MRD No: 1655322	**Gender:** Male	**Age:** 38Y 9M 11D
Name: Mr. RAJOY PETER	**Visit Type:** IP	**Visit Code:** IP0004
Consultant: Dr. Pavithran K.	**Speciality:** Medical Oncology and Hematology	

DISCHARGE SUMMARY

AMRITA CANCER INSTITUTE

AIMS Ponnekara P. O, Kochi-682 041.

Medical Oncology
Tel No: 0484-2853003,2853014
Email: medicaloncology@aims.amrita.edu

Surgical Oncology/Breast Clinic
Tel No: 0484-2853041
Email: breastclinic@aims.amrita.edu

Gynaecological Oncology
Tel No: 0484-2853040
Email: gynaeconcology@aims.amrita.edu

Radiation Oncology
Tel No: 0484-2853040
Email: radiationoncology@aims.amrita.edu

Hematology and Stem Cell Transplant
Tel No: 0484-2853030, 2853084
Email: haematology@aims.amrita.edu

Pain and Palliative Care
Tel No: 0484-2853012
Email: palliation@aims.amrita.edu

Medical Oncology	Radiation Oncology	Surgical Oncology/Breast Clinic
Dr. K Pavithran, Professor & Head	**Dr. Debnarayan Dutta, Professor & Head**	**Dr. D K Vijaykumar , Professor & Head**
Dr. Wesley M Jose, Addl. Professor	Dr. Anoop R, Assoc. Professor	Dr. (Col.) Mala S Mathur, Professor
Dr. Nikhil Krishna Haridas, Assistant Professor	Dr. Pushpaja K.U., Asst.Professor	Dr. Misha M Babu, Associate Professor
Dr. Rakesh M P, Assistant Professor	Dr. Haridas M Nair, Asst. Professor	
	Dr. Ajay Sasidharan, Asst. Professor	**Gynaecological Oncology**
Hematology and Stem Cell Transplant	Dr. Sruthi K, Asst. Professor	**Dr. Anupama R., Professor & Head**
Dr. Neeraj Sidharthan, Professor & Head		Dr. PriyaBhati, Assistant Professor
Dr. Manoj Unni, Associate Professor		Dr. Neethu P K, Assistant Professor
Dr. Rema.G, Assistant Professor		
		Pain and Palliative Care
		Dr. Sobha Nair, Professor & Head
		Dr. Rajasree K C, Assistant Professor
		Dr. Arun Vivek, (Tutor) Palliative Care

Date of Admission : 27/03/2024
Date of Discharge : 12/04/2024
Discharging Status : FOLLOW UP DISCHARGE SUMMARY

DIAGNOSIS :

Adenoid cystic carcinoma Left parotid with Bone and Pulmonary metastasis-Stage IV
Completed palliative RT to painful spine metastatic sites on 13/09/23 was on Lenvatinib and Olaparib
S/P INJ ZA(2nd dose) on 22/9/23
S/P Palliative RT10# to spine and femur mets.

Current admission: Dysphagia ,Pancytopenia.
S/P INJ DENOSUMAB 120 MG (2nd dose) on 6/4/24

HISTORY :
Mr.RAJOY PETER, 38 year old male, He had a history of Left Parotid swelling in 2009 and was evaluated elsewhere.
He underwent Superficial Parotidectomy in 2009 at Hyderabad Hospital.
HPR done outside: Pleomorphic adenoma
In August 2010,he had swelling again in the same site. He underwent WLE with Deep lobe resection in November 2010.
HPR: Adenoid cystic carcinoma.

