

DISCHARGE SUMMARY

PATIENT NAME: BABY OF MANDEEP KAUR	DOB: 30/01/2025; SEX: FEMALE
REGN NO: 13673930	IPD NO: 32034/25/1201
DATE OF ADMISSION: 14/02/2025	DATE OF DISCHARGE: 25/02/2025
CONSULTANTS: DR NEERAJ AWASTHY/ K S IYER	

FINAL DIAGNOSIS

- Interrupted aortic arch Type A
- Large inlet muscular VSD with perimembranous extension.
- Additional apical muscular VSD
- Normal Sinus Rhythm
- Sepsis (Klebsiella sepsis)
- Pulmonary Hemorrhage
- S/P Interrupted arch stenting done using coronary covered stent of size 4.8x16mm (Graft master) followed by balloon dilatation of stent using coronary balloon (NC Traveler) of size 4.5x12mm done on 15/02/2025

INVASIVE PROCEDURE -

INTERRUPTED ARCH STENTING DONE USING CORONARY COVERED STENT OF SIZE 4.8X16MM (GRAFT MASTER) FOLLOWED BY BALLOON DILATATION OF STENT USING CORONARY BALLOON (NC TRAVELER) OF SIZE 4.5X12MM DONE ON 15/02/2025

RESUME OF HISTORY

BABY OF MANDEEP KAUR is a 15 days-old female child, 1st in birth order, born as full term via LSCS delivery with 2.9kg birth weight. cried at birth but developed respiratory distress on day 2 of life associated with cyanosis. Child was on mechanical ventilator. Echo was done in view of worsening condition of patient, which was suggestive of Interrupted aortic arch with large VSD with PDA. Child was started on PGE1 infusion and was referred to Fortis Escorts Heart Institute, New Delhi for further management.



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COURSE IN THE HOSPITAL

BABY OF MANDEEP KAUR was received on mechanical ventilator. On admission child had gross abdomen distention with pulmonary bleeding. Injection dobutamine and Lasix infusion was started. In view of low Hb was given 3 units a packed cells. Case was discussed with pediatric surgery department in view of sepsis and pulmonary bleeding, surgery could not be done and child was planned for PDA/CoA stenting. She underwent Interrupted arch stenting done using coronary covered stent of size 4.8x16mm (Graft master) followed by balloon dilatation of stent using coronary balloon (NC Traveler) of size 4.5x12mm done on 15/02/2025 (report attached). Post procedure she was kept in CCU for monitoring. She was on mechanical for 72 hours, then extubated and kept on nasal CPAP. Gradually feeds were started and then kept on oxygen-hood. In view of sepsis child was given IV antibiotics for 10 days (Colistin and Meropenem) Child received 3-time PRVC, 2-time PRP and 1 unit of FFP during ICU stay. Now she is hemodynamically stable, accepting oral feed with oxygen saturation 92-94% all for limbs. She is being discharged in stable condition with advice to give IV antibiotic for 4 days at local hospital.

CONDITION AT DISCHARGE: Stable

PLAN FOR CONTINUED CARE:

➤ TO SEE DR. NEERAJ AWASTHY AFTER ONE WEEK IN PEDIATRIC ECHO LAB

FEED : Breastfeed/ katori or spoon feed

EDICATIONS

ab Aldactone 3mg orally twice daily 1am, 1pm
p. Furopred 0.3ml orally twice daily 2am, 2pm
p Domistal 0.2ml orally thrice daily 6am, 2pm, 10pm
op A to Z 0.5ml orally twice daily 1am, 1pm
op Vitamin D3 1ml orally once daily 1pm
ection meropenem 120mg IV 8 hourly for 4 days 3am, 11am, 7pm
ection Colistin 90000IU 8 hourly for 4 days 10am, 6pm, 2am



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SBE PROPHYLAXIS

Signature for Dr. Dr. Iyer
DR. CHANDNI
(DNB RESIDENT IN PEDIATRIC
CARDIOLOGY)

Signature for Dr. Dr. Iyer
(DR NEERAJ AWASTHY)
(DIRECTOR, PEDIATRIC & CONGENITAL
HEART DISEASE)

Patient to be followed in cardiac clinic by **DR NEERAJ AWASTHY** on first appointment. Please confirm your appointment from the appointment section (Direct 011-47134921).

Tele consultation with **DR NEERAJ AWASTHY** call customer care 011-47134500 (12:00 pm to 2:00 pm). All appointment may be taken from the appointment section 011-47134921

Patient is advised to come for review with the discharge summary Patient is advised to come for review with the discharge summary.
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