

Date: 18/09/2020    Pay Method:R    MRN: 730936    Age/Sex : 48/M    Doctor: DR. ZAHOOR UL HASSAN				
<b>Vital Signs:</b> Temperature: 37    BP: 110/70    Pulse: 78    FOLLOW-UP :Trn. 08:52PM Check-In: 9:00PM Check-Out:				
<b>Chief Complaint:</b> DRUG ALLERGY CAUSED SWELLING & ERUPTIONS ALL OVER SKIN				
<b>Significant Signs:</b> ALLERGIC TO MEDICATION CAUSED ERUPTION ALL OVER SKIN,				
<b>Duration of Illness:</b> 1 DAY,		<b>LMP:</b>		
<b>Other Conditions:</b>				
<b>Diagnosis:</b>				
<b>Management:</b> DRUG ALLERGY CAUSED SWELLING & ERUPTIONS ALL OVER SKIN. PRESCRIBED DEXTROSE SALINE I/V STAT + INJ. HYDROCORTISONE 200 MG I/V STAT + INJ CHLORPHENIRAMINE I/M STAT,				
<b>ICD Princ. Code:</b> T88.7    Unspecified adverse effect of drug or medicament				
<b>ICD 2nd Code:</b>		<input type="checkbox"/> Chronic <input type="checkbox"/> Congenital <input type="checkbox"/> RTA <input type="checkbox"/> Work Related <input type="checkbox"/> Vaccination <input type="checkbox"/> Check-Up <input type="checkbox"/> Psychiatric <input type="checkbox"/> Infertility <input type="checkbox"/> Pregnancy <input type="checkbox"/> Cleaning <input type="checkbox"/> Sports Related <input type="checkbox"/> Orthodontics		
<b>ICD 3rd Code:</b>				
<b>ICD 4th Code:</b>				
Trn. Type	Date	Code	Service Description + Dosage	Quantity
<b>EMERGENCY</b>				
Transaction	18/09/2020	0388	I.V DRIP/ 30 MINUTES	1
<b>PHARMACY</b>				
Requisition	17/09/2020	GEN02332	GEMIFLOXACIN MESYLATE 320MG TAB 1 TAB. Oral Every 24 hours For Five Days	1
Requisition	17/09/2020	GEN02776	MOMETASONE FUROATE 0.05% NASAL SPRAY 1 PUFF Nasal Every twelve hours For 30 Days	1
Requisition	17/09/2020	GEN01698	BETAHISTINE DIHYDROCHLORIDE 24MG TAB 1 TAB. Oral Every twelve hours For 25 Days	1
Requisition	17/09/2020	GEN01568	AMBROXOL 15MG/5ML SYP 5 ML Oral Every eight hours For Seven Days	1
Requisition	18/09/2020	GEN02444	HYDROCORTISONE 100MG 2ML VIAL 200 MG Intravenous STAT -	1
Requisition	18/09/2020	GEN01914	CHLORPHENIRAMINE MALEATE 10MG/ML INJ 1 AMP. Intramuscular STAT -	1
Requisition	18/09/2020	GEN02319	FUSIDIC ACID 2% + BETAMETHASONE 0.1% CREAM LOCAL APPLICATION Topical Every twelve hours For Seven Days	1
Requisition	18/09/2020	00000719	DRIP DEXTROSE/SALIN 5% 500ML 500 ML Intravenous STAT -	1
Requisition	18/09/2020	GEN02651	LORATADINE 10MG TAB 1 TAB. Oral Every 24 hours For Ten Days	1
Transaction	17/09/2020	00005183	FACTIVE 320MG 5TAB	1
Transaction	17/09/2020	00005199	TABUNEX N/SPRAY	1
Transaction	17/09/2020	00010210	LAVISTINA 24MG 50TAB	1
Transaction	17/09/2020	00001865	MUCOSOLVAN FORTE SYRUP	1
Transaction	18/09/2020	00009162	FUCICORT 30GM CREAM	1
Transaction	18/09/2020	00002755	SOLU-CORTEF 100MG INJ	2
Transaction	18/09/2020	00000079	ALLERFIN 10MG INJ	1
Transaction	18/09/2020	00000787	DISP/SYRINGES 10CC	2
Transaction	18/09/2020	00000719	DRIP DEXTROSE/SALIN 5% 500ML	1
Transaction	18/09/2020	00000524	CLARA 10MG 10TAB	1
Transaction	18/09/2020	00008680	IV-CANNULA No.22 Blue (Polymed)	1
Transaction	18/09/2020	00001459	IV-DRIP Set	1