He was referred to TATA Hospital Bombay.
MRI(10/11/2010):Residual/recurrent 4.1*2.2*1.8cm mass insinuating into stylomastoid foramen infiltration
into Left Facial Nerve.
Chest Xray - Normal. FNAC-Adenoid Cystic Carcinoma
He has been planned for resection of Recurrent parotid tumor SOS facial nerve resection via mastoid drilling.
He underwent Left Radical Parotidectomy +neck dissection +spiral PMMC+sural nerve in 2011.
s/p adjuvant RT 33#.-Apollo banajara hills
HPE then: adenoid cystic Carcinoma
Regularly reviewed elsewhere every 6 months with imaging
CT Chest Jan 2015 3-4 lesions measuring 8mm (largest in superior lingular segment)
CT Chest July 2015 11.2x7.6mm subpleural nodule right lower lobe and parenchymal nodule superior lingular
segment 8.5 x 7.5mm.
CT Chest 2016 Jan showed only 25% increase in size of nodules

He was on regular follow up in AIMS(HNS OPD) since 2016.
On 13/01/2023 He was evaluated for the complaints of severe pain, not able to stand up straight.
MRI Spine:-Partial disc dessication noted at C3-C4,C4-C5,C5-C6 and C6-C7 levels.-Focal fatty marrow replacement noted in the C1,C2,C3,C4 vertebral bodies-post radiation changes.-C4-C5:Mild posterior disc bulge with minimal indentation of anterior thecal sac .-C5-C6:Rt paracentral disc bulge indenting the anterior thecal sac causing rt neural foraminal narrowing with minimal impingement of right nerve root.-Type II modic endplate changes noted at the L3-L4 and L4_L5 levels.-Irregular endplate with reduced disc height noted L3-L4 and L4_L5 levels.-A well defined heterogeneous broad based lesion measuring 9.9*5.5cm appearing hyperintense on
STIR and T2 images noted in the subpleural aspect of rt lower lung extending into mediastinal region as well.
Another broad based T2 heterogenous lesion measuring 1.6*1.4cm noted in the posterior subpleural aspect of rt lower lung.-A well defined T2 heterogenous lesion measuring 2.6*1.7cm noted in the rt neural foramen extending to rt paraspinal region at D11-D12 level. -L3-L4 diffuse annular disc bulge with posterior annular tear causing indentation on anterior thecal sac and mild bilateral neural foraminal narrowing. -L4-L5:diffuse annular disc bulge with posterocentral disc extension causing indentstion of anterior thecal sac and bilateral neural foraminal narrowing with minimal impingement of exiting roots on both sides.
C/O numbness and weakness both lower limbs
S/P Right D11-D12 facetectomy, biopsy of lesion and right D11-D12 fixation with screws and rods & Left
L4-L5 minimally invasive lumbar microdiscectomy with MEP monitoring under GA on 28.1.23

Biopsy (04/02/23): D11-D12 foraminal lesion
Suggestive of metastatic carcinoma
Morphology suggestive of Adenoid cystic carcinoma in a known case of the same.
Drug sensitivity assay sent
Oncocept CGP 590 genes:
Tumor Mutation Burden is 4 Mut/Mb.(TMB-Low).
Pathogenic mutation detected in CHEK2 gene.
Positive for MYB gene rearrangement.
Completed RT (30Gy in 10 fractions to the D11-D12 vertebra + Margin) on 01/03/2023.
PET CT (March 2023): * No metabolically active recurrent primary lesion in post-operative site. Metabolically active multiple parenchymal and pleural-based coalescent and discrete nodules in right lung and fdg non avid few soft tissue nodules in left lung-pulmonary metastases. Metabolically active subcapsular liver deposits as described-metastatic deposits. Metabolically active marrow opacity in shaft of left humerus-marrow involvement.
No other metabolically active lymph node/lesion.
Explained the grave nature of the disease and poor prognosis to patient and relatives.
Was on Tab Lenvatinib 10mg OD (From 06/03/2023). Patient had complaints of itiching on Tab Lenvatinib, temporarily withheld and restarted later.
1st dose of Inj ZA taken on 25/8
He had complaints of neck pain and loss of appetite.
MRI- spine - Aug 2023- Multiple enhancing lesions seen in the cervical, dorsal and lumbar vertebral bodies
with few posterior elements of the dorsal spine.
Completed External Beam Radiotherapy on 13/09/23
He had complaints of breathlessness and neutropenia and had bilateral lower limb pain and back pain.
MRI - Spine showed mild increase in size of few lesions with appearence of new lesions noted involving multiple vertebrae and bilateral ileum. No obvious paraspinal, epidural soft tissue component seen. Post operative changes at L4-5, diffuse disc bulge at L3-4, L4-5. No nerve root compression.
MRI report showed and required for Re radiation therapy.
Patient had intermittent hand pain MRI C Spine was done.
MRI - Spine showed Extensive metastatic deposits in cervical, dorsal and lumbar spine as documented in prior imaging. No new lesions. No obvious paraspinal, epidural soft tissue component seen. Posterior disc osteophyte complex at C4-C5 and C5-C6 levels without significant nerve root compression. No vertebral collapse. No abnormal cord signals.

