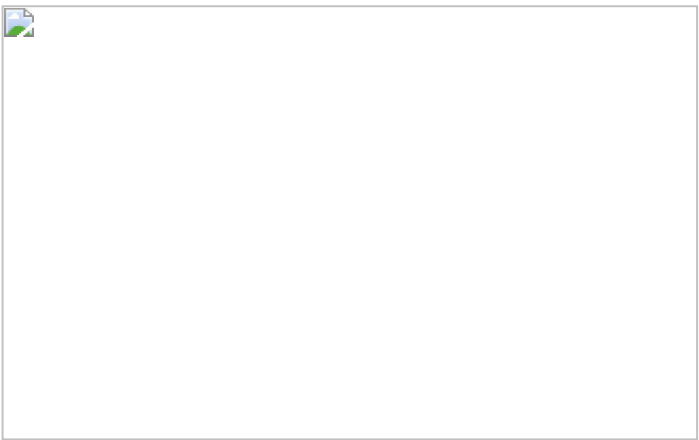




Patient details

Date	:	15-Jan-2025 / 3:15PM - 3:30PM		
Doctor	:	Humaira(General)		
Reg # / Patient Name	:	45547 / MENNAALLAH MOHAMED ABDELSALAMABDELHAKIM		
Mobile #	:	0586194899		
Gender / DOB/Age	:	Female / 26-Jun-1995		
Nationality	:	Egyptian		
Insurance / Card#	:	NEXTCARE -OP PCP / 2727-E6DA-132C-06C9		
EMID #	:	784-1995-3835815-3		

Medical Record details

Complaints

Complaints

CO VOMITing 4 times diarrhea 8 times fever on and off dehydration 13th jan. 2025

h/f outside food

oe chest is clear no added sounds

restless

vape

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 : 35.5 BPS : 73 BPD : Pulse : 78 Height : 170 cm Weight : 80.1 kg

BMI : 27.71626 bpm Respiratory : 18 bpm SpO2 : 96% Hip : cm Waist : cm

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : RISK OF FALL

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
15-Jan-2025	Humaira	E86.0	Dehydration	
15-Jan-2025	Humaira	R10.9	Unspecified abdominal pain	
15-Jan-2025	Humaira	R11.10	Vomiting, unspecified	
15-Jan-2025	Humaira	R19.7	Diarrhea, unspecified	
15-Jan-2025	Humaira	R50.9	Fever, unspecified	
15-Jan-2025	Humaira	A09	Infectious gastroenteritis and colitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ENTEROGERMINA / (SPORE OF BACILLUS CLAUSI : 2 BILLION) CAPSULES (HARD GELATIN) SPORE OF BACILLUS CLAUSI [2 BILLION] / CAPSULES (HARD GELATIN) (12S, BLISTER) / Capsule	Take 1Capsule 3 Time(s) per Day For 5 Day(s) others	5	15	
ORS - REDUCED OSMOLARITY (ORANGE FLAVOUR) / (ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION ORAL REHYDRATION SALTS (O.R.S.) [N/A] / POWDER FOR SOLUTION (10S, SACHET) / sachet	Take 1sachet 1 Time(s) per Day For 5 Day(s) others	5	5	
MIRAZOL / (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) others	7	14	
APEX 400 MG / (CEFIXIME : 400 MG) CAPSULES CEFIXIME [400 MG] / CAPSULES (6S, BLISTER) / Capsule	Take 1Capsule 1Time(s) perDay For 7 Day(s) others	7	1	
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	

Doctor Signature & Stamp :

