Discharge Summary

Patient Name	: Master. ARYAN VERMA [7 Yr /M] SR621900		
Address	: GRAM BHANISHA GWALPUR POST BARKHERA KALAN BISALPUR, Pilibhit, Uttar Pradesh		
Mob. No.	: 9368727432		
Next Of Kin	: SHRIPAL (FATHER) Ph: 9368727432		
IP. No.	: IP234781	**Dept./Speciality**	: PEDIATRIC CARDIOLOGY & CARDIAC SURGERY
Adm. Date	: 08-06-2021 01:28PM		
Ward Info.	: 3220/GENERAL CATEGORY/3F-DEV WING		
Discharge Condition	: Stable	**Discharge Date**	: 14-06-2021 11:21 AM
Discharge Type	: Discharge	**Date Of Surgery**	: 10-06-2021
Consultants	: DR. VIRESH MAHAJAN, DR. PRADIPTA KUMAR ACHARYA, DR. AMOL GUPTA, DR. SHYAMVEER SINGH KHANGAROT		
Patient Category	: Diya Medicare Foundation		

Final Diagnosis

CYANOTIC CONGENITAL HEART DISEASE, SINGLE VENTRICLE PHYSIOLOGY , TRICUSPID ATRESIA, PULMONARY ATRESIA, CONFLUENT BRANCH PAS , LPA ORIGIN STENOSIS WITH BORDERLINE HYPOPLASTIC LPA, POLYCYTHEMIC, LATE PRESENTATION, SURGERY PERFORMED - OFF PUMP BD GLENN SHUNT DONE ON 10.06.2021

Presenting Complaints

Master Aryan Verma 7 years old boy from Pilibhit (UP) is a known case of Cyanotic Congential Heart Disease. He was first diagnosed 1 year back when he was being evaluated for respiratory tract infection, cyanosis, Growth failure and cyanotic spells. No history of seizures and ear discharge.Echo done at that time showed Single Ventricle Physiology with Pulmonary Atresia.He was advised for further evaluation and management at higher Center. He is immunized for his age and has no developmental anomalies.

Evaluation and Management

Weight on admission:- 16.70kg
Weight on discharge:- 16kg
SPO2- 66% on room air (Pre-op)
BP- 90/60mmHg
PR- 88/min
RR- 18/min

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Hospital Stay

On admission, He was thoroughly evaluated. All relevant investiagtions were done (Report attached). 2 D Echo was done which showed :-

Pre-operative echo findings:
S.D.S
Common Atrium
Normal PV and SV drainage
Tricuspid Atresia, NRGA
Pulmonary atresia
IVS intact
trace MR
Dilated LA, LV
Adequate LV systolic function
Left arch, No CoA
Large and Torterous, PDA arising from usual location
Supplying PA at LPA / MPA junction
Confluent PAS
RPA 9mm, LPA 5mm

In view of his diagnosis, symptomatic status and echo findings, He was advised for early palliative high risk surgery Off pump BD Glenn shunt.

His father was counselled in detail about the natural history of the disease and the risk & benefits of surgery and the palliative nature of the surgery were also explained in detail. The possibility of prolonged ventilation requirement and ICU stay were also adequately explained.

After high risk consent, He was taken for the surgery on 10.06.2021

Procedure: BD Glenn surgery on 10.06.2021

Operative Findings: SVC good sized , RPA adequate sized, Post op Glenn pressure - 14, Collaterial vessel seen around SVC and RPA.

Post operatively, He was shifted to Pediatric CTVS ICU for further management. He was briefly ventilated for two hours and was extubated to Oxygen by nasal prongs.Oxygen was then gradually weaned off to room air by 1st POD

Associated bilateral basal patchy atelectasis and concurrent bronchorrhea was managed with chest physiotherapy, spirometry, postural drainage and frequent nebulization.

He was electively supported with inotropes in the form of Dobutamine (0-1st POD) for initial low output state.

Decongestives were used in the form of Furosemide boluses and infusion. Spirinolactone was used for its potassium sparing effects.

Aspirin was started for antiplatelet activity.

