

DISCHARGE SUMMARY

PATIENT NAME: BABY OF HARMANJOT KAUR	AGE: 3 MONTHS & 24 DAYS, SEX: M
REGN: NO: 13181309	IPD NO: 182098/24/1201
DATE OF ADMISSION: 18/09/2024	DATE OF DISCHARGE: 08/10/2024
CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- Cyanotic Congenital Heart Disease with reduced pulmonary blood flow
- Single ventricle physiology
- Pulmonary Atresia with intact interventricular septum
- Hypoplastic tricuspid valve and right ventricle
- Right ventricle dependent coronary circulation
- Bipartite right ventricle
- Fossa ovalis atrial septal defect (Left to right shunt)
- S/P Patent ductus arteriosus stenting using MEDTRONIC ONYX FRONTIER coronary Stent (3.5 mmX22 mm) on 01/06/2024 at Fortis Escorts Heart Institute, New Delhi
- S/P Diagnostic cath on 19/09/2024 at Fortis Escorts Heart Institute, New Delhi

OPERATIVE PROCEDURE

Right Modified Blalock Taussig Shunt from innominate artery to Right pulmonary artery with 4 mm PTFE graft through sternotomy + Patent ductus arteriosus (Stent in situ) tightening done on 24/09/2024

RESUME OF HISTORY

Baby of Harmanjot Kaur is a 3 months old male infant (date of birth: 30/05/2024) from Rajasthan who is a case of congenital heart disease. He is 1st in birth order and is a product of full term LSCS (lower segment caesarian section) delivery. His birth weight was 2.6 kg. Maternal age is currently 24 years.



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Final Diagnosis:	
	Cyanotic congenital heart disease Pulmonary Atresia FO ASD Hypoplastic TV Hypoplastic RV PDA dependent pulmonary circulation Normal Sinus Rhythm Normal LVEF S/P PDA stenting using MEDTRONIC ONYX FRONTIER coronary Stent (3.5 mmX22 mm) on 01/06/2024

He was seen at FEHI, New Delhi on 16/09/2024. His saturation at that time was 97% with weight of 5.1 Kg. Echo was done which revealed situs solitus, levocardia, AV-VA concordance, normal systemic and pulmonary venous drainage, hypoplastic tricuspid valve, mild tricuspid regurgitation (TV annulus 8mm), laminar MV inflow, membranous pulmonary atresia, intact interventricular septum, laminar LV outflow, PDA stent in situ, confluent branch Pulmonary arteries, good flow across PDA stent, laminar flow in arch, no Coarctation of aorta, no left superior vena cava, normal LVEF, no collection, Bipartite right ventricle, good flow in branch Pulmonary arteries, ? RVDCC, TV annulus 8mm (Z score -3.5), PA annulus 4.2mm (Exp 7.5mm), Right pulmonary artery 4.8mm, Left pulmonary artery 4.5mm (Exp 5.5mm).

He was advised cardiac cath followed by surgical management.

Now he is admitted at FEHI, New Delhi for further evaluation and management. On admission, his saturation was 67%, His Hb 10.8 g/dl and Hematocrit 39.8% on admission.

In view of his diagnosis, symptomatic status, cath and echo findings he was advised early high risk surgery after detailed counselling of family members regarding possibility of prolonged stay as well as uncertain long term issues.

Weight on admission 5.2 kg, Height on admission 61 cm, Weight on discharge kg

His Weight on admission 5.2 kg. Failure to thrive (< 3rd Percentile); Z score -2 to -3 SD

His blood Group B positive



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PROPHYLAXIS :

Infective endocarditis prophylaxis prior to any invasive procedure

MEDICATION:

1. Syp. Paracetamol 80 mg PO 6 hourly x one week
2. Tab. Pantoprazole 5 mg PO twice daily x one week
3. Tab. Fluconazole 30 mg PO once daily x one week
4. Syp. Lasix 5 mg PO twice daily till next review
5. Tab. Aldactone 3.125 mg PO twice daily till next review
6. **Tab. Colsprin 30 mg PO once with feed till next review - not to be stopped**
(Dose of Colsprin to be increased (5mg/kg/day) according to weight gain upto maximum of 100mg once daily)
7. Syp. Shelcal 2.5 ml PO twice daily x 3 months
8. Syp. Bromhexine 2.5 ml PO thrice daily till next review
9. **Tab. Thyroxine 25mcg PO once daily x 3 months and then repeat Thyroid function test (Empty Stomach)**
10. Syp. Levetiracetam 80 mg PO thrice daily till next review

- All medications will be continued till next review except the medicines against which particular advice has been given.

Review at FEHI, New Delhi after 6 – 9 months after telephonic appointment
In between Ongoing review with Pediatrician

4th hrly temperature charting - Bring own your thermometer

- Frequent hand washing every 2 hours
- Sutures to be removed on 09/10/2024; Till then wash below waist with free flowing water
- Daily bath after suture removal with soap and water from 10/10/2024

Telephonic review with Dr. Parvathi Iyer (Mob. No. 9810640050) / Dr. K. S. IYER (Mob No. 9810025815) if any problems like fever, poor feeding, fast breathing



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(DR. KEERTHI AKKALA)
(ASSOCIATE CONSULTANT
PEDIATRIC CARDIAC SURGERY)

(DR. K.S. IYER)
(EXECUTIVE DIRECTOR
PEDIATRIC CARDIAC SURGERY)

Please confirm your appointment from (Direct 011-47134540, 47134541, 47134500/47134536)

- Poonam Chawla Mob. No. 9891188872
- Treesa Abraham Mob. No. 9818158272
- Gulshan Sharma Mob. No. 9910844814
- To take appointment between 09:30 AM - 01:30 PM in the afternoon on working days

OPD DAYS: MONDAY – FRIDAY 09:00 A.M

In case of fever, wound discharge, breathing difficulty, chest pain, bleeding from any site call
47134500/47134536/47134534/47134533

Patient is advised to come for review with the discharge summary. Patient is also advised to visit the referring doctor with the discharge summary.



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