Patient details

Date	:	23-Dec-2024 / 9:15PM - 9:30PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	36737 / ASHNA RAI
Mobile #	:	0555815637
Gender / DOB/Age	:	Female / 28-Dec-1986
Nationality	:	Nepalese
Insurance / Card#	:	NAS VN / NLNL-3NMM-VMVP-6VAE
EMID #	:	784-1986-2682196-5

Medical Record details

Complaints

Complaints

CO FEVER on and off dry cough running nose 20th dec. 2024

oe

chest is congested no added sounds

restless

Vital Signs

Temperature	: 36.6	**BPS**	: 75	**BPD**	:	**Pulse**	: 85	**Height**	: 157 cm	**Weight**	: 58 kg
BMI	: 23.53037 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
23-Dec-2024	Humaira	K29.00	Acute gastritis without bleeding	
23-Dec-2024	Humaira	R05	Cough	
23-Dec-2024	Humaira	R50.9	Fever, unspecified	
23-Dec-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
23-Dec-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	85025	Blood Count Complete Auto&Auto Difrntl Wbc Count	NA	NA	
00:00:00	00:00:00	86140	C-Reactive Protein	NA	NA	
22:07:50	10:12:50	0005-149902-1021	CLOFEN	NA	NA	im
22:07:50	11:12:50	0195-107704-0801	CEFTRIAXONE-TABUK IV	NA	NA	iv infusion
22:07:50	11:12:50	96365	Iv Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr	NA	NA	
00:00:00	00:00:00	0188-135906-2441	PULMICORT	NA	NA	
00:00:00	00:00:00	94640	Pressurized/Nonpressurized Inhalation Treatment	NA	NA	
00:00:00	00:00:00	9	Consultation Gp	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GUPISONE 5MG / (PREDNISOLONE : 5 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others	6	12	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN ORAL / CAPSULES (HARD GELATIN (14S, BLISTER / Capsule	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others	7	14	
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE ORAL / SYRUP (SUGAR FREE (120ML, BOTTLE / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	1	1	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	

Doctor Signature & Stamp :