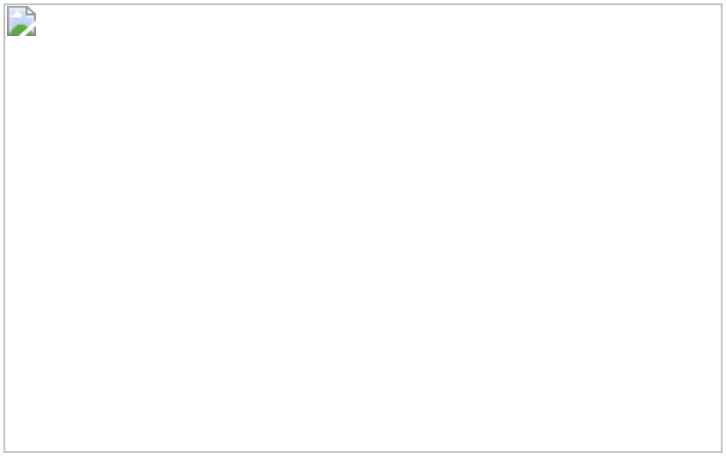
Patient details

Date	:	03-May-2024 / 3:30PM - 3:45PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	39254 / SHAMNAS KOTTAYIL YOUSEF YOUSEF
Mobile #	:	0529901639
Gender / DOB/Age	:	Male / 15-Mar-1997
Nationality	:	Indian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-118933628-01
EMID #	:	784-1997-8649073-2



Medical Record details

Complaints

Complaints

co knife cut wound on his left thumb 2 day before from kitchen while cookng, this is not from the work place

oe septic wound pus is ozzing chest is clear vitals stable

Past / Family / Social History

Past History	:	
Other Past History	:	
Family History	:	
Social History - Smoking	:	No
Social History - Alcohol	:	No
Surgical History	:	

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 36	**BPS**	: 92	**BPD**	:	**Pulse**	: 69	**Height**	: 169 cm	**Weight**	: 82 kg
BMI	: 28.71048 bpm	**Respiratory**	: 22 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: risk of fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
03-May-2024	Humaira	L76.22	Postproc hemorrhage of skin, subcu following other procedure	
03-May-2024	Humaira	R50.9	Fever, unspecified	
03-May-2024	Humaira	T81.44XA	Sepsis following a procedure, initial encounter	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
FUCIDIN / (FUSIDIC ACID : 2%) CREAM TOPICAL / CREAM (30G, COLLAPSIBLE TUBE) / Cream	Take 1Cream 1Time(s) perDay For 1 Day(s) others	1	1	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS ORAL / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
FURAZOL / (DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 3 Time(s) per Day For 7 Day(s) others	7	21	
CEFUZIME / (CEFUROXIME : 250 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	

Doctor Signature & Stamp :