Minimal feeds were started on 0 POD & was gradually built up to full feeds by 2nd POD. He was also empirically supplemented with Multivitamin and Calcium.

Pre-discharge Echo findings:
Well functioning Right BD Glenn shunt with leminar flow to RPA with No significant mean gradient.
Common Atrerium
Tricuspid atresia / Pulmonayr atresia
No MR
Confluent PAS
Severly hypoplastic LPA measuring 5mm at hilum.
PDA seen from usual location to LPA / MPA junction.
Dilated LV
Adequate LV systolic function
No IVC congestion
No Collection

Patient is being discharged with following advice.

Advice On Discharge

Sr.	Description	Remark	
1	Syp A To Z 100ml (MULTIVITAMINE 170 ML)	10 ml twice a day	5 days
2	Tab Zifi 100mg (CEFIXIME 100 MG)	1 tab twice a day	5 days

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3	Syp Orofer Xt 150ml (ELEMENTAL IRON 30 MG+FOLIC ACID 550 MCG /5ML 150 ML)	5 ml Once a day	4 weeks
4	Tab Shelcal Hd (VITAMIN D3 500 MG , ELEMENTAL CALCIUM 500 MG TAB)	1/2 tab Once a day	7 days
5	Tab Aldactone 25mg (SPIRONOLACTONE 25 MG TAB)	1/2 tab twice a day - (Dose to be reviwed on follow up).	5 days
6	Tab Lasix 40mg (FUROSEMIDE 40MG)	1/4 tab Thrice a day - (Dose to be reviwed on follow up).	5 days

Review

Consult doctor in case of :-
Fever, Pain, Swelling, Breathlessness, Excessive cough, Any drug allergy, soakage , bleeding from surgical wound site

Diet:-
High protein diet
Fluid restriction 1.1litre/day for 2 weeks

Any other instruction:-
Do not stop any medication without doctor advice
Chest & limb physio as advised
Incentive spirometry 5-6 times daily
Cleaning of wound with spirit followed by Neosporin ointment application twice daily.

Condition at discharge:-

Hemodynamically stable
Afebrile
Active
Feeding well
Chest is clinically clear

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No fresh complaints
SPO2: 88% on room air.
No evidence of venous congestion
Accepting orally well
No discharges from surgical site

Follow up:-

Follow up at this center after 3 days with serum sodium and potassium reports.
ADVISE:- LPA stenting after 6 months.

Long term follow up with local peadiatric cardiologist. continue follow up with treating peadiatrician

Discharge Condition Details

Hemodynamically stable
Afebrile
Active
Feeding well
Chest is clinically clear
No fresh complaints
SPO2: 88% on room air.

Summary of Key Investigations during Hospitalization: As per Report Attached

Investigation Report

Investigation	Date	Value
APTT (Activated Partial Thromboplastin Time)	08-06-2021 06:28 PM	38.900 Sec.
COVID 19 ANTIGEN,RAPID	08-06-2021 02:05 PM	Negative
HBsAg By ECLIA	08-06-2021 06:59 PM	0.362
Blood Urea	11-06-2021 05:41 AM	15.4 mg/dl
CRP (C-Reactive Protein)	08-06-2021 05:41 PM	0.4 mg/L
HCV By ECLIA	08-06-2021 06:59 PM	0.031
Platelets Count	12-06-2021 05:19 AM	182 10^3/uL

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Investigation	Date	Value
HIV 1 and 2 By ECLIA	08-06-2021 06:59 PM	0.163
Serum Creatinine	11-06-2021 05:41 AM	0.30 mg/dl
Serum SGPT (ALT)	11-06-2021 05:41 AM	21 u/L
TSH (Thyroid Stimulating Hormone)	08-06-2021 06:59 PM	3.34 uiU/l

Investigation	Date	Value
Serum SGOT (AST)	11-06-2021 05:41 AM	38 u/L
TLC(Total Leukocyte Count)	12-06-2021 05:19 AM	9.28 thou/mm3

