

Handwritten initials/signature

Form No. 239

BIRDEM GENERAL HOSPITAL

Ibrahim Memorial Diabetes Centre

122 Kazi Nazrul Islam Avenue, Dhaka-1000

Phone : 8616641-50, Fax : 880-2-9667812

83

Clinical Pathology, Clinical Biochemistry & Haematology Department

FOR HOSPITAL USE ONLY
URGENT SAMPLES

DIABETIC: NON-DIABETIC:

PATIENT ID: 2014040686

WARD/CABIN:

NAME: Sircajn Islam

123

AGE: 57 yr SEX: Male Female

BED/CABIN

SPECIMEN FOR EXAMINATION

1246

SPECIMEN COLLECTED ON: DD 09 MM 04 YY 14 HR MI

SPECIMEN RECEIVED ON: DD HR MI

REPORTING DATE: DD MM YY HR MI

UNIT: Endo

Lab No. _____

CODE FOR BIOCHEMISTRY 506002000

Test Name	Result	Unit	Ref. Range
P. Glucose F/R		mmol/L	
Urea		mg/dl	10-50
Creatinine		mg/dl	0.67-1.2
Electrolytes :			
Sodium	<u>150</u> <u>136</u>	mmol/L	136-148
Potassium	<u>2.2</u> <u>2.2</u>	mmol/L	3.5-5.2
Chloride	<u>85</u> <u>87</u>	mmol/L	98-108
TCO ₂	<u>40.0</u> <u>35.0</u>	mmol/L	M:25-29; F:23-37
Blood Gas (Arterial Blood)			
pH			7.35-7.45
PO ₂		mmHg	Ad (Rest.) 83-108
PCO ₂		mmHg	35-45
HCO ₃		mmol/L	M: 23-39; F: 20-29
TCO ₂		mmol/L	M: 24-30; F: 21-30
BE		mmol/L	M: -2.4- +2.34; F: -3.5 - +2.2
O ₂ Saturation		%	95-98%
Calcium		mg/dl	8.5-10.5
CK (Total)		U/L	M: 24-195; F: 24-170
CK-MB		U/L	up to 25
LDH		U/L	230-460
AST (SGOT)		U/L	up to 37
ALT (SGPT)		U/L	up to 40
Bilirubin (Total)		mg/dl	0.44 -1.2
Amylase		U/L	up to 100
Lipase		U/L	13 - 60

at - 9 - 00 PM

Haematology — CBC

Referring Doctor
(Name in Full)

Prepared By

Lab-in-Charge Name-

BIRDEM GENERAL HOSPITAL

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Phone : 8616641-50, Fax : 880-2-9667812

LABORATORY SERVICES DIVISION

HAEMATOLOGY & CLINICAL PATHOLOGY

FOR HOSPITAL USE ONLY

DIABETIC: NON-DIABETIC:

PATIENT ID: 2074040686

NAME: Sarajul Alam

AGE: 57 SEX: Male Female

SPECIMEN FOR EXAMINATION: Urine

WARD/CABIN: 123

BED/CABIN: 1246

SPECIMEN COLLECTED ON	DD	MM	YY	HR	MI
	09	04	14		
SPECIMEN RECEIVED ON	DD	MM	YY	HR	MI
REPORTING DATE:	DD	MM	YY	HR	MI
UNIT:	<u>COMD</u>				

Lab No. _____

CODE FOR CLINICAL PATHOLOGY 50600000

Code	Test Name	Result	Unit
Blood			
01	Haemogram (all blood count parameters) (Code-506011006)		
02	Hb%, TC, DC, ESR		
03	Haemoglobin		g/dl
04	ESR		mm
05	Total WBC Count		/cmm
06	WBC Differential Count		
	Neutrophil %		%
	Lymphocyte %		%
	Monocyte %		%
	Eosinophil %		%
	Basophil %		%
07	RBC Count		mill/cmm
08	Reticulocyte		%
09	Platelet		/cmm
10	C/E		/cmm
11	Film		
12	MP		
13	PCV		%
14	MCHC		%
15	MCV		fl
16	MCH		pg
17	BT	mins	secs
	CT	mins	secs
18	a. 24 hours urinary volume :	Litre	
	b. 24 hrs Urinary protein (UTP)	g	
	c. CCR	ml/min	

Code	Test Name	Result
URINE		
19	Urine R/E M/E	
20	Acetone	
21	Protein	
22	Suger	
Stool		
24	Occult Blood	
25	Stool M/E	

*P cell - 40-50
E. cell - 0-2
RBC - 2-4
cellular cast - a few*

Mr. Nurul Karim
Referring Doctor
(Name in Full)

