Circular No. AHCT/P&C Dept./2017, Date: 04/10/2017.


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With reference to the subject cited, it is to inform that Trust has prepared the format on notes for Immunosuppressive therapy, Post-Transplant Surgery, follow-up Immunosuppressive Therapy treatment summary.

Hence, all the Network Hospitals empanelled for Organ Transplantation Surgeries are hereby informed to submit the Follow-up Immunosuppressive Therapy treatment summary as per the attached format without fail.

To
1. The MDs/CEOs/Medical Superintendents of all the Network Hospitals.
2. The GM (FOSS), AHCT with a request to communicate to all District Coordinators of State of Telangana.
3. The GM (PMU), AHCT with a request to place the circular in the AHCT portal.

Copy to:
1. All the HoDs, AHCT for favour of information.
2. The PS to CEO, AHCT for favour of information.

Chief Executive Officer

04/10/17
FORMAT ON NOTES for Immuno Suppressive therapy.

Post Transplant Surgery

Follow up Immuno Suppressive Therapy Treatment Summary.

1) Patient details :
   Name :-
   Age :-
   Sex :-
   Case No :-
   Date of Follow up Check-up with Biometric Attendance:-
   Address :-
   Procedure Code :-

2) Details of follow up examination treating doctors i.e., transplant surgeons/transplant medical specialist

3) Diagnosis  Post Renal Transplant follow up.
   1st follow up :-
   2nd follow up :-
   3rd follow up :-
   4th follow up :-

4) Personal History :-
5) Past History :-
6) Physical Examination :-
   General Examination :-
   temp : P.R B.P R.R.
   Weight pallor Nutritional / Vitamin Deficiency

7) Systemic Examination :-
   - Respiratory System :-
   - Cardio Vascular System :-
   - Per Abdomen :-
   - Central Nervous System :-
   - Bones/Spine :-
   - Genitourinary System :-
   - Lymphatic System :-
   - Hemopoietic System :-

Investigations :-
   - Complete blood picture/hemogram
   - Complete urine examination
   - USG Abdomen
   - Chest X-Ray
   - LFT for Liver Transplant Surgery
   - RFT for Renal
   - 2D echo, Colour Doppler, ECG for heart transplant surgeries
   - Random Blood sugar, Serum Electrolytes (if Required)
Drugs:

- Any other relevant investigations as per treating doctors' advice.
- As per the concerned transplantation surgery.

Any Complications Noticed/Treated:

Discharge Advice:

- Next follow-up check-up date & time.
- Name of the doctor.
- Telephone No.

Signature of the Patient

Signature of the Treating Doctor

Signature of the Aarogya Mitra

Photo of the Patient with Aarogya Mitra & Medco.