Blood Grouping and RH	08-Jun 08:00 PM		
Blood Group	"B"		
Rh	Positive		

LFT II	08-Jun 05:41 PM		
A/G Ratio	1.98		
Alkaline Phosphate(ALP)	240 u/L		
Albumin	4.45 g/dL		
Globulin	2.25 g/dL		
SERUM BILIRUBIN - Direct Bilirubin	0.67 mg/dl		
S B In Bi	2.47 mg/dl		
SERUM BILIRUBIN - Total Bilirubin	3.14 mg/dl		
SGOT(AST)	34 u/L		
SGPT(ALT)	26 u/L		

CBC (Haemogram)	08-Jun 07:44 PM	11-Jun 06:51 AM	
D L C Ba	0.4 %	0.0 %	
D L C Eo	2.1 %	0.1 %	
D L C Ly	46.5 %	14.5 %	
D L C Mo	4.5 %	6.0 %	
D L C Ne	46.5 %	79.4 %	
Hb(Haemoglobin)	22.3 gm/dl	21.0 gm/dl	
HCT	65.4 %	59.8 %	
MCV	81.8 fL	80.5 fL	
MCH	27.9 pg	28.3 pg	
MCHC	34.1 g/dL	35.1 g/dL	
Platelets	195 10^3/cmm	171 10^3/cmm	
RBC	8.00 mill/mm3	7.43 mill/mm3	
RDW	18.1 %	17.2 %	
TLC(Total Leucocyte count)	6.73 thou/mm3	6.84 thou/mm3	

RFT II	08-Jun 05:41 PM		

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Total Protein	6.7 gm/dl		

Prothrombin Time (PT) With INR	08-Jun 06:28 PM		
Control	12.5 Sec.		
INR	0.936		
Prothrombin Time(PT)	11.700 Sec.		

Serum Potassium (K+)	13-Jun 01:38 PM	14-Jun 06:05 AM	
Serum Potassium (K+)	3.84 mmol/L	3.98 mmol/L	

Serum Sodium (Na+)	13-Jun 01:38 PM	14-Jun 06:05 AM	
Serum Sodium (Na+)	140.5 mmol/L	138.1 mmol/L	

Blood Urea	31.9 mg/dl		
Potassium(K+)	3.99 mmol/L		
Chloride(CL-)	108.0 mmol/L		
Serum Creatnine	0.33 mg/dl		
Sodium(Na+)	138.7 mmol/L		

Urine R and M	08-Jun 10:35 PM		
Chemical Examination - Albumin	Negative		
Chemical Examination - Bilirubin	Negative		
Chemical Examination - Blood	Negative		
Chemical Examination - Ketone	Negative		
Chemical Examination - Nitrite	Negative		
Chemical Examination - pH	5.0		
C E Sp Gr	1.030		
Chemical Examination - Sugar	Negative		
Chemical Examination - Urobilinogen	Normal		
Microscopic Examination - Cast	NIL		

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Microscopic Examination - Crystal	Uric acid(+)			
M E Ep ce	1-2 /hpf			
Microscopic Examination - Pus cells	1-2 /hpf			
Microscopic Examination - RBCs	00 /hpf			
Others - Bacteria	NIL			
Others - Yeast cells	NIL			
Physical Examination - Color	Pale Yellow			
Physical Examination - Transparency	Slightly Turbid			