Prepared By

Lab-in-Charge

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BIRDEM GENERAL HOSPITAL

Ibrahim Memorial Diabetes Centre

122 Kazi Nazrul Islam Avenue, Dhaka-1000
Phone : 8616641-50, Fax : 880-2-9667812

Clinical Pathology, Clinical Biochemistry & Haematology Department

FOR HOSPITAL USE ONLY
URGENT SAMPLES

DIABETIC: NON-DIABETIC:

PATIENT ID: 2444040686

NAME: Sirajul Islam

AGE: 57 SEX: Male Female

SPECIMEN FOR EXAMINATION: RACD

WARD/CABIN: 123

BED/CABIN: 1246

SPECIMEN COLLECTED ON: DD 09 MM 04 YY 14 HR MI

SPECIMEN RECEIVED ON: DD MM YY HR MI

REPORTING DATE: DD MM YY HR MI

UNIT: Cell 102A

Lab No. _____

CODE FOR BIOCHEMISTRY 506002000

Test Name	Result	Unit	Ref. Range
Glucose F/R	50	mmol/L	5-10
Urea	0.9	mg/dl	10-50
Creatinine	0.9	mg/dl	0.67-1.2
Electrolytes :			
Sodium	130	mmol/L	136-148
Potassium	2.1	mmol/L	3.5-5.2
Chloride	82	mmol/L	98-108
CO ₂	33.0	mmol/L	M:25-29; F:23-37
Blood Gas (Arterial Blood)			
pH			7.35-7.45
PO ₂		mmHg	Ad (Rest.) 83-108
PCO ₂		mmHg	35-45
HCO ₃		mmol/L	M: 23-39; F: 20-29
HCO ₂		mmol/L	M: 24-30; F: 21-30
pE		mmol/L	M: -2.4- +2.34; F: -3.5 - +2.2
O ₂ Saturation		%	95-98%
Calcium	7.1	mg/dl	8.5-10.5
CK (Total)		U/L	M: 24-195; F: 24-170
CK-MB		U/L	up to 25
LDH		U/L	230-460
AST (SGOT)	44	U/L	up to 37
ALT (SGPT)	58	U/L	up to 40
Bilirubin (Total)	3.8	mg/dl	0.44 -1.2
Amylase		U/L	up to 100
Lipase		U/L	13 - 60
Haematology - <input checked="" type="checkbox"/> CBC			

SMG₂₄ = 0.7
S. Al. phos₂₄ = 100
S. PO₂₄ = 8.4
STP = 54.0
S. ALB = 28.0

UGBT

13

Referring Doctor: *[Signature]*
(Name in Full)

Prepared By

Lab-in-Charge Name

AMM

BIRDEM GENERAL HOSPITAL

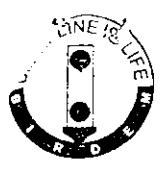
Bangladesh Institute of Research and Rehabilitation
In Diabetes, Endocrine and Metabolic Disorders

LABORATORY SERVICES DIVISION

67 28



WHO Collaborating Center for
Prevention and Control of Diabetes



An enterprise of the
Diabetic Association of Bangladesh

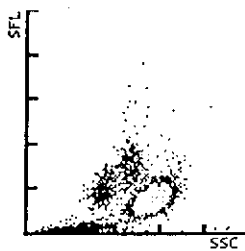
Sample No.: 20
Patient ID: H-13-B-1246
Name: Sirajul Islam
Comments:

Rack: 2 Tube:10 09/04/2014 11:22:17
Ward: Dr.:
Birth: Sex:
Inst.ID:XT-1800i-1

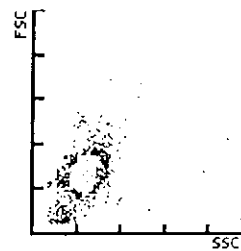
Positive
Diff.

WBC	14.37	[10 ³ /uL]	
RBC	3.39	[10 ⁶ /uL]	
HGB	10.6	[g/dL]	
HCT	30.4	[%]	
MCV	89.7	[fL]	
MCH	31.3	[pg]	
MCHC	34.9	[g/dL]	
PLT	126	[10 ³ /uL]	
RDW-SD	50.0	[fL]	
RDW-CV	15.9	[%]	
PDW	12.3	[fL]	
MPV	10.5	[fL]	
P-LCR	26.9	[%]	
PCT	0.13	[%]	
NEUT	13.09 +	[10 ³ /uL]	91.1 + [%]
LYMPH	0.74 -	[10 ³ /uL]	5.1 - [%]
MONO	0.50	[10 ³ /uL]	3.5 [%]
EO	0.04	[10 ³ /uL]	0.3 [%]
BASO	0.00	[10 ³ /uL]	0.0 [%]