Now patient was admitted for Dysphagia ,Pancytopenia.

PAST HISTORY :
S/P Left Radical Parotidectomy +neck dissection +spiral PMMC+sural nerve grafting
S/P Right D11-D12 facetectomy, biopsy of lesion and right D11-D12 fixation with screws and rods & Left L4-L5 minimally invasive lumbar microdiscectomy with MEP monitoring under GA on 28.1.23

CLINICAL EXAMINATION :
Patient conscious and oriented
No Pallor, no Icterus
No pedal edema

Afebrile
Vitals stable

PA: Soft, non-distended, non-tender,no hepatosplenomegaly,Normal bowel sounds
CVS: Normal S1 S2, No murmur / gallop / rub
NS: HMF normal,No cranial nerve abnormality,No motor / sensory deficit,Normal DTR
RS: NVBS, no added sounds

INVESTIGATIONS :

Haemogram:

Date:	Hb: g/dl	PCV: %	PLT: ku/ml	TC: ku/ml	DC: N %	L: %	E: %	ESR: mm/1st hr
27/03/2024	-	-	-	-	59.1	28.8	1.5	-
28/03/2024	7.82	22.0	3.30	0.555	47.7	43.3	0.25	-
29/03/2024	6.31	17.5	4.55	0.248	18.6	64.5	1.16	-
30/03/2024	6.54	18.5	4.0	0.38	12.3	72.1	3.26	-
31/03/2024	7.27	19.8	5.85	0.579	18.1	66.2	2.14	-
01/04/2024	6.5	19.4	3.61	0.65	20.0	66.2	1.5	-
02/04/2024	6.78	19.0	6.01	1.09	32.1	57.1	0.00	-
03/04/2024	9.0	26.5	8	1.28	52.3	34.4	0.8	-
04/04/2024	8.05	22.8	51.1	2.01	44.7	41.4	0.137	-
05/04/2024	8.81	25.1	40	2.70	54.8	29.4	0.051	-
06/04/2024	9.2	27.9	65	6.00	67.1	15.0	0.0	-
07/04/2024	9.13	26.0	50	6.20	71.5	12.2	0.022	-
08/04/2024	11.6	33.6	42.0	14.7	83.7	6.83	0.00	-
10/04/2024	10.9	32.9	28	19.15	84.6	6.5	0.0	-

Liver Function Test:

Date:	T. Bilirubin: mg/dl	D. Bilirubin: mg/dl	SGOT: IU/L	SGPT: IU/L	ALP: IU/L	T. Protein: gms/dl	S. Alb: g/dl	S. Glob: g/dl
27/03/2024	0.42	0.18	33.2	43.9	122.0	6.0	3.5	2.52

Renal Function Test and Serum Electrolytes:

Date:	Urea: mg/dl	Creatinine: mg/dl	Na+: mEq/L	K+: mEq/L
27/03/2024	15.0	0.69	134.3	4.0
06/04/2024	-	-	134.8	4.2