ABG	10-Jun 04:38 PM	10-Jun 04:39 PM	10-Jun 06:03 PM	10-Jun 06:05 PM	10-Jun 07:04 PM	11-Jun 06:09 AM	11-Jun 07:50 AM	11-Jun 10:21 PM
THbc	19.5 g/dL	18.6 g/dL	19.2 g/dL	18.3 g/dL	17.7 g/dL	18.0 g/dL	19.5 g/dL	18.3 g/dL
Calcium Ionised	1.02 mmol/L	1.23 mmol/L	1.22 mmol/L	1.22 mmol/L	1.17 mmol/L	1.10 mmol/L	0.97 mmol/L	1.05 mmol/L
Glucose	177 mg/dl	128 mg/dl	108 mg/dl	151 mg/dl	163 mg/dl	164 mg/dl	123 mg/dl	138 mg/dl
HCT	63 %	60 %	62 %	59 %	57 %	58 %	63 %	59 %
pCO2	44 mmHg	35 mmHg	50 mmHg	44 mmHg	44 mmHg	43 mmHg	38 mmHg	37 mmHg
TCO2	241 mmol/L	24.3 mmol/L	29.1 mmol/L	24.1 mmol/L	25.1 mmol/L	25.6 mmol/L	30.2 mmol/L	27.4 mmol/L
HCO3std	21.6 mmol/L	24.6 mmol/L	25.4 mmol/L	21.9 mmol/L	22.9 mmol/L	23.6 mmol/L	28.8 mmol/L	26.5 mmol/L
Base Excess	-3.4 mmol/L	-1.1 mmol/L	2.0 mmol/L	-3.4 mmol/L	-2.1 mmol/L	-1.1 mmol/L	5.7 mmol/L	2.5 mmol/L
pH	7.32	7.43	7.35	7.32	7.34	7.36	7.49	7.46
BE (B)	-3.6 mmol/L	-0.4 mmol/L	0.8 mmol/L	-3.6 mmol/L	-2.3 mmol/L	-1.4 mmol/L	5.4 mmol/L	2.6 mmol/L

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Sodium	133 mmol/L	136 mmol/L	136 mmol/L	136 mmol/L	141 mmol/L	136 mmol/L	139 mmol/L	136 mmol/L
pO2	56 mmHg	88 mmHg	76 mmHg	65 mmHg	67 mmHg	66 mmHg	52 mmHg	47 mmHg
HCO3	22.7 mmol/L	23.2 mmol/L	27.6 mmol/L	22.7 mmol/L	23.7 mmol/L	24.3 mmol/L	29.0 mmol/L	26.3 mmol/L
SO2c	86 %	97 %	94 %	91 %	92 %	92 %	89 %	85 %
Lactate	0.6 mmol/L	1.0 mmol/L	1.1 mmol/L	1.4 mmol/L	1.7 mmol/L	1.5 mmol/L	1.4 mmol/L	1.2 mmol/L
Potassium	4.1 mmol/L	3.5 mmol/L	3.9 mmol/L	3.4 mmol/L	3.3 mmol/L	3.2 mmol/L	2.7 mmol/L	2.7 mmol/L

ABG	12-Jun 06:08 AM
THbc	18.3 g/dL
Calcium Ionised	1.07 mmol/L
Glucose	87 mg/dl
HCT	59 %
pCO2	37 mmHg
TCO2	27.4 mmol/L
HCO3std	26.6 mmol/L
Base Excess	2.5 mmol/L
pH	7.46
BE(B)	2.6 mmol/L
Sodium	137 mmol/L
pO2	49 mmHg
HCO3	26.3 mmol/L
SO2c	87 %
Lactate	0.8 mmol/L
Potassium	3.2 mmol/L

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X-Ray Chest PA	
08-06-2021 07:16 PM	NORMAL STUDY. ADVISE: HISTORY / CLINICAL CORRELATION.
X-Ray Chest AP View Portable	
11-06-2021 09:45 AM	Increased bronchovascular markings. ADVISE: HISTORY / CLINICAL CORRELATION.
11-06-2021 11:04 AM	B/L perihilar congestion. ADVISE: HISTORY / CLINICAL CORRELATION.
12-06-2021 11:43 AM	Increased bronchovascular markings in both lung fields. Cardiomegaly. Please correlate clinically.
12-06-2021 01:52 PM	Bilateral perihilar and basal congestion. Please correlate clinically.
2D ECHO	
12-06-2021 03:28 PM	

Authorised By
Dr. Viresh Mahajan

Authorised By
DR. PRADIPTA KUMAR ACHARYA
Senior Consultant

Dr. Pradipta Kumar Acharya ★ 070553 ★ Sarvodaya Hospital

Authorised By
Dr. Amol Gupta

for Dr. Pradipta Kumar Acharya
Dr. Kunal
RMO (Pediatrics)

CONTACT HOSPITAL IN CASE OF EMERGENCY (105959 / 18003131414).
Patient Acknowledgement: I have received discharge summary and explained in detail about follow up medication as advised Patient / Attendant Signature _____ Full Name/ Relation: _____ Mob No: _____..