MAX Healthcare

DISCHARGE SUMMARY

Patient's Name: Mast. Devansh Mishra	
Age: 7 Years	**Sex: Male**
UHID No: SKDD.909890	**IPD No : 471830**
Date of Admission: 05.12.2022	**Date of Procedure: 06.12.2022** **Date of Discharge: 10.12.2022**
Weight on Admission: 16 Kg	**Weight on Discharge: 15.7 Kg**
Cardiac Surgeon: DR. HIMANSHU PRATAP **: DR. K. S. DAGAR** **Pediatric Cardiologist : DR. NEERAJ AWASTHY**	

DISCHARGE DIAGNOSIS

- Congenital heart disease
- Large OS-ASD
- Deficient IVC margins
- PDA

PROCEDURE:

ASD closure + **PDA ligation done on 06.12.2022**

RESUME OF HISTORY

Mast. Devansh Mishra, 7 years old male child, 1st in birth order, born through non consanguineous marriage, had complaints of upper respiratory tract infection since 3 years of age and developed breathing difficulty on exertion. For this patient was taken to local doctor and on examination murmur was heard and was referred to higher center where on detail evaluation a diagnosis of congenital heart disease was made. Patient was then referred here for further evaluation and management.

INVESTIGATIONS SUMMARY:

ECHO (05.12.2022):

Situs solitus, levocardia. D-looped ventricle. Normal systemic and pulmonary venous drainage. AV-VA concordance, NRGA. Large ostium secundum ASD size:23mm, shunting left to right, small IVC RIMS, NO PAPVC, Intact IVS, TV Annulus: 24mm (Z score: +0.71), Mild TR Peak gradient of 20 mmHg, MV Annulus:22mm (Z Score:+0.63), No MR, No LVOTO, No AR, No RVOTO, No PR, Good sized and confluent branch PAs, Paradoxical septal motion, Dilated RA, RV, Normal LV and RV systolic function, LVEF:60%, Normal coronaries, Left arch, No COA/LSVC/PDA, No IV congestion, No collection.

X RAY CHEST (05.12.2022): Report Attached.

USG WHOLE ABDOMEN (05.12.2022): Report attached.

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PRE DISCHARGE ECHO (10.12.2022): S/P ASD CLOSURE + PDA LIGATION (06.12.2022): ASD patch in situ, no residual shunt, Intact IVS, Mild TR, max pg:15 mmhg, No MR, No LVOTO, no AR, No RVOTO, no PR, Good sized confluent branch PAs, Normal LV and RV systolic function, LVEF:60%, Normal coronaries, Left arch, no COA/[illegible]SVC/PDA[illegible]IVC congestion, No collection

COURSE IN HOSPITAL:

On admission an Echo was done which revealed detailed findings above.

In view of his diagnosis, symptomatic status and Echo findings he underwent **ASD closure + PDA ligation** on 06.12.2022. The parents were counseled in detail about the risk and benefit of the surgery and also the possibility of prolonged ventilation and ICU stay was explained adequately to them.

Postoperatively, he was shifted to PICU and ventilated with adequate analgesia and sedation. He was extubated on 0 POD on oxygen support and then weaned to room air on 1st POD. Associated bilateral basal patchy atelectasis and concurrent bronchorrhoea was managed with chest physiotherapy and frequent nebulizations.

Inotropes were given in the form of Dobutamine (0-1st POD) to support cardiac function. Decongestive measures were given in the form of lasix boluses. Chest tubes inserted perioperatively were removed on 1st POD when minimal drainage was noted.

Antibiotics were given in the form of Ceftriaxone and Amikacin. Once patient was stable and afebrile and cultures were sterile, intravenous antibiotics were stopped and converted to oral dosage. Minimal feeds were started on 1st POD and it was gradually built up to normal oral feeds. He was also given supplements in the form of multivitamins & calcium.

He is in stable condition now and fit for discharge.

CONDITION AT DISCHARGE

Patient is haemodynamically stable, afebrile, accepting well orally, HR 100/min, sinus rhythm, BP 100/55 mm Hg, SPO2 98-100% on room air. Chest – bilateral clear, sternum stable, chest wound healthy.

DIET

- Fluid 1000 ml/day
- Normal diet

FOLLOW UP

- Long term pediatric cardiology follow-up in view of **ASD CLOSURE + PDA LIGATION (06.12.2022)**
- Regular follow up with treating pediatrician for routine checkups and nutritional rehabilitation.

PROPHYLAXIS

- Infective endocarditis prophylaxis

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TREATMENT ADVISED:

- Syp.Taxim –O Forte 80 mg twice daily (8am-8pm) - PO x 3 days then stop
- Syp. Furosemide 10 mg thrice daily (6am – 2pm – 10pm) - PO x 2 weeks then as advised by pediatric cardiologist.
- Tab. Spironolactone 6.25 mg thrice daily (6am – 2pm – 10pm) - PO x 2 weeks then as advised by pediatric cardiologist.
- Syp. A to Z 5 ml twice daily (8am-8pm) – PO x 1 month and then stop
- Syp. Shelcal 5 ml twice daily (8am-8pm) – PO x 1 month and then stop
- Tab. Lanzol Junior 15 mg twice daily (8am – 8pm) – PO x 1 week and then stop
- Syp. Crocin 250 mg thrice daily (6am – 2pm – 10pm) – PO x 2 days then as and when required
- **Betadine lotion for local application twice daily on the wound x 7 days**
- **Stitch removal after 9 days**
- **Intake/Output charting.**
- **Immunization as per national schedule with local pediatrician after 4 weeks.**

Review after 3 days with serum Na+ and K+ level and Chest X-Ray. Dose of diuretics to be decided on follow up. **Continued review with the cardiologist for continued care. Periodic review with this center by Fax, email and telephone.**

In case of Emergency symptoms like: **Poor feeding, persistent irritability / drowsiness, increase in blueness, fast breathing or decreased urine output,** kindly contact Emergency: 26515050

For all OPD appointments

- **Dr. Himanshu Pratap in OPD with prior appointment.**
- **Dr. Neeraj Awasthy in OPD with prior appointment.**

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