Patient details

Date	:	05-Sep-2024 / 6:00PM - 6:15PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	38691 / ISAIAH JERONE PESCADOR ELIZARIO
Mobile #	:	0522363835
Gender / DOB/Age	:	Male / 12-Sep-2015
Nationality	:	Philippine
Insurance / Card#	:	NGI-HNP / I038-000-112964322-01
EMID #	:	784-2015-8146371-4

Medical Record details

Complaints

Complaints

PC: Nasal congestion, cough and runny nose for the past 2 days.

Also has wheezing and now difficulty in breathing for the past 1hours.

Allergies

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

Vital Signs

Temperature	: 37.2	**BPS**	: 0	**BPD**	:	**Pulse**	: 102	**Height**	: 142 cm	**We**	
BMI	: 18.89506 bpm	**Respiratory**	: 24 bpm	**SpO2**	: 96%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk for fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis
05-Sep-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified

Date	Doctor	ICD Code	Diagnosis
05-Sep-2024	Enomen Goodluck	R06.09	Other forms of dyspnea
05-Sep-2024	Enomen Goodluck	R06.2	Wheezing
05-Sep-2024	Enomen Goodluck	J45.31	Mild persistent asthma with (acute) exacerbation

Prescription

Generic/Dose/Form	Instructions	Duration
ADOL 120MG/5ML / (PARACETAMOL : 120 MG/5ML) SUSPENSION ORAL / SUSPENSION (100ML, BOTTLE) / ML	Take 10ML 3 Time(s) per Day For 5 Day(s) others	5
OTRIVIN 0.05% (CHILDREN) / (XYLOMETAZOLINE HYDROCHLORIDE : 0.05%) LIQUID FOR SPRAY (NASAL) NASAL / LIQUID FOR SPRAY (NASAL) (10ML, SPRAY BOTTLE) / Drops	Take 2Drops 2 Time(s) per Day For 5 Day(s) others	5
ZYRTEC / (CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL) ORAL / SOLUTION (ORAL) (75ML, BOTTLE) / ML	Take 5ML 1 Time(s) per Day For 10 Day(s) after meal	10
ZITHROMAX 400MG/10ML / (AZITHROMYCIN : 200 MG/5ML) POWDER FOR SUSPENSION ORAL / POWDER FOR SUSPENSION (30ML, GLASS BOTTLE) / ML	Take 10ML 1Time(s) perDay For 3 Day(s) after meal	3
GUPISONE 15 MG/5ML / (PREDNISOLONE (SODIUM PHOSPHATE) : 15MG/5ML) SOLUTION ORAL / SOLUTION (120ML, BOTTLE) / ML	Take 1ML 1 Time(s) per Day For 5 Day(s) others	5

Doctor Signature & Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.