



Patient details

Date	:	12-Nov-2024 / 9:30AM - 9:45AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	43967 / AGNES SUGIHTA
Mobile #	:	0509516018
Gender / DOB/Age	:	Female / 06-Aug-1992
Nationality	:	Indonesian
Insurance / Card#	:	NAS VN / KK1K-FEE2-C2CE-FCDE
EMID #	:	784-1992-9146272-1



**Photo
Not
Available**

Medical Record details

Complaints

Complaints

pc: vomiting 2 days today 3 times vomit

loose stools frequency 5 to 6 times till morning

epigastric pain

nausea

fever

dehydration

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 : 36.6 BPS : 84 BPD : Pulse : 84 Height : 165 cm Weight : 81.4 kg

BMI : 29.89899 bpm Respiratory : 18 bpm SpO2 : 99% Hip : cm Waist : cm

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : RISK FOR FALL

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
12-Nov-2024	AHSAN HUSSAIN	E86.0	Dehydration	
12-Nov-2024	AHSAN HUSSAIN	R50.9	Fever, unspecified	
12-Nov-2024	AHSAN HUSSAIN	R19.7	Diarrhea, unspecified	
12-Nov-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis	
12-Nov-2024	AHSAN HUSSAIN	R11.2	Nausea with vomiting, unspecified	
12-Nov-2024	AHSAN HUSSAIN	K29.00	Acute gastritis without bleeding	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ELECTRORUSH ORS-ORANGE / (GLUCOSE ANHYDROUS : 2.7 G) (SODIUM CHLORIDE : 0.52 G) (SODIUM CITRATE : 0.58 G) (POTASSIUM CHLORIDE : 0.3 G) SOLUTION (ORAL) GLUCOSE ANHYDROUS/SODIUM CHLORIDE/SODIUM CITRATE/POTASSIUM CHLORIDE [2.7 G 0.52 G 0.58 G 0.3 G] / SOLUTION (ORAL) (200ML, PACKETS) / Powder	Take 1Powder 2Time(s) perDay For 5 Day(s) others	5	1	
PANADOL ADVANCE / (PARACETAMOL : 500 MG) FILM COATED TABLETS PARACETAMOL [500 MG] / FILM COATED TABLETS (48S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN ORAL / CAPSULES (HARD GELATIN (14S, BLISTER / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) before meal	7	14	
PREMOSAN / (METOCLOPRAMIDE : 10 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) before meal	7	14	
ANAZOL / (METRONIDAZOLE : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal	7	14	

Progress Notes

Date	Notes	Visit Plan	Other Instructions	Made By	Date Recorded
12-Nov-2024	bed rest for 2 days take medication as per prescription follow up for 7 days			AHSAN HUSSAIN	12-Nov-2024 09:55:24




Doctor Signature & Stamp :