Date: 10/04/2024

RBC-COUNT-Blood : 3.46 M/uL	MCV-Blood : 95.1 fL
MCH-Blood : 31.5 pg	MCHC-Blood : 33.1 g/dl
RDW-Blood : 18.7 %	MPV-Blood : 11.8 fL
MONO -Blood : 8.7 %	BASO-Blood : 0.2 %

Date: 08/04/2024

RBC-COUNT-Blood : 3.77 M/uL	MCV-Blood : 89.2 fL
MCH-Blood : 30.8 pg	MCHC-Blood : 34.5 g/dl
RDW-Blood : 16.0 %	MPV-Blood : 10.4 fL
MONO -Blood : 5.51 %	BASO-Blood : 0.113 %

Date: 07/04/2024

RBC-COUNT-Blood : 2.95 M/uL	MCV-Blood : 87.9 fL
MCH-Blood : 30.9 pg	MCHC-Blood : 35.2 g/dl
RDW-Blood : 16.0 %	MPV-Blood : 9.99 fL
MONO -Blood : 13.9 %	BASO-Blood : 0.267 %

Date: 06/04/2024

RBC-COUNT-Blood : 2.98 M/uL	MCV-Blood : 93.6 fL

MCH-Blood : 30.9 pg	MCHC-Blood : 33.0 g/dl
RDW-Blood : 17.8 %	MPV-Blood : 10.3 fL
MONO -Blood : 17.7 %	BASO-Blood : 0.2 %
PT[Prothrombin Time with INR]-Plasma : 14.9/14.7/1.01 sec	RBC-COUNT-Blood : 2.96 M/uL
MCV-Blood : 88.3 fL	MCH-Blood : 30.7 pg
MCHC-Blood : 34.8 g/dl	RDW-Blood : 16.1 %
MPV-Blood : 11.2 fL	MONO -Blood : 15.4 %
BASO-Blood : 0.124 %	

Date: 05/04/2024

RBC-COUNT-Blood : 2.84 M/uL	MCV-Blood : 88.4 fL
MCH-Blood : 31.0 pg	MCHC-Blood : 35.1 g/dl
RDW-Blood : 16.2 %	MPV-Blood : 11.0 fL
MONO -Blood : 15.5 %	BASO-Blood : 0.358 %

Date: 04/04/2024

RBC-COUNT-Blood : 2.59 M/uL	MCV-Blood : 87.9 fL
MCH-Blood : 31.1 pg	MCHC-Blood : 35.4 g/dl
RDW-Blood : 16.0 %	MPV-Blood : 10.9 fL
MONO -Blood : 13.2 %	BASO-Blood : 0.549 %

Date: 03/04/2024

RBC-COUNT-Blood : 2.88 M/uL	MCV-Blood : 92.0 fL
MCH-Blood : 31.3 pg	MCHC-Blood : 34.0 g/dl
RDW-Blood : 17.6 %	MPV-Blood : 9.4 fL
MONO -Blood : 12.5 %	BASO-Blood : 0.0 %

Date: 02/04/2024

Compatibility test for PRBC : Compatible	RBC-COUNT-Blood : 2.19 M/uL
MCV-Blood : 86.7 fL	MCH-Blood : 30.9 pg
MCHC-Blood : 35.6 g/dl	RDW-Blood : 17.8 %
MPV-Blood : 8.73 fL	MONO -Blood : 9.52 %
BASO-Blood : 1.19 %	

Date: 01/04/2024

Coombs test indirec- serumt : Negative	Coombs test direct : Negative
RBC-COUNT-Blood : 2.59 M/uL	Reticulocyte count (Flow Cytometer)-Blood : 0.798 %
Absolute Reticulocyte Count : 20.6 K/uL	LDH [Lactate dehydrogenase]-Serum : 264.0 U/L
Compatibility test for PRBC : Compatible	RBC-COUNT-Blood : 2.18 M/uL
MCV-Blood : 89.0 fL	MCH-Blood : 29.8 pg
MCHC-Blood : 33.5 g/dl	RDW-Blood : 19.1 %
MPV-Blood : 8.2 fL	MONO -Blood : 12.3 %
BASO-Blood : 0.0 %	

