

# KHYBER TEACHING HOSPITAL PESHAWAR



## MEDICAL TEACHING INSTITUTION

Ph: 0092-91-9224400-7

Website: www.kth.gov.pk / E-mail: info@kth.gov.pk

UNIT

CCU

Expired

16/10/23

8:25 pm

Bed No: 09

Admission No:

Patient's Name: ~~Reema Bhatti~~ Shash Begum

Age: 27

Years:

Sex: (F)

Father's / Husband Name:

Date of Admission: 16/10/23

Time of Admission:

NIC No:

Telephone No:

Full Address: Peshawar

MR No

4353129

Clinical Diagnosis: INFERIOR WALL MI - STEMI

Final Diagnosis: HYDRO PNEUMOTHORAX (Chest Tube Placed)

Date of Discharge:

Time of Discharge:

Attending Doctor's Name: DR. YASIR

Sign: [Signature]

Designation: PCR. CRD

Stamp: [Signature]

16<sup>th</sup> Oct 23.

- Patients attendants are counselled.
- Patient is not vitally stable.
- Small frequent caloric dense meals &

INPATIENT DRUG CHART

MR No	
Name	
Bed No	Unit
Consultant	

SPECIAL ORDERS

DATE / TIME	ORDERS	SIGNATURE
16/10/23	Loading Dose given in Serumase 1/2 diluted	(EL)
16/10/23	2mg = N/S some 1/2 stat.	su
16/10/23	5:30pm RBS _____ 196 ug/dl _____	Abisale

ded. Gh →

PRN MEDICATIONS

PLEASE USE CAPITAL LETTERS

DATE

TIME

16/10

DRUG

Nebes e-levil

6am

1  
12pm

DATE/TIME

16/10/23

DR SIGN

[Signature]

DOSE

FREQUENCY

ROUTE

BD

PIV

bpm

[Signature]

DRUG

1- SULZONE

10am

[Signature]

DATE/TIME

16/10/23

DR SIGN

[Signature]

DOSE

FREQUENCY

ROUTE

2gm

BD

IV

10pm

DRUG

1- NEZKIL

10am

[Signature]

DATE/TIME

16/10/23

DR SIGN

[Signature]

DOSE

FREQUENCY

ROUTE

600mg

BD

IV

10pm

DRUG

DATE/TIME

DR SIGN

DOSE

FREQUENCY

ROUTE

DRUG

DATE/TIME

DR SIGN

DOSE

FREQUENCY

ROUTE

# Khyber Teaching Hospital Peshawar

## FLUID BALANCE/INTAKE-OUTPUT

MR No	
Name	
Bed No	Unit
Consultant	

PERVIOUS BALANCE		TO DAYS BALANCE		NET ACCUMULATED BALANCE												
BODY WEIGHT		ESTIMATED FLUID REQ/24 HS														
DATE	INTAKE						OUTPUT									
	ORAL		TUBE		IV LINE 1		IV LINE 2		IV LINE 3		URINE	VOMITING	STOMA	DRAIN 1	DRAIN 2	REIGNING TOTAL
	MLS	TYPE	MLS	TYPE	MLS	TYPE	MLS	TYPE	MLS	TYPE						
07 AM	16/10/23		orally				12		<del>12</del>							
08 AM	6Am		H2O 800ml		2l Normal Sal		2l Dupon Sal									
09 AM	to		juv 100ml		2l Dobeta 20ml											
10 AM	6pm		= 900 ml				= 120 ml									
11 AM																
12 AM																
01 AM																
02 AM																
03 AM																
04 AM																
05 AM																
06 AM																
06 AM - 6 PM																
07 AM																
08 AM																
09 AM																
10 AM																
11 AM																
12 AM																
01 AM																
02 AM																
03 AM																
04 AM																
05 AM																
06 AM																
06 AM - 6 PM																
24 Hours Total																
											TOTAL INTAKE					
											TOTAL OUTPUT					

Khyber Teaching Hospital Peshawar

Daily Progress Notes

MR No	
Name	
Bed No	Unit
Consultant	

اپوزٹ نامہ Pleuroeffusion drainage

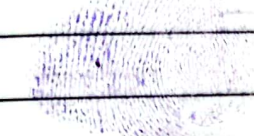
میں ڈاکٹر صاحبان نے فریڈ مین کی طرف سے ایک ڈیجیٹل ایکس رے کیا ہے۔

اس میں فریڈ مین کی طرف سے ایک ڈیجیٹل ایکس رے کیا ہے۔ اور اس کو ٹیکسٹ کی شکل میں بھیج دیا ہے۔

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تفصیل

17301-1250265-7

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MR No	
Name	
Bed No	Unit
Consultant	

16/10/23 ARRIVAL REPORT ✓

27 yr old female patient p/c:-

• Pain abdomen

• SOB

ECC Shows:- ST-Segment Elevations in Inf. lead. II/III/aVF.

\* Admitted as a Case of Inf. wall MI

Hydropneumothorax  
& (chest tube passed in CCU)

Vitals:- BP : Unrecordable

PIR : 20

SpO<sub>2</sub> : 70-80% on O<sub>2</sub> supp (FM)

RIR:

• Patient received in hemodynamically Unstable Condition.

• Patient started on IV fluids & inotropic support.

Plan:- Repeat ECG.

SAPT  
(STATIN)

• CLEARANCE.

O<sub>2</sub>-supp.

DR. YASIR  
PCR. CRD  
28591-N  
ECC  
Echo  
Inf I  
Cep/O-D

EDPR

$\Delta$  = Inferior Wall STEMI  
Hydropneumothorax

Plan :- Dobutamine su

BP = 22 MAP  
on dual  
inotropic  
support.

P = 158.



# NURSING SERVICES NOTES

Date/Time	Nurses Notes	Sign
16/10/23	Arrival NOTES -	
012 pm	27 yrs old female patient named	
	from DR 5 of SOB Discharge	
	IWM1 + hydro pneumothorax. Patient	
	GCS E2 M2 5/15. SpO2	
	maintain on O2 Support via	
	Face mask full flow 8L.	
	1/2 carrying in 205 on	
	(R) hand. in norm 4mm	
	Ducat in 50ml 14/5 @ 16pm	
	Pain on out Dr.	
	Chest tube in. Patient	
	BP not recordable SpO2 86%	
	on full flow O2 Support pulse	/ no
	68 bpm.	signs.
16/10/23	Breast Surg - A 27 yrs	
09:30	old female patient named	
	from M/Unit 20 discharge	
	Def Inferior wall MI (2MI)	
	Hydropneumothorax. (Chest tube passed)	
	Pt is lying on bed in	
	supine position. Breathing	
	Spontaneously w O2 on NRM.	
	In 2Ls in air on (RT) hand	
	D sand on hand. Orally	
	allowance GCS 15/15.	
	Cardiac monitor attached	
	S low stable 5 HR 159/±	
	Oral 93% RR 26/±	
	BP	

# NURSING SERVICES NOTES

Date/Time	Nurses Notes	Sign
	chest tube intact. Empty	
	at 02:35pm @ 470 ml of fluid.	
	pt is very irritable -	R
	'Folys Central's intact' →	lamed
		① 6200

16/10/2023 - 12 PM.

Operation/Procedure Notes

Procedure: Chest Intubation for  $\text{L}$  sided Hydropneumothorax

Surgeon: Dr. Sajjad

Assistant: Dr. Ayesha

Anesthesia: 10% Xylocaine

Anaesthetist:

Finding:

Left sided 4th ICS in safety A was approached disinfected, anaesthetized incision using 25 blade - Trachea made using dilator followed by insertion of chest tube

Incision: 24F upto mark 15 - low level purulent fluid

Details: aspirated. Tube secured with pster (1). ASD done.

Dr. Ayesha

THO. Pulmo.

Post Operative Instructions:

Maintain Analgesia

- Start on Nezikil + Sulzox.

- Send fluid for C/S.