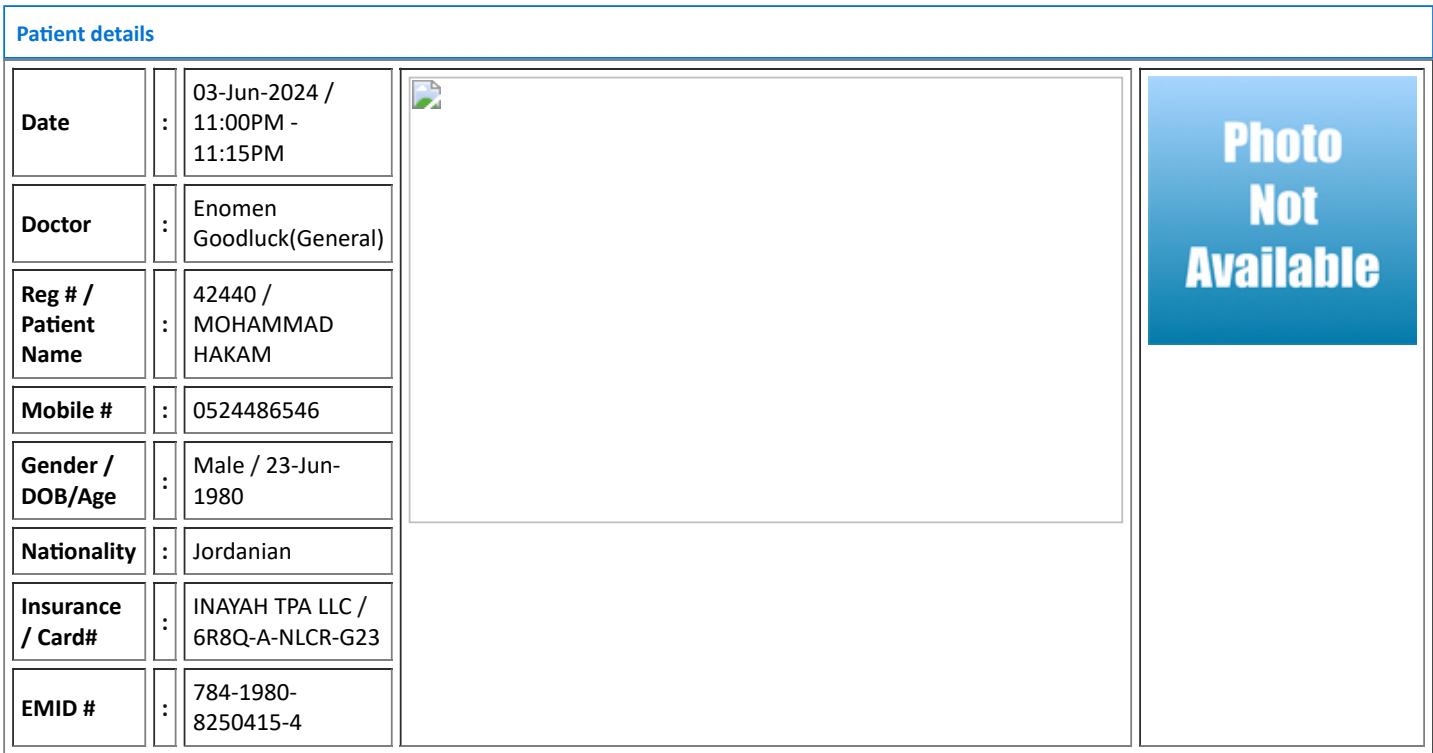




Complaints

PC: Blocked nostrils, pain on the nasal bridge, Fever

Onset: 28/05/2024 (6days)

HPC: Has associated pain in the nasal bridge, pain in the forehead. Had high grade fever yesterday for which he self medicated with panadol. Also feels weak and have headache.

Past medical history: BP is noticed to be elevated but his not a known hypertensive and not diabetic.

Family history: Father is hypertensive and died from a cardiac arrest.

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	: 38.4	BPS	: 105	BPD	:	Pulse	: 99	Height	: 0 cm	Weight	: 720 kg
BMI	: ∞ bpm	Respiratory	: 18 bpm	SpO2	: 98%	Hip	: cm	Waist	: cm		
Head Circumference	:		cm								
Urinalysis (Protein & Glucose)	:										

Notes : risk of fall

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
03-Jun-2024	Enomen Goodluck	I10	Essential (primary) hypertension	
03-Jun-2024	Enomen Goodluck	J03.90	Acute tonsillitis, unspecified	
03-Jun-2024	Enomen Goodluck	J02.9	Acute pharyngitis, unspecified	
03-Jun-2024	Enomen Goodluck	J01.40	Acute pansinusitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MOMATE / (MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) NASAL SPRAY NASAL / NASAL SPRAY (120 DOSE, PUMP SPRAY) / Spray	Take 1Spray 3 Time(s) per Day For 5 Day(s) others	5	1	
AMYDRAMINE EXPECTORANT / (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP SODIUM CITRATE/AMMONIUM CHLORIDE/MENTHOL/DIPHENHYDRAMINE [57 MG/5ML 131.5 MG/5 ML 1.1 MG/5 ML 13.5 MG/5ML] / SYRUP (120ML, BOTTLE) / ML	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	7	1	
CEFIM / (CEFIXIME : 400 MG) CAPSULES (HARD GELATIN) ORAL / CAPSULES (HARD GELATIN) (6S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 6 Day(s) after meal	6	6	
FLUTAB / (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal	10	20	
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening	5	5	
CLARITINE / (LORATADINE : 10 MG) TABLETS ORAL / TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 10 Day(s) after meal	10	10	
IBULIFE 400 / (IBUPROFEN : 400 MG) TABLETS ORAL / TABLETS (24S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	10	

Doctor Signature & Stamp :