Date: 31/03/2024

CRP (C-reactive protein) : 89.08 mg/L	RBC-COUNT-Blood : 2.32 M/uL
MCV-Blood : 85.5 fL	MCH-Blood : 31.4 pg
MCHC-Blood : 36.7 g/dl	RDW-Blood : 16.9 %
MPV-Blood : 7.77 fL	MONO -Blood : 13.6 %
BASO-Blood : 0.00 %	

Date: 30/03/2024

Blood typing; ABO and RhD : A Rh D Positive	Compatibility test for PRBC : Compatible

Blood smear, peripheral, inter : .	RBC-COUNT-Blood : 2.11 M/uL
MCV-Blood : 87.7 fL	MCH-Blood : 31.0 pg
MCHC-Blood : 35.3 g/dl	RDW-Blood : 18.4 %
MPV-Blood : 8.54 fL	MONO -Blood : 12.3 %
BASO-Blood : 0.00 %	

Date: 29/03/2024

RBC-COUNT-Blood : 2.00 M/uL	MCV-Blood : 88.0 fL
MCH-Blood : 31.6 pg	MCHC-Blood : 35.9 g/dl
RDW-Blood : 19.9 %	MPV-Blood : 9.28 fL
MONO -Blood : 15.1 %	BASO-Blood : 0.581 %

Date: 28/03/2024

RBC-COUNT-Blood : 2.52 M/uL	MCV-Blood : 87.2 fL
MCH-Blood : 31.0 pg	MCHC-Blood : 35.6 g/dl
RDW-Blood : 18.1 %	MPV-Blood : 8.47 fL
MONO -Blood : 8.75 %	BASO-Blood : 0.00 %

Date: 27/03/2024

Blood smear, peripheral, inter : .	Procalcitonin : 0.34 ng/ml
Phosphorus inorganic (phosphate)Serum : 1.4 mg/dl	Magnesium : 2.2 mg/dl
Calcium; total - Serum : 7.92 mg/dl	PT[Prothrombin Time with INR]-Plasma : 15.4/14.7/1.05 sec
APTT[Activated Partial Thrombo-Plasma : 31.9/30.5 s	CRP (C-reactive protein) : 79.20 mg/L
MCV-Blood : 91.3 fL	MCH-Blood : 30.2 pg
MCHC-Blood : 33.1 g/dl	RDW-Blood : 20.5 %
MONO -Blood : 10.6 %	BASO-Blood : 0.0 %
Blood typing; ABO and RhD : A Rh D Positive	

Culture Blood (Aerobic) (02/04/2024):No growth after 5 days incubation

Bone Marrow Aspiration (05/04/2024)
Bone Marrow Aspiration : Pauciparticulate dilute bone marrow aspirate and sparsely cellular imprint smear show borderline dyserythropoiesis and left shifted myeloid maturation.

Upper Endoscopy Diagnostic (06/04/2024)
Multiple superficial ulcers in distal esophagus (? Post radiation esophagitis) - Histopathological examination awaited
Edematous mucosa with linear streaks of erythema & multiple erosions in gastric fundus & body.
CLO negative

Bone Marrow Biopsy (5/4/2024):Hypocellular bone marrow shows extensive fibrosis and crushed cells.

Karyotyping bone marrow (09/04/2024): Chromosome analysis from unstimulated cultures revealed a normal male chromosome complement in all cells examined.There was no evidence of a chromosome abnormality within the limits of the current technology

HPE (10/04/2024):Distal esophagus biopsy -Ulceration. PAS and deepers awaited.

