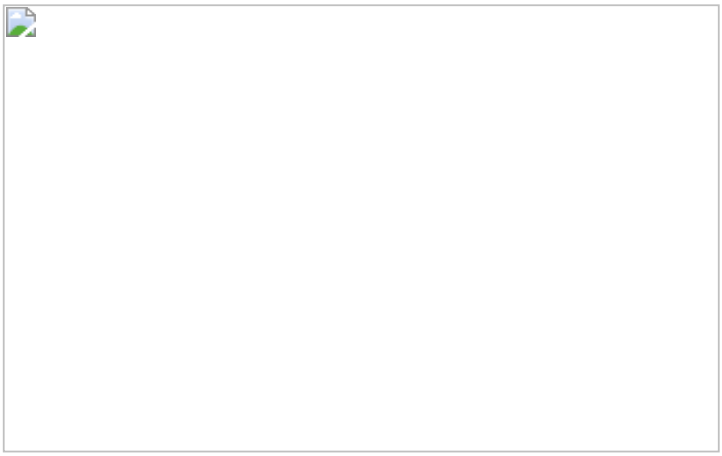
Patient details

Date	:	20-Nov-2024 / 9:45AM - 10:00AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44465 / KAMEL ISA JASIM ABDULLA ALASWAD
Mobile #	:	0503578243
Gender / DOB/Age	:	Male / 25-Jul-1964
Nationality	:	Bahraini
Insurance / Card#	:	NAS - EN CN GN / 7997-1C1E-4ED7-AEDD
EMID #	:	784-1964-2461538-1



Medical Record details

Complaints

Complaints

pc: diarrhea

loose motion 19/11/2024

frequency 3 times in one hour

dehydration

Vital Signs

Temperature	: 36	**BPS**	: 60	**BPD**	:	**Pulse**	: 86	**Height**	: 171 cm	**Weight**	: 128 kg
BMI	: 43.77415 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK OF FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
20-Nov-2024	AHSAN HUSSAIN	M62.81	Muscle weakness (generalized)	
20-Nov-2024	AHSAN HUSSAIN	E86.0	Dehydration	
20-Nov-2024	AHSAN HUSSAIN	K29.00	Acute gastritis without bleeding	
20-Nov-2024	AHSAN HUSSAIN	R19.7	Diarrhea, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
10:27:20	11:42:20	0102-152902-1001	LACTATED RINGERS INJECTION USP	NA	NA	iv slow 500 ml
10:27:20	11:42:20	96365	Iv Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr	NA	NA	
00:00:00	00:00:00	9.01	Free Follow-Up Consultation Of The Same Diagnosis Within 7 Days Of Initial Consultation By A General Practitioner.	NA	NA	
10:27:20	11:42:20	2190-106618-1001	PARAFUSIV I.V. 10MG/ML	NA	NA	
10:27:20	11:42:20	0195-107704-0801	CEFTRIAXONE-TABUK IV	NA	NA	
00:00:00	00:00:00	30042033	CIPROFLOXACIN			
00:00:00	00:00:00	96361	Iv Infusion Hydration Each Additional Hour	NA	NA	
00:00:00	00:00:00	96367	Iv Infusion Ther Proph Addl Sequential To 1 Hr	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ENTEROGERMINA / (SPORE OF BACILLUS CLAUSI : 2 BILLION/5ML) SUSPENSION SPORE OF BACILLUS CLAUSI [2 BILLION/5ML] / SUSPENSION (20 X 5ML, BOTTLE) / sachet	Take 1sachet 1 Time(s) per Day For 5 Day(s) after meal	5	5	
ELECTRONA ORS-ORANGE / (DEXTROSE ANHYDROUS : 2.7 G/200ML) (SODIUM CHLORIDE : 0.52 G/200ML) (POTASSIUM CHLORIDE : 0.3 G/200ML) (SODIUM CITRATE : 0.58 G/200ML) ORAL LIQUID DEXTROSE ANHYDROUS/SODIUM CHLORIDE/POTASSIUM CHLORIDE/SODIUM CITRATE [2.7 G/200ML|0.52 G/200ML|0.3 G/200ML|0.58 G/200ML] / ORAL LIQUID (200ML, PACKETS) / sachet	Take 1sachet 1 Time(s) per Day For 7 Day(s) after meal	7	7	
ANAZOL / (METRONIDAZOLE : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	

Progress Notes

Date	Notes	Visit Plan	Other Instructions	Made By	Date Recorded
20-Nov-2024	bed rest for 2 days			AHSAN HUSSAIN	20-Nov-2024 09:55:33

Doctor Signature & Stamp :