DIFF



WBC/BASO



RBC



PLT



Signature



ISO 9001:2008 QMS Certified Hospital

DIAGNOSTIC LABORATORY SERVICES

PATHOLOGY TEST

Lab ID: 0212660414 Date: 09-APR-14 12:59 AM Print Date: 09-04-14 02:01:53 AM
Patient ID: Unregistered Name: MD. SIRAJUL ISLAM Age: 57 Sex: M
Location: Refd. by: BIRDEM Phone:

ACUTE CORONARY SYNDROME MARKERS

	<u>Result</u>	<u>Units</u>	<u>Reference</u>
Troponin-I	0.02	ng/ml	AMI Diagnostic Cut-off: Above 0.60 ng/mL

Note: Reference range in healthy individual: 0.00 – 0.06 ng/mL.; 0.07 – 0.10 ng/mL = Intermediate risk, 0.11 – 0.60 ng/mL = High risk.

Prepared By

Md. Shahid Chowdhury
Records & Data Entry Operator
Diagnostic Laboratory Services
Ibrahim Cardiac Hospital &
Research Institute

Checked By

Md. Idris Ali Sheikh
Shift In Charge
Diagnostic Laboratory Services
Ibrahim Cardiac Hospital &
Research Institute

জাতীয় প্রেস ক্লাব কর্মচারী ইউনিয়ন

স্বাক্ষর - ই
(৭৬)

১৮ তোপখানা রোড, ঢাকা।

রেজিস্ট্রেশন নং ঢাকা-২০১০

সূত্র :

তারিখ : ২৮ এপ্রিল ২০১৪

জনাব গৌতম আইচ সরকার
যুগ্ম সচিব
ও
সভাপতি, তদন্ত কমিটি

জনাব,

আমরা জাতীয় প্রেস ক্লাব কর্মচারীদের পক্ষ থেকে আপনাকে আন্তরিক ধন্যবাদ জানাচ্ছি। গত ১৩ এপ্রিল ২০১৪ তারিখে বারডেম হাসপাতালে জাতীয় প্রেস ক্লাব কর্মচারী ইউনিয়নের সাবেক সভাপতি সিরাজুল ইসলাম মৃত্যুবরণ করেন। আমরা মৃত্যু সংবাদ পেয়ে তাত্ক্ষণিকভাবে বারডেম হাসপাতালে হাজির হই। তখন আনুমানিক সময় রাত ৮.৩০ মিঃ। তখন ডাক্তারদের সাথে মরহুমের আত্মীয়-স্বজনদের সাথে কথা কাটাকাটি হচ্ছিল। এ সময় যারা উপস্থিত ছিলেন তারা বারবারই বলছে ডাক্তারদের ভুল চিকিৎসার কারণে সিরাজুল ইসলাম মারা যায়। মরহুমের যখন গুরুতর অবস্থা তখন কর্মরত ডাক্তারগণ রোগীর প্রতি মনোযোগী ছিলেন না। অক্সিজেন সমেত মাস্ক যখন রোগীর মুখে দেয়া হয়, সাথে সাথে রক্তক্ষরণে রোগী মারা যায়। ওই সময় বারডেম হাসপাতালে অন্য ডাক্তারগণ এসে স্বীকার করেছে যে, রোগীকে আইসিইউতে না নেওয়া ভুল হয়েছে। অক্সিজেন সিলিডার কাজ করেনি অর্থাৎ এ যন্ত্র বিকল ছিল। পূর্বে এ রোগী আরো বেশি গুরুতর অবস্থা থেকেও বেঁচে যায়। ডাক্তারগণ অনুতপ্ত না হয়ে উল্টো অসহায় নিরীহ গরীব ও এতিম দু'জন ছেলেমেয়ের নামে মামলা দায়ের করেন। যা সত্যিই অমানবিক ও অনভিপ্রেত। আমরা এতে কষ্ট পেয়েছি। কিন্তু চিকিৎসক সমাজের প্রতি আমাদের কোন বিরূপ মনোভাব নেই।

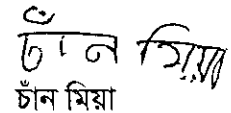
মরহুমের সহকর্মী হিসেবে আমরা জাতীয় প্রেস ক্লাবের কর্মচারীবৃন্দ এই দাবি করছি যে, শুধু কর্তব্য অবহেলার জন্যে দু'জন ডাক্তারের বিচার চাই এবং মিথ্যা মামলা তুলে নেয়ার অনুরোধ জানাচ্ছি। আমাদের উপস্থিতিতে কোন ডাক্তারের উপর হামলা হয়নি। ঐ সময় আইন-শৃঙ্খলা বাহিনী ও বিভিন্ন টিভি চ্যানেল ছিল। রোগী ছিল ১৩ তলায় অথচ বারডেম গল্ল সাজিয়েছে যে পঞ্চম তলায় ভাঙুর হয়েছে।

