

## DISCHARGE SUMMARY

Patient's Name: Baby DhanviKushwaha	
Age: 3 yeas	Sex: Female
UHID No: SKDD. 898821	
Date of Admission: 26.04.2022	Date of Procedure: 27.04.2022 Date of Discharge: 29.04.2022
Weight on Admission: 11.5 Kg	Weight on Discharge: 11.5 Kg
Pediatric Cardiologist : DR. NEERAJ AWASTHY	

### DISCHARGE DIAGNOSIS

- Small ostium secundum ASD
- Mild RA/RV Dilatation
- Good Biventricular Function

### PROCEDURE:

Transcatheter ASD device closure {AMPLATZER 10mm Septal Occluder } done on 27.04.2022

### RESUME OF HISTORY

Baby DhanviKushwaha, 3 years female child, 2nd in birth order, a product of non-consanguineous marriage, born at term gestation. The child brought here with chief complain of noisy breathing since the age of 7 months and not gaining weight then the patient came to max hospital for echo as there was cardiomegaly in the X-ray where ASD secundum was diagnosed. No history of fever or cyanosis. The patient was electively for Transcatheter ASD device closure.

### INVESTIGATIONS SUMMARY:

#### **ECHO (25.04.2022):**

Situs Solitus, Levocardia. AV, VA concordance. D-looped ventricles, NRG. Normal pulmonary and systemic venous drainage. Moderate sized ostium secundum ASD measuring 8.0mm with adequate rims, No PAPVC. IVS intact. Trivial TR, Max PG:17mmHg. No MR. No LVOTO, No AR. No RVOTO, Trivial PR, peak gradient of:7mmHg. Flat septal motion. Dilated RA/RV. Adequate LV/RV systolic function LVEF : 65%. Normal coronaries. Confluent branch PAs. Left arch, No COA/PDA/APW/LSVC. No IVC congestion. No collection.

**X RAY CHEST (26.04.2022):** Borderline cardiac enlargement. Lung fields and CP angles are clear.

#### **PRE DISCHARGE ECHO (03.04.2022):**

#### **S/P ASD device closure done on (27/04/2022)**

Situs solitus, levocardia, AV, VA concordance. D-looped ventricles, NRG. Normal pulmonary and systemic venous drainage. ASD device in situ, no residual shunt. IVS intact. Mild TR, Max PG : 20 mmHg. No MR. No LVOTO/No AR. No RVOTO/No PR. Good sized and confluent branch PAs. Adequate LV/RV systolic function; LVEF : 65%. Confluent branch Pas. Normal coronaries. Left arch, No COA/PDA/APW/LSVC. IVC is normal size with normal respiratory variation. NO collection.

## Healthcare HOSPITAL:

On admission, the patient was investigated including echo was done which revealed findings as detailed above. With all pre procedure investigations, pre informed consent and pre anesthetic check up child was taken up for ASD device closure on 27.04.2022. Procedure was uneventful and ASD was closed using 10mm Amplatzer septal Occluder. Child was shifted to ward next morning. Post procedure echo showing good result. Child is now hemodynamically stable and fit for discharge.

### Condition at Discharge:

Patient is hemodynamically stable, afebrile, HR : 110/min, sinus rhythm, BP : 100/66 mm Hg, SPO2-98 % on room air. Chest – bilateral clear.

### DIET

- Normal diet

### FOLLOW UP

- Long term pediatric cardiology follow-up in view of **Transcatheter ASD device closure {AMPLATZER 10mm Septal Occluder }**
- Regular follow up with treating pediatrician for routine checkups.

### PROPHYLAXIS

- Infective endocarditis prophylaxis

### TREATMENT ADVISED:

- Syp. Augmentin duo (5ml=400mg) 3ml twice a day for 5 days
- Syrup Maxtra 5ml 8 hourly for 5 days
- Tab. Ecosprin 50 mg once daily (10pm) – PO for 6 months
- Syp Asthalin(2mg/5ml) 5ml per oral twice a day for 3 days
- Nebulization Budecort 200mcg twice a day and with Levolin 8 hourly for 3 days

**Review after 1 week in OPD.**

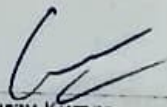
**Continued review with the cardiologist for continued care. Periodic review with this center by Fax, email and telephone.**

In case of Emergency symptoms like: **recurrent / severe chest pain, severe breathlessness, drowsiness, increased in blueness or decreased urine output**, kindly contact Emergency: 26515050

### For all OPD appointments

- **Dr. NeerajAwasthy in OPD with prior appointment (Mobile No.: 9811962775 & Email: [n\\_awasthy@yahoo.com](mailto:n_awasthy@yahoo.com)).**

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