

Patient put on liquid diet on 02.11.12 morning.

Seen by Dr. Murali, Gastroenterologist. Patient planned for CT Scan abdomen and UGI scopy.

nephritis with gastritis. He advised urine spot protein, Creatinine and C3 and C4. Intake and output montitored. Patient continued to have pain abdomen and UGI scopy planned. ECG done 3.11.12 - Sinus tachycardia. On 02.11.12 patient was seen by Dr.C.M.Thiagarajan team - Nephrologist. Xray chest done. He opined as acute interstitial

initiated. HR picked up and patient shifted to IMCU. On 03.11.12 noon patient shifted for Endoscopy. Patient developed labored breathing before Endoscopy hence UGI scopy abandoned. Patient went for bradycardia and cardiorespiratory arrest. CPR measures

measures, patient did not respond and remained in asystole and declared dead at 2.55 pm on 03.11.12 effusion, mild dilated LV. Patient put on maximum inotropic support and connected to ventilator. Patient again went for bradycardia. CPR measures continued as per ACLS protocol. Despite resuscitation Seen by Dr.K.P. Sureshkumar, Cardiologist. ECG - Sinus Tachycardia. Echocardiogram s/o pericardial

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