সুষ্ঠু তদন্তের মাধ্যমে দোষী ব্যক্তি উপযুক্ত শাস্তি পায় আপনার নিকট এই অনুরোধ করছি।



রফিকুল ইসলাম
সভাপতি

ধন্যবাদান্তে -



টান মিয়া
সাধারণ সম্পাদক

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प्रस्ताविका :

- 1) शक्ति ~~के~~ विकसितकरण के लिए निवेश करने वाले क्षेत्रों को
समर्थन देने के लिए सरकार को विभिन्न योजनाओं को लागू करना
- 2) विभिन्न क्षेत्रों में विकास को बढ़ावा देने के लिए

29/8/2018

BIRDEM GENERAL HOSPITAL

Ibrahim Memorial Diabetes Centre
122, Kazi Nazrul Islam Avenue, Dhaka-1000

985



An Enterprise of the Diabetic Association of Bangladesh



WHO Collaborating Centre for Prevention and Control of Diabetes

DEATH CERTIFICATE

1. Death Reg. No. 2697/14 Date 1/10/14
2. Admission No. / I.D. No. 1331 Unit Endocrinology
3. Ward / Cabin _____ Bed No. 1331
4. Name MR. IRSHADUL ISLAM Male / Female Male
5. Father's Name / Husband Name Mr. Suddhan Suddhan
6. Age / Date of Birth 57 years Religion ISLAM
7. Address 17, Mirpur 12, Dhaka
8. Date of Admission & Time 1/10/14 at 7 AM
9. Date of Death & Time 1/10/14 at 11 AM
10. Diagnosis (Capital Letter) DM 7.546
11. Cause of Death (Capital Letter) CARDIO-PULMONARY FAILURE
DUE TO HYPERGLYCEMIA
IN COMPLETE INSULINIC
12. Counter-Signed by (IRSHADUL ISLAM) Signature IRSHADUL ISLAM
Medical Officer on duty

Name in full (Capital Letter) _____

Death Note

- Patient's Name: Sirajul Islam
- Date and Time of Admission: 9/4/14 2:10 am
- Provisional Diagnosis:

W/Cabin - 132
Bed NO - 1331
ID NO -
2014040680

DM c primary adrenal insufficiency c electrolyte imbalance c osteoporosis

- Time of deterioration of condition:

13/4/14 7:30 pm

- Condition at first attendance: c/c - Shortness of breath
- Vomiting
- Disorientation

O/E - pulse - 136 b/min, BP - 60/40 mmHg, Respiration - Rapid, HR - Irregular, Lungs - bilateral basal crepitation, Dehydration - +, GCS - 10/15, O₂ saturation (c O₂) - 84

- Terminal Management:

A. CPR given at 7:45 pm

B. OTHERS

- O₂ inhalation (6 L/min)
- ~~prop~~ J.V. fluid
- Inj. Atropine
- Inj. Adrenalin
- Inj. Cotson

Time of death declaration: 13/4/14 8:15 pm

Cause of death: ~~Primary~~ Cardio-respiratory failure due to adrenal insufficiency c Diabetes mellitus c electrolyte imbalance

Susmi
(Fres Ami)
Nter Signature

Kalyan (DR. KALYAN DEBNATH)
Signature of the attending doctor

BIRDEM GENERAL HOSPITAL

BED HEAD TICKET	UNIT	BED
	Endo	1331

2	0	1	4	0	4	0	6	8	1
Name (In capital letter) <u>Sirajul Islam</u>									

Father's Husband's Name (in capital letter) Abdun Samad sardar

Age 57 Male/Female

Ref No. _____

PAYING/ NON-PAYING

Address :	Present	Permanent	Relative(s) to inform: Name
Vill House No. <u>39, Hunna Dahan</u>		<u>Do</u>	
P.O. <u>Road Dhaka</u>			
Road			
P.S.			
Postal Code			
District			
Telephone : <u>01711081431</u>			

I am aware of the rules and regulations of BIRDEM General Hospital. I, along with my attendants associates, shall abide by these rules and regulations, while I am at BIRDEM General Hospital.
 আমি বারডেম হাসপাতালের নিয়ম কানুন সম্পর্কে অবহিত হয়েছি। বারডেম হাসপাতাল অবস্থানকালে আমি, আমার আত্মীয় স্বজন ও সঙ্গসঙ্গী এই নিয়মকানুন যথাযথভাবে মেনে চলতে বাধ্য থাকবো।