COURSE IN THE HOSPITAL AND DISCUSSION :

He was admitted Iin ER with complaints of Dysphagia ,Pancytopenia. Routine blood investigations were sent. Blood parameters showed pancytopneia.Multiple blood products were transfused.INJ Romiplastin were given.GastroMedicine Consultation was sought in view of dysphagia and they advised for OGD Scopy guided biopsy. He was palnned for Bone Marrow Aspiration and Biopsy due to persistent Pancytopenia which was done under aseptic precaution and sent the sample for Flowcytometry ,Immunophenotype,Lymphoma ,Myeloma panel.

Bone marrw Aspiration was done on 04/04/2024 Pauciparticulate dilute bone marrow aspirate and sparsely cellular imprint smear show borderline dyserythropoiesis and left shifted myeloid maturation.

Bone marrow Biopsy report Showed Hypocellular bone marrow shows extensive fibrosis and crushed cells. Advised IHC 3 Antibody. Karyotyping bone marrow (09/04/2024): Chromosome analysis from unstimulated cultures revealed a normal male chromosome complement in all cells examined.There was no evidence of a chromosome abnormality within the limits of the current technology.Patient posted for OGD Scopy which was done under aseptic precaution. OGD Scopy showed Multiple superficial ulcers in distal esophagus (? Post radiation esophagitis) - Histopathological examination awaited. Edematous mucosa with linear streaks of erythema & multiple erosions in gastric fundus & body.CLO negative. HPE (10/04/2024):Distal esophagus biopsy -Ulceration. PAS and deepers awaited.

Dental consultation was sought in view of tooth ache,during examination there is a decayed tooth in lower right upper and their advised were followed.

Pain and Palliative consultation was sought and their advised were followed.

Patient became symptomatically better. vitals were stable. Hence discharged the patient in a stable state with following medical advice.

GIVEN MEDICATIONS:

TAB.LEVOFLOX 500MG 1-0-0 X 11 DAYS
INJ FLUCONAZOLE 400MG 0-0-1 X 15 DAYS

8 PINT RDP SLOW IV TRANSFUSED STAT
2 PINT SDP SLOW IV TRANSFUSED STAT
IVF NS/DNS 75ml/hr 1-0-0
INJ ROMIPLASTIN 500mcg STAT
250mcg STAT
INJ DEXA 12 MG IN 100ML NS STAT F/B
8MG 1-0-1
INJ DENOSUMAB 120 MG SC STAT
INJ PAN 40MG 1-0-1
INJ MORPHINE 2MG SOS
INJ PCM 500MG 1-0-1
INJ NEFOPAM 20MG 1-1-1
INJ. GCSF 300 MCG 1-0-1
INJ KETOROLAC 30 MG STAT
INJ GCSF 300mcg 1-0-1
TAB.ETODY 60 MG 0-0-1
TAB.MYORIL 4MG 1-0-1
TAB. DOLO 650 MG 1-1-1
TAB.MIRTAZAPINE 15MG 0-0-1
TAB.MORPHINE 10MG 2Q 4TH HOURLY
TAB.PREGABLIN 75MG 1-0-2
PROMAXE 2 SCOOPS 1-0-1

SYP.CREMAFFIN 30ML 0-0-1
SYP. CREMAFFIN 30 ML 0-0-1
SYP.ASCORIL-D 10ML SOS
SYP.ANCOOL 10ML 1-1-1
SYP.SUCRAFIL O 10ML 1-1-1
HEXIDINE MOUTH WASH 1-1-1

ADVICE ON DISCHARGE :
- In case of fever (Temperature > 100 F) get admitted to nearest hospital, treat as febrile neutropenia,send blood culture and sensitivity and start PIPTAZ 4.5g IV stat, and then IV 8th hrly to be continued.
- Irradiated PRBC transfusion if Hb is less than 7 g /dl.
- Irradiated platelet transfusions (1 pint pooled or 2 single units) if platelet count is less than 10,000 Ten thousand).

