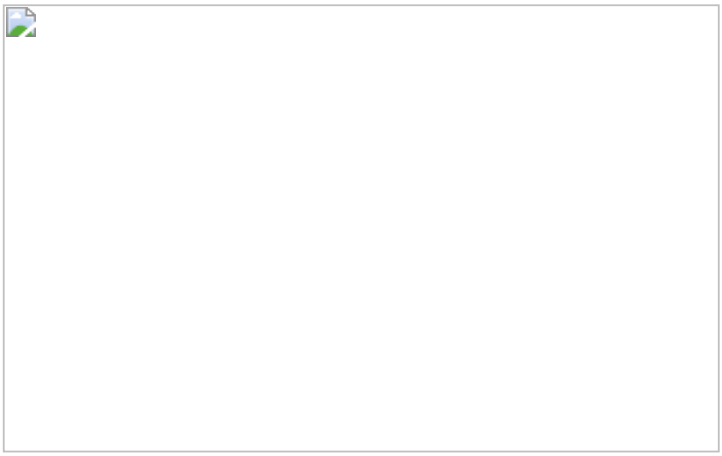
Patient details

Date	:	23-Nov-2024 / 11:45AM - 12:00PM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44993 / VALENTINA BARBON RODRIGUEZ
Mobile #	:	0547266603
Gender / DOB/Age	:	Female / 29-Dec-1999
Nationality	:	Colombian
Insurance / Card#	:	NAS VN / G1KI-GAE2-C2C8-ECDE
EMID #	:	784-1999-2026902-6



Medical Record details

Complaints

Complaints

PC: DIARRHEA FREQUENCY 5 TIMES SINCE MORNING 23/11/2024

VOMITING

NAUSEA

FEVER

DEHYDRATION

Vital Signs

Temperature	: 36	**BPS**	: 80	**BPD**	:	**Pulse**	: 88	**Height**	: 152 cm	**Weight**	: 60 kg
BMI	: 25.96953 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	:										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
23-Nov-2024	AHSAN HUSSAIN	R11.2	Nausea with vomiting, unspecified	
23-Nov-2024	AHSAN HUSSAIN	R50.9	Fever, unspecified	
23-Nov-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis	
23-Nov-2024	AHSAN HUSSAIN	R10.13	Epigastric pain	
23-Nov-2024	AHSAN HUSSAIN	K29.00	Acute gastritis without bleeding	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
11:51:30	01:06:30	0131-116601-1001	Metronidazole [Concentrate For Infusion - 5mg/ml - 100.00 Liquids Bottle (x1)]	NA	NA	IV SLOW
11:51:30	01:06:30	2190-106618-1001	PARAFUSIV I.V. 10MG/ML	NA	NA	IV SLOW
11:51:30	01:06:30	0005-150403-1021	Metoclopramide [Solution For Injection - 5mg/ml - 2.00 Liquids Vial (x5)]	NA	NA	IV SLOW
11:51:30	01:06:30	0005-174202-0781	RISEK 40MG	NA	NA	IV SLOW
11:51:30	01:06:30	96365	Iv Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr	NA	NA	
11:51:30	11:56:30	0005-136504-1021	SCOPINAL	NA	NA	IM STAT
00:00:00	00:00:00	9	Consultation Gp	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
ORALITE / (ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION ORAL REHYDRATION SALTS (O.R.S.) [N/A] / POWDER FOR SOLUTION (28.5G X 10, SACHET) / sachet	Take 1sachet 1 Time(s) per Day For 5 Day(s) PUT IN 1.5 LITRE WATER AND DRINK IN 24 HOURS SLOWLY	5	5	
SCOPINAL / (HYOSCINE : 10 MG) FILM COATED TABLETS HYOSCINE [10 MG] / FILM COATED TABLETS (200S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
ENTEROGERMINA / (SPORE OF BACILLUS CLAUSI : 2 BILLION/5ML) SUSPENSION SPORE OF BACILLUS CLAUSI [2 BILLION/5ML] / SUSPENSION (10 X 5ML, BOTTLE) / Tablets	Take 1Tablets 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	
PREMOSAN 10MG / (METOCLOPRAMIDE : 10 MG TABLETS ORAL / TABLETS (500S, 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
23-Nov-2024	BED REST FOR 1 DAY			SREEKUTTY	23-Nov-2024 12:53:17

Doctor Signature & Stamp :