2014040686 Fathor
 রোগী/আত্মীয় বা সঙ্গীর স্বাক্ষর / Signature of the Patient/Attendant

Referred by _____
 Provisional diagnosis _____
 Admitted under Endo
 Unit _____
 Ward 122 Bed 121/5 Cabin _____
132 1331
 Signature of RP/RS/EMO _____
 Official Stamp _____

Admission : Date _____ Time 2:10 AM Signature of the Nurse _____
 Received in bed : Date 9.4.19 Time 3 AM (Name in Capital Letters) REHANA AKHTER

DIAGNOSIS : A) Provisional DM 2 adrenal insufficiency (Primary) & Electrolyte imbalance
 B) Final (to be written at the time of discharge)
 Primary disease DM 2 Primary adrenal insufficiency & electrolyte imbalance
 Complication (s) osteoporosis
 Associated disease (s) _____
 Discharge/Transfer/Death : Date 12.04.19 Time 8:15 pm
 Signature of certifying Doctor AR (Endocrinology)
 Official Stamp _____

(Admitting authority should ensure proper filling of the form)

Date & Time

Description

To

R/R

Transfer this pt from GHTAD-D to

Endocrinology.

09/04/14
Senior Cash Collector
BIRDEM

Fisher
09/09/14

R/R GHTAD-D

To

R/R

Pl. transfer this pt to US-121, B 1331
Endoc. clinic unit. (EMO informed)

EMO informed.

fr

EMO informed

10/04/14
Senior Cash Collector
BIRDEM

Received
by

S/N
manina
at - 5 P.M.
on - 10/4/14

90 8

Admission Number

IN-PATIENT CASE RECORD	UNIT	BED
	11	1296

2	0	1	4	0	4	0	6	8	8
Name <i>Srajal Islam</i>									

HISTORY

History obtained from *PF*
 Date & Time clerked *03.9.19 at 2:45 AM*
 Name of Professor/Consultant *DR. T.M. Blumiger*

Chief Complaints :-

Acute watery for 1 day

History of present illness :-

According to statement Ppt he was well 1 day back then he developed acute watery stool which was mucous in nature. He has no blood mixed stools. He has no abdominal pain.

He had a sudden onset of illness.

*Diagnosis
 Acute
 watery stool
 no blood
 no pain*

Past History :

Adrenal insufficiency

Personal History :

Nothing significant

Occupational History :

Retired service-holder

Family History :

Socioeconomic History :

Middle-class

Menstrual & Obstetric History : N/A

Treatment History :

Hydrocortisone
Norepinephrine per 100cc
Levamisole per 100cc

CLINICAL EXAMINATION

GENERAL EXAMINATION

Height 150 Weight 58 kg Built Average
 Nutrition - Anaemia - Jaundice (-)
 Oedema (-) Cyanosis (-) Dehydration +
 Clubbing (-) Neckvein (-) L. Nodes (-)
 Thyroid (-) Koilonychia (-) Leuconychia (-)
 Skin NAD
 Others

VITAL SIGNS :

Temperature 98 °F Pulse 70 min
 Respiratory rate 16 min Blood pressure 80 mmHg 40 mmHg
 Erect Supine

CARDIOVASCULAR SYSTEM

Pulse : 76/mo
Rate : 70 min Rhythm Vol Character _____ Condition of Arterial Wall _____

R-F delay _____

Others Peripheral Pulses : intact

Apex beat _____ I.C.S. _____ from Midline _____

Lt Para sternal heave _____ absent Thrill _____

Heart Sounds 1st _____ Andree 2nd Andree

Added Sounds _____ murmur- Yes _____ Type: _____ Site: _____

RESPIRATORY SYSTEM

Inspection :

Palpation: Position of Trachea central Chest expansion _____
Vocal Fremitus: _____

Percussion : Resonant

Auscultation : Breath Sound Velvety Added Sound Absent
Vocal Resonance _____

ALIMENTARY SYSTEM :

Oval Cavity : NAD

Lip _____ Teeth _____ Gum _____ Tongue _____

Tonsil _____ Pharynx _____

ABDOMEN :

Inspection: NAD

General appearance : _____ Umbilicus : Central

Palpation :

Liver : NP Hernias : Intact

Spleen : NR Others : _____

Kidneys : MD DRE : ND

Percussion :

Auscultation : Bowel sound- Present/ absent _____ Others : _____

Uro-genital System :

Scrotum : _____ Urinary bladder : _____

Testes (R) _____ (L) _____ Epididymis : _____

Penis :

Vaginal Exam : _____

Higher psychic function

Appearance and behavior
Emotional State
Delusion & Hallucination
Orientation (Time, Place, Person)

Memory
Intelligence
Speech

Intact
Intact

FOR UNCONSCIOUS PATIENTS: GCS

GRADE (G1-G4)