WHEN TO OBTAIN URGENT CARE:
In case of fever, sore throat, severe fatigue or any medical emergency please contact Medical Oncology OPD at 0484-2853003 or 9400998753, or (08:00 am to 6:00 pm) 7994999578and ask for Oncology doctor on duty (after 5:30 pm and on Sundays /Holidays).
Please have your discharge summary and a Paper and Pen ready in hand while calling the hospital to enable us to help you better.

PREVENTIVE ADVICE (LIFE STYLE MODIFICATION / HEALTH EDUCATION)IF ANY:
STRICT NEUTROPENIC CARE
- Careful hand washing
- Oral hygiene to prevent infectionsof the mucosa and teeth
- Use stool softeners for constipation if required
- Perianal and genital hygiene
- Plenty of oral fluids
- Avoid contact with people having respiratory infection and other communicable ailments

DIET RECOMMENDATIONS :
Freshly prepared food only

PHYSICAL ACTIVITY :
As tolerated

DISCHARGE MEDICATION :
*All current medication have been reviewed and reconciled into the medication list.

TAB. MORPHINE 10 MG 2 TAB Q4TH HOURLY (@ 2 AM, 6AM, 10AM, 2 PM, 6 PM, 10 PM) X 2 WEEKS
TAB. MORPHINE 10 MG 1/2 SOS (IN CASE OF SEVERE PAIN)
INJ ROMIPLASTIN 250 mcg (once a week) (3 INJECTIONS)
TAB. DOLO 650 MG 1-1-1 X 2 WEEKS (8AM,2PM,8PM)
TAB NEFOPAM 30 MG 1-1-1 X 2 WEEKS (8AM,2PM,8PM)
TAB. PREGABALIN 75 MG 1-0-2 X 2 WEEKS (10AM,10PM)
TAB .DEXA 4MG 3-0-0 X 5 DAYS(8AM) F/B
4MG 2-0-0 X 1 WEEK (8AM) F/B
4MG 1-0-0 X 1 WEEK (8AM)
TAB. PAN 40 MG 1-0-1 X 3 WEEKS
TAB.MYORIL 4MG 1-0-1 X 1 WEEK (8AM ,8PM)
TAB.ETODY 60 MG 0-1-0 X 5 DAYS (12PM)

TAB. ZINCOVIT 1 TAB 0-1-0 X 2 WEEKS
SYP. ANCOOL 15 ML 1-1-1 X 2 WEEKS
SYP CREMAFFIN PLUS 30 ML 0-0- 1 X 2 WEEKS
TAB.DULCOLAX 5 MG 2TAB 0-0-1 X 2 WEEKS

To continue medications
TAB. MIRTAZAPINE 15 MG 0-0-1 @ 8 PM
TAB. ENDACE 40 MG 1-0-1
DOLOGEL FOR LA 1-1-1

PLAN ON DISCHARGE :

Review in Medical oncology OPD On 3.05.2024 with CBC, S Creat, Sr.cal, with prior appointment.TAB. Lenvatinib 10 mg will be started after 3 weeks and T.Olaparib. will be kept withheld.
Review after 3 weeks in pain and palliative OPD on 3.05.2024 .
Inj ROMIPLASTIN 250 mcg once a week in a nearby centre.Check CBC Twice a week and inform 9400998753.
INJ DENOSUMAB 120 MG once a month
Signed By: Dr. Siddharth Singh

Signed On: 12-04-2024 13:09

Content of the discharge summary will not be changed for any reason once the patient is discharged from the hospital. The receiver (patient / bystanders) are requested to go through the details and confirm the accuracy before leaving the hospital.

Please contact for emergency care:

Casualty No: 0484-6681234

Fax No: 0484-6686035

Department email id: medicaloncology@aims.amrita.edu

Helpline No: