

Patient details

Date	:	21-Nov-2023 / 3:00AM - 3:15AM	
Doctor	:	Enomen Goodluck(General)	
Reg # / Patient Name	:	38897 / AREEJ AHMED AHMED AHMED NAWAZ	
Mobile #	:	0528026166	
Gender / DOB/Age	:	Female / 18-Sep- 2003	
Nationality	:	Pakistani	
Insurance / Card#	:	Cash /	
EMID#	:	784-2003- 4012226-4	

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Medical Record details

Complaints

Complaints

C/o: Nasal congestion, runny nose since 3 days.

Productive cough since 2days and chest pain.

Difficulty breathing since last night.

A known asthmatic.

Was nebulized at home with ventolin yet no relief.

There is no fever.

Vital Signs

Temperature : 35.6 **BPS** : 74 Pulse: 80 Height: 160 cm Weight: 68 kg

: 26.5625 bpm **SpO2** : 96% **Hip** : cm Waist : cm BMI Respiratory : 22 bpm

Head Circumference cm

Urinalysis (Protein & Glucose)

Notes : Risk of fall

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
21-Nov-2023	Enomen Goodluck	R07.9	Chest pain, unspecified	
21-Nov-2023	Enomen Goodluck	R05	Cough	
21-Nov-2023	Enomen Goodluck	R06.00	Dyspnea, unspecified	
21-Nov-2023	Enomen Goodluck	J45.21	Mild intermittent asthma with (acute) exacerbation	

Treatments

00:00:00 00:00:00 9 Consultation GP 00:00:00 00:00:00 10007 NEBULIZATION WITH MEDICINE 00:00:00 00:00:00 0188-135906-2441 PLILMICORT	Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
	00:00:00	00:00:00	9	Consultation GP			
00:00:00 00:00:00 0188-125906-2441 PHI MICORT	00:00:00	00:00:00	10007	NEBULIZATION WITH MEDICINE			
00.00.00 0188-155500-2441 FOLIMICON	00:00:00	00:00:00	0188-135906-2441	PULMICORT			

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MOMATE / (MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) NASAL SPRAY NASAL / NASAL SPRAY (120 DOSE, PUMP SPRAY) / Spray	Take 1Spray 2Time(s) perDay For 7 Day(s) others	7	1	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1Time(s) perDay For 10 Day(s) after meal	10	10	
CLARITT / (CLARITHROMYCIN : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal	7	14	
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS ORAL / TABLETS (40S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	

<u>Progress Notes</u>

Date	Notes	Visit Plan	Other Instructions	Made By	Date Recorded
21-Nov- 2023	Chest Exam: Mild dyspnea on inspection. Vesicular breath sounds, no wheezing nor rhonchi heard.			Enomen Goodluck	21-Nov-2023 03:13:27





Doctor Signature & Stamp :