Eye opening	Verbal response	Motor response	GCS Score
Spontaneous 4	Oriented 5	Obeying Command 6	5/15
To Speech 3	Confused 4	Localizing 5	
To pain 2	Words 3	Withdrawal 4	
None 1	Sounds 2	Flexing 3	
	None 1	Extending 2	
		None 1	

Cranial nerves	Rt	Lt	Cranial nerves	Rt	Lt
I	<i>Intact</i>		VII	<i>Intact</i>	
II			VIII		
III			IX		
IV			X		
V			XI		
VI			XII		

Motor System : *NAD*

	Rt		Lt			Rt		Lt	
	UL	LL	UL	LL		UL	LL	UL	LL
Bulk of muscle	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	Muscle power	<i>5/5</i>	<i>5/5</i>	<i>5/5</i>	<i>5/5</i>
Tone of muscle	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	Inv. movements	-	-	-	-

Reflexes

	B	T	S	K	A	Abd	Plantar	Clonus	Hoffman	Oppendi	Gondor
Rt	<i>+</i>	<i>+</i>	<i>+</i>	<i>+</i>	<i>+</i>		<i>Flexor</i>				
Lt	<i>+</i>	<i>+</i>	<i>+</i>	<i>+</i>	<i>+</i>		<i>Flexor</i>				

Sensory System : *NAD*

	Pain	Temp	Touch	Vibration	Position sense
Rt					
Lt					

Romberg's test :

Cerebellar signs : *(-)*

	Nystagmus	Int. tremor	Past pointing	Dysdiadochokinesia	Heel shin test
Rt	-	-	-	-	-
Lt	-	-	-	-	-

Signs of meningeal irritation : Neck rigidity Kernig's sign Brudzinski's sign

Gait : *Normal*

Tandem walking Toe walking Heel walking

Locomotor system :

Joints examination *NAD*
Spine

S.I.R : Rt Lt

Location Examinations :

SALIENT FEATURES : (to be filled by reviewing doctor)

This pt. Mr. Sitrajil Islam, 57 yrs old known case of chronic adrenal insufficiency & osteoporosis presented with complaints of repeated episodes of vomiting for last 1 day. O/E - GCS - 13/15, P. rate - 72/min, BP - 80/40 mm of Hg. Temp. Normal. RA Dehydration (+). Heart - NAD, Lungs - Clear, Abdominal system revealed no abnormality.

Provisional Diagnosis :

DM & primary adrenal insufficiency & due electrolyte imbalance due to renal failure, osteoporosis, ~~renal~~.

Final Diagnosis : DM & primary adrenal insufficiency

& electrolyte imbalance & osteoporosis (Hypokalaemia, Hypomagnesaemia)

Name of Clerking Doctor (in capital Letter)

Date 09-4-14 Time 03:05 AM Signature [Signature]

Name of Reviewing Bed Doctor Dr. Fouzia

Date 10/4/14 Time 8:00 AM Signature [Signature]

Dr. Md. Nuruzzaman

Problems during admission :

- Nausea, vomiting

Management in the hospital :

conservative & frequent monitoring

Out come : Death on 13.04.14 at 8:15 pm

Advice during discharge :

Counselling :

Signature of Doctor with Stamp
AR (Epidemiology)

118

Continuation Sheet	BED	UNIT
	1246	GHPD

Admission Number

2 0 140 4 0 6 86

Name Sirajul Islam

09.04.14

To, consultant
Endocrinology

This is a patient in case of DM
& Adrenal insufficiency & electrolyte imbalance
due to nausea & vomiting. Would you
please see this pt and give your
valuable opinion and take

With thanks

Dr. Md. Nazmul Hoque
MBBS, MD (GASTRO)
Assistant Professor, Dept. of GHPD
Gastroenterologist & Hepatologist
BIRDEM (Ibrahim) GENERAL HOSPITAL

Thanks for referral.

This pt. is in adrenal crisis -
Continue ~~by~~ hydrocortisone 100mg I/v
6 hourly.

The patient may be transferred
to Endocrine dept. for further
management
with thanks

Dr. Faria Afsana
DEM, MD. (Endocrinology)
Registrar (Endocrinology)
BIRDEM & Ibrahim Medical College

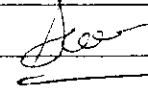
Admission Number

Continuation Sheet	BED	UNIT
	1331.	Enrol.

2	0	1	4	0	4	0	0	85.
Name Sirraajul Islam.								

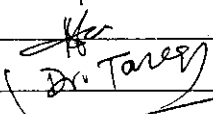
To 13/4/14
11 AM.
 Consultant, GIHPD
 Sir,

This is a case of DM & primary
 adrena insufficiency & acute gastritis
 He is complaining of repeated episodes of
 acute watery diarrhoea & vomiting.
 Would you please see this pt & give
 your opinion regarding further
 management.

With thanks


~~13/4/14~~
 Thanks for referral (Prof. Farooq
 Pathan)
 Pl. add.

- Rice saline - 100 ml.
- Tab. opsonil. 50 mg
- $Y_2 = 0 + Y_2 = 6 \text{ ml}$.

↓

 Dr. Tareq

BIRDEM GENERAL HOSPITAL

Admission Number

Continuation Sheet	BED	UNIT
	1246	GHPD

2	0	1	0	4	0	6	86
Name Singul Islam							

09.04.14

To, consultant
Endocrinology

This is a patient in case of DM
& Adrenal insufficiency & electrolyte imbalance
due to nausea & vomiting. Would you
please see this pt and give your
valuable opinion and take

With thanks

Dr. Md. Nazmul Hoque
MBBS, MD (GASTRO)
Assistant Professor, Dept. of GHPD
Gastroenterologist & hepatologist
BIRDEM (D-252) GENERAL HOSPITAL

Thanks for referral.

This pt. is in adrenal crisis -
continue $250 \mu g$ hydrocortisone 100mg I/v
6 hourly.

The patient may be transferred
to Endocrine dept. for further
management
with thanks

29/2/14.
Dr. Faria Atsana
DEM, MD. (Endocrinology)
Registrar (Endocrinology)
BIRDEM & Ibrahim Medical College

BIRDEM General Hospital

Admission Number

2 0 1 4 0 4 0 6 8 6

Continuation Sheet	UNIT	BED
	Endo	1331

Name *Sitajul Islam*

To 12/04/14
 Medical officer at 7:35 PM
 ICU

Dear Colleague
 This patient is a known case of DM & primary adrenal insufficiency & acute gastroenteritis. Now he complains of shortness of breath. Would you please see the patient & give your valuable opinion.

Thanking you
~~Dr. Anwar Hossain~~
 Dr. Anwar Hossain
 12/04/14

* ICU doctor informed at 7:35 PM & 7:40 PM. He came at 7:45 PM, followed up the patient & also gave CPR for 30 minutes.
~~Dr. Anwar~~
 13/04/14

I have seen the pt. at 7:45 pm. The pt. was found in Cardiac Arrest. CPR given for 30 mins. After all resuscitative effort the pt. does not revert back.

Dr. Rajan
 Dr. Rajan Mondal
 MD Resident Critical Care Medicine
 8:15 pm on 13/04/14.

BIRDEM General Hospital

Admission Number

2 0 1 4 0 4 0 6 8 6

Continuation Sheet	UNIT	BED
	Endo	1331

Name *Sirajul Islam*

Death Declaration
(on 13/04/14 at 8:15 PM)

I examined the patient thoroughly for 20 minutes and my examination findings are following -

BP - Not recordable
Pulse - Absent
Heart sound - absent
Breath sound - absent
Pupil - fixed, dilated, not reacting to light
all superficial & deep tendon reflexes - absent.

I declared him dead at 8:15 PM on 13/04/14

ANWAR HOSSAIN
DR. ANWAR HOSSAIN

BIRDEM General Hospital

Admission Number

2 0 1 4 0 4 0 6 8 6

Continuation Sheet	UNIT	BED
	Endo	1391

Name Sirajul Islam

~~CASE SUMMARY~~

(Documentation of follow up and management could not be done in original file due to unavailability of file & variable circumstances)

CASE SUMMARY (DEATH NOTE)

Patient Sirajul Islam known case of chronic adrenal insufficiency with osteoporosis since 2010 was admitted under Endocrinology dept. at that time. He was provided with with steroid card and advice to follow up regularly. He was last admitted on March 2014 and was discharged on their own request on 23.03.14 without completing treatment. On 09.04.14 he was admitted under EHPH-II (Bed-1246) with the complaints of vomiting for last 2 days. He was reviewed and transferred to Endocrinology due to impending adrenal crisis at afternoon. On examination, pt. was conscious, well oriented, vital signs and systemic examination was normal. On 12.04.14 at early morning pt. developed frequent watery diarrhoea. At that time his vital signs were normal, except dehydration (-4). Proper management was given. At evening and night frequent monitoring was done and pt. condition was relatively stable. On 13.04.14 pt. had similar complaints and on examination he was relatively stable. During his stay in our department, he was visited twice every day by respective consultant at office hour & once at evening. On 13.04.14 handover was given to evening doctor follow up & monitoring. Evening doctor gave follow up at 4:00 pm and 8 pm & pt.'s condition was relatively stable at both times. At 6 pm, 6:30 pm & 6:45 pm pt. was followed up by duty doctors & no new complaints was present & previous treatment was continued. At 7:00 pm pt. complained shortness of breath and was attended immediately. At that time he was advised for oxygen inhalation & monitoring of oxygen saturation, chest X-ray.

