# WELCOME



This is an Education Platform

We provide Free PDF Notes and Videos Classes for Pharmacy Students

Web Site <a href="http://www.fdspharmacy.in/">http://www.fdspharmacy.in/</a>

You tube <a href="https://www.youtube.com/channel/UC77iEsiuZolU4pB8WAJIR5Q">https://www.youtube.com/channel/UC77iEsiuZolU4pB8WAJIR5Q</a>

What app <a href="https://chat.whatsapp.com/IzSgXtFEvhS4LN5xhUgq5z">https://chat.whatsapp.com/IzSgXtFEvhS4LN5xhUgq5z</a>

Telegram <a href="https://t.me/+cvxm17xSloA4MjVl">https://t.me/+cvxm17xSloA4MjVl</a>

Face book <a href="https://www.facebook.com/Fdspharmacy-105764311994440/">https://www.facebook.com/Fdspharmacy-105764311994440/</a>

E-mail <a href="mailto:fdspharmacyinfo@gmail.com">fdspharmacyinfo@gmail.com</a>



# Diploma in Pharmacy 2<sup>nd</sup> Year Pharmacotherapeutics Experiment

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Epilepsy (real / hypothetical)

#### Aim:

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Epilepsy (real / hypothetical)

#### Reference:

'Dr. Gupta G.D., Dr. Sharma Shailesh, Dr. Sharma Rahul Kumar, "Practical Manual of Pharmacotherapeutics" Published by Nirali Prakashan, Page no 35 - 39

# Theory:

# 1.Epilepsy

i) Case I

## a. Subjective:

Name: XYZ
Age: 40 yrs
Sex: Female

• Unit: MED II

• DOA: 15/09/2011

- **Reason for Admission:** Patient amnestic to event and is lethargic for several hours.
- **Past Medical History:** Patient a history of migraine.
- **Past Medication History:** Her migraine frequency is has been much reduced with the use of topirimate to about a few times per year
- Family History: NA
- Allergies and Social History: Nil



# b. Objective:

• Height: 5'1 Weight: 72 Kg

• **BP:** 130/100 mmHg **PR:** 85 bpm

• CVS: Normal ECG RS: 21

• Temperature: 39.3°C

Physical Activity: daily work routine home

#### c. Assessment:

➤ CT Scan and X-Ray: Visible on head computed tomography (CT) scan was a thrombosed aneurysmal sac measuring 2.3 x 2.2 cm which had increased in size from 2 years ago. Laboratory testing revealed an elevated lactic acid of 5.1 and chest x-ray was normal.

- ➤ Laboratory tests show normal CBC and live function tests.
- ➤ Refractory partial complex seizures with secondary generalization. Patient does not want to change medications at the current time.

#### d. Plan-Medication:

- Current Outpatient Prescriptions
- buPROPion (WELLBUTRIN SR) 200 MG tablet
- gabapentin (NEURONTIN) 300 MG capsule
- ziprasidone (GEODON) 80 MG CAPS
- nicotine (NICODERM CQ) 14 MG/24HR patch
- zolpidem (AMBIEN) 10 MG tablet
- lisinopril (PRINIVIL; ZESTRIL) 10 MG tablet
- benzoyl peroxide (DUAC) 5% GEL gel
- ARIPiprazole (ABILIFY) 15 MG tablet
- cyclobenzaprine (FLEXERIL) 10 MG tablet
- divalproex (DEPAKOTE) 500 MG tablet
- Furosemide (LASIX PO)



# ii) Case II

#### a) Subjective:

• Name: Mr. VA Age: 25 yrs Sex: Male

• Unit: MED II

• DOA: 15/09/2011

- Reason for Admission: Patient had an episode of absence seizures, was presented to the general medicine with loss of consciousness lasted for 2-4 min, giddiness, and dimness of vision. The patient reported that he regained from his loss of consciousness after few minutes, however, the giddiness persisted
- Past Medical History: Patient experienced the episode of absence seizure characterized by loss of consciousness and impaired memory quite sometime in the past 2 years.
- Past Medication History: Patient had intense erythematous patch under the right eye spreading over the right cheek with no numbness or itching
- Family History: Mother had intense erythematous patch under the right eye spreading over the right check with no numbness or itching
- Allergies and Social History: Nil .

#### b) Objective:

• Height: 5'1 Weight: 72 Kg

• BP: 130/100 mmHg CVS: Normal S1 and S2

• **PR:** 82 bpm **RS**: 21

• **Respiration:** Normal

• Temperature: 35.3°C

c) Assessment: Laboratory findings of blood glucose level

• **Physical Examinations:** Hemoglobin 14.7 g/dl, packed cell volume 42%, white blood cells 10,300/cum, neutrophils 83%,

cosinophils 6%, basophils 2%, lymphocytes 12%, monocytes 2%, red blood cells 47 x 10 /mm, erythrocyte sedimentation rate 30/h, mean corpuscular volume 89 fl, mean corpuscular hemoglobin 31 pg/cell, mean corpuscular hemoglobin concentration 35 g/dl, and platelets of 234,000 cells/cum.

- Blood Sugar Level: Blood sugar test reported fasting blood sugar was 107 mg/dl, random blood sugar was 170 mg/dl, postprandial blood sugar level was 150mg/dl, and capillary blood glucose was 84 mg/dl HbA1C was also found within normal.
- Liver Function Test: Liver function test reported that elevated alkaline phosphatase 71 international units/liter, and other parameters were found to be normal Renal function test detected normal values; however, a slightly elevated uric acid level was found to be 14.3 mg/dl. His cholesterol test revealed all the parameters were found to be normal
- Neurological Investigation: The patient's central nervous system examination revealed normal higher functions with no motor sensory deficits and bilateral plantar flexor. The electroencephalogram of the brain showed that the electrical waves remained normal with some electrode artifacts confirming the detection of absence seizure. The patient's brain MRI scan revealed the presence of small focal flair hypertensive area in the right parasellar region close to cavernous sinus and mild flair hypersensitivity in the left cavernous sinus. The MRI scans also revealed right maxillary and ethmoid sinusitis and no blooming restrictions were noted.
- d) Plan: Follow up after 6 months.

### Result:

Notes on subjective, objective, assessment and plan for Epilepsy (real/ hypothetical) disease conditions was prepared and discussed.