

DISCHARGE SUMMARY

PATIENT NAME: BABY OF SUJATA	AGE: 1 MONTHS & 8 DAYS, SEX: M
REGN: NO: 13133207	IPD NO: 85293/24/1201
DATE OF ADMISSION: 06/05/2024	DATE OF DISCHARGE: 23/05/2024
CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- Congenital heart disease
- **Obstructed Coronary sinus type Total anomalous pulmonary venous connection**
- **Pulmonary Veins right sided and left lower pulmonary veins draining into dilated coronary sinus**
- **Restrictive atrial septal defect**
- **Dilated right atrium and right ventricle**
- Main pulmonary artery dilated
- Pre-maturity (34 weeks and 3 days) with low birth weight 2.2 kg
- Presented with in sick state (intubated)

OPERATIVE PROCEDURE

Coronary sinus type Total anomalous pulmonary venous connection repair → Total anomalous pulmonary venous connection rerouting to left atrium + Dacron patch closure of atrial septal defect done on 14/05/2024

RESUME OF HISTORY

Baby of Sujata is a 1 month old male infant (date of birth: 06/04/2024) from Delhi who is a case of congenital heart disease. He is 1st in birth order and is a product of pre term (34 weeks and 3 days) LSCS (lower segment caesarian section) delivery. His birth weight was 2.2 kg. Maternal age is currently 30 years.

Soon after birth, he had history of low saturation for which he was shifted to NICU. He was initially managed as a case of neonatal respiratory distress syndrome and was administered Surfactant but due to persisting low saturation Echo was done which revealed Congenital heart disease – mixed type Total anomalous pulmonary venous connection.



His post-operative renal function showed (S. creatinine 0.33 mg/dl, Blood urea nitrogen 7 mg/dl) on 1st POD

His pre-discharge renal function showed (S. creatinine 0.32 mg/dl, Blood urea nitrogen 15 mg/dl)

His pre-operative liver functions showed (SGOT/SGPT = 139/430 IU/L, S. bilirubin total 2.82 mg/dl, direct 1.01 mg/dl, Total protein 3.9 g/dl, S. Albumin 2.6 g/dl, S. Globulin 1.3 g/dl Alkaline phosphatase 371 U/L, S. Gamma Glutamyl Transferase (GGT) 75 U/L and LDH 846 U/L).

He had mildly deranged liver functions on 1st POD (SGOT/SGPT = 118/33 IU/L, S. bilirubin total 1.27 mg/dl & direct 0.36 mg/dl and S. Albumin 3.7 g/dl). This was managed with avoidance of hepatotoxic drug and continued preload optimization, inotropy and after load reduction. His liver function test gradually improved. His other organ parameters were normal all through.

His predischarge liver function test are SGOT/SGPT = 30/34 IU/L, S. bilirubin total 0.65 mg/dl, direct 0.32 mg/dl, Total protein 5.5 g/dl, S. Albumin 3.5 g/dl, S. Globulin 2 g/dl Alkaline phosphatase 208 U/L, S. Gamma Glutamyl Transferase (GGT) 1356 U/L and LDH 468 U/L.

Thyroid function test done on 14/05/2024 which revealed was normal → Thyroid function test showed T3 3.30 pg/ml (normal range – 1.95 – 6.04 pg/ml), T4 1.49 ng/dl (normal range 0.89 - 2.22 ng/dl), TSH 1.590 µIU/ml (normal range – 0.720 – 11.000 µIU/ml).

Minimal enteral feeds were started on 2nd POD and cautiously and gradually advanced to full feeds by 6th POD. Oral feeds were started on 8th POD.

CONDITION AT DISCHARGE

His general condition at the time of discharge was satisfactory. Incision line healed by primary union. No sternal instability. HR 130/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 99%. His predischarge x-ray done on 21/05/2024

In view of congenital heart disease in this patient his mother is advised to undergo fetal echo at 18 weeks of gestation in future planned pregnancies.

Other future siblings are advised detailed cardiology review.



PLAN FOR CONTINUED CARE:

DIET : Spoon feeds as advised

Normal vaccination (After 6 weeks from date of surgery)

ACTIVITY: Symptoms limited.

FOLLOW UP:

Long term cardiology follow- up in view of:-

1. Total anomalous pulmonary venous connection repair

Review on 24/05/2024 in 5th floor at 09:30 AM for wound review

Repeat Echo after 3 - 4 months after telephonic appointment

PROPHYLAXIS :

Infective endocarditis prophylaxis prior to any invasive procedure

MEDICATION:

- Syp. Paracetamol 40 mg PO 6 hourly x one week
- Tab. Pantoprazole 3 mg PO twice daily x one week
- Tab. Fluconazole 15 mg PO once daily x one week
- Syp. Lasix 2 mg PO twice daily till next review
- Tab. Aldactone 3.125 mg PO twice daily till next review
- Syp. Shelcal 2.5 ml PO twice daily x 3 months
- **All medications will be continued till next review except the medicines against which particular advice has been given.**

Review at FEHI, New Delhi after 3 – 4 months after telephonic appointment

In between Ongoing review with Pediatrician

Sutures to be removed on 28/05/2024; Till then wash below waist with free flowing water

4th hrly temperature charting - Bring own your thermometer

- **Frequent hand washing every 2 hours**
- **Daily bath after suture removal with soap and water from 29/05/2024**

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




(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.