BIRDEM General Hospital

Admission Number

2014040686

Continuation Sheet	UNIT	BED
	(B29 Endo)	1381

Name Straful Islam

At 7:15 pm he again complained of shortness of breath. On examination his BP - 75/55 mmHg, Oxygen saturation 90-92% (with oxygen), Troponin -I & ABG was advised but pt refused. At 7:30 pm his oxygen saturation fell down to 84%. He was dehydrated & complained of breathlessness. IV fluid was given at increased rate. ICU doctor was informed & referral to ICU was written. ~~At 7:35 pm~~ ^(7:35 PM) at 7:35 pm his O₂ saturation fell down to 73%. ICU doctor was again informed & pt management was being done. Despite high flow oxygen inhalation & IV fluid at 7:40 pm pt's condition deteriorated and his O₂ saturation came down to 53%, he developed severe respiratory distress, his pulse was feeble & BP non-recordable. ICU doctor was again informed and he was already on the way. ^(at 7:45 PM) At that time Asst Registrar Dr. Farida Afzana was informed. At ^(7:30) 7:45 pm pt. was unconscious, his pulse & respiration was absent. BP was non-recordable, O₂ saturation (with O₂) 50%. GCS-3/5. CPR was being given by duty doctor & ICU doctor also joined and started giving CPR. Imp. Atropine & Imp. Adrenaline was given. CPR was given for 30 mins. At 8:15 pm on 13-04-14 as there was no sign of life & flat line on BCG, pt. was declared dead. Asst. Professor Dr. Faraz Anwar was informed at that time.



Admission Number

2014840686

Investigation	UNIT	BED
	Endo.	1246.

Name Sirajul

Urine	Date	Sp.Gr.	Reaction	Glucose	Albumin	Acetone	Micro E. & Others
			13/4/14	Nil	Nil	Nil	P. cell - 40-50 E. cell - 0-2 RBC - 2-4.

Stool	Date	Colour	Consistency	M/E				Others
				AL	AD	TT	Others	

Blood	Date	Hb% Gm/Dl	PVC (%)	WBC (c/mm)	Poly (%)	Lymph (%)	Mono (%)	Eosino (%)	ESR mm(1st.hr)	Blood film & Others
		24.3.14								
	9/4/14	10.6		14,370	91	5.1	3.5		55	PC - 1,26,000
	10.4.14	9.12	26.7	4610	84.3	8.60	5.80	1.3		1,64,000
	12/4	9.67		5,240	82	11	5.6			PC - 1,72,000

Bacteriology	Date	Specimen	Examination	Results
	10/4/14	146A, C - 0.1%		- USG of W/L - (25/3/14) - Featly liver (11) - Contracted GB. 11.04.2014 Thrombus - 2 - 0.02

Endoscopy	Date	ECG	Date	X-Ray/Others
		10/4/14	ECG - Sinus tachy cardiac - Non-specific ST-T wave change.	
	11/4/14	ECG - Non-specific T wave change.		PT - 12.0 sec. 10/4/14 } 2 Blood / 140 } Urine / 140 growth.

Protein	Date	Total Protein	S. Alb	Sr. Protein Electrophoresis %					Others
				Alb	α	α	β	α	
	09.4.14	54	23.0						
	10.4.14	54.0	23.2						

(69)

Renal Function Tests	Date	BUN (mg/dl)	S. Creat (mg/dl)	Urine Vol. L/day	Urinary Protein mg/day	CCR ml/min	Others
	3/4/14	50	0.3				
	12/4		1.0				

Lipid Profile	Date	Chol (mg/dl)	TG (mg/dl)	NEFA (mg/dl)	Lipoprotein			Others
					Alpha	Pre-β	β	
	23.3.14	114	126	HDL - 25 LDL - 64				

Electrolytes (mmol/L)					Blood gas pH				
Date	Na	K	Cl	CO ₂	pH	PO ₂	Pco ₂	HCO ₃	TCO ₂
24.3.14	126	4.5	97	16					
3.4.14	143	2.9	109	26					
9/4/14	136	2.1	82	33			7.1	[Corrected CO ₂ 8-46]	
10.4.14	141	3.8	101	27			0.7		
11.4.14	144	3.1	102	27					
22.04.14	144	3.7	106	17.0			3.4		
13/4/14	148	2.7	109	25			0.5		

Liver Function Tests	Date	AST i.u./L	ALT i.u./L	Alk Phos K.A.	S. Bili mg/dl	Amylase som/dl	Acid Phos	Others
	9/4/14	44	38	100	3.8			
	10.4.14				1.6			

