Discharge Summary

Patient Name	: Master. MOHMMAD IRSHAD ANSARI [1 Yr /M] SR679692		
Address	: Begumpur Khatol , Gurugram, Haryana		
Mob. No.	: 7503964103		
Next Of Kin	: Mustaf Ansari (FATHER) Ph: 9234460678		
IP. No.	: IP244389	**Dept.**	: PEDIATRIC CARDIOLOGY & CARDIAC SURGERY
Adm. Date	: 03-10-2021 05:29PM	**Disc. Date**	: 09-10-2021 04:55 PM
Ward Info.	: 3/CTVS-PICU/1F-PEDIATRIC CARDIAC ICU	**Date Of Surgery**	: 05-10-2021
Discharge Condition	: Stable		
Discharge Type	: Discharge		
Consultants	: DR. VIRESH MAHAJAN, DR. PRADIPTA KUMAR ACHARYA, DR. SHYAMVEER SINGH KHANGAROT		
Patient Category	: Diya Medicare Foundation		

Final Diagnosis
CYANOTIC CONGENITAL HEART DISEASE
SINGLE VENTRICLE PHYSIOLOGY
HYPOPLASTIC MV, HYPOPALSTIC LV
LARGE VSD WITH RIGHT TO LEFT SHUNT
HYPOPLASTIC MV, HYPOPALSTIC LV
SEVERE CYNOSIS WITH POLYCYTHEMIA
RECENT ARI
TRANSPOSED GREAT VESSEL ARRANGEMENT
SEVERE PS
CONFLUENT AND ADEQUATE SIZE BRANCH PAS
SEVERE CYANOTIC SPELL
RESTRICTIVE SECONDUM ASD
PROCEDURE- BD GLENN WITH ATRIAL SEPTECTOMYWITH MPA LIGATION

Presenting Complaints

Master Mohmmad Irshad Ansari, 11month 27day years old male infant from Begumpur Khatol, Gurugram, is a known case of cyanotic congential Heart Disease. He was first diagnosed at the age of 2 months when he was being evaluated for respiratory tract infection. Subsequently an Echo done revealed TGA, VSD with PS, hypoplastic Mitral valve and hypoplastic LV. He had history of progressively increasing cyanosis and intermittent episodes of respiratory tract infection. He is immunized as per age and has mild developemental delay. He was managed conservatively and was advised further evaluation & management at a higher center. No history of seizures and ear discharge. He was earlier admitted for palliative BD glenn surgery in the month of september, however he was discharged because of feature of ARI. He was managed for ARI at home and was advised to get admitted for surgery once fully recovered. However he presented this hospital in the ER with ongoing severe cyanotic spell like episode for which he was immediately admitted for further management.

Hospital Stay

On admission He was thoroughly evaluated and investigated including an Echo which confirmed the diagnosis of Single ventricle physiology/hypoplastic LV/Hypoplastic MV/VSD/PS. Once he was adequatly stable he was planed for urgent surgery.

Pre-operative echo findings:
SITUS SOLITUS
LEVOCARDIA.
HYPOPLASTIC MITRAL VALVE.
SINGLE VENTRICLE.
NO INFLOW OBSTRUCTION.
NO AV REGURGITATION.
TRANSPOSED GREAT VESSEL. AORTA TO RIGHT AND ANTERIOR.
SEVERE PS (PG 77mmHg)
CONFLUENT PA'S 7mm EACH.
NORMAL ARCH.
NORMAL VENTRICULAR FUNCTION.

In view of his diagnosis, symptomatic status and echo findings, he was advised early high risk palliative BD GLENN WITH ATRIAL SEPTECTOMY WITH MPA LIGATION surgery.

His father was counselled in detail about the natural history of the disease and the risk & benefits and palliative nature of the surgery were also explained in detail. The possibility of prolonged ventilation and ICU stay were also adequately explained.

After due high risk consent, He was taken for the surgery of 05/10/2021.

Procedure: BD GLENN WITH ATRIAL SEPTECTOMYWITH MPA LIGATION

Postoperatively, He was shifted to Paediatric CTVS ICU for further management.He was briefly ventilated with adequate analgesia for about 4 hours and was extubated to O2 by nasal prongs on late O POD. O2 was then gradually weaned off to room air by POD-5.

Associated bilateral basal patchy atelectasis and concurrent bronchorrhea was managed with chest physiotherapy, suctioning, postural drainage and frequent nebulizations.

He was electively supported with inotropes in the form of Dobutamine (from POD 0-1) for initial low out put state and to optimize the cardiac out put.

Decongestives were used in the form of Furosemide boluses & infusion. Spirinolactone was used for its

potassium sparing effect.
Aspirin was added for its antiplatelets activity.

Minimal feeds were started on POD-0 & was gradually built up to full feeds by POD-3. He was also empirically supplemented with multivitamins and Calcium.

Pre-discharge Echo findings:
Patent BD Glenn shunt
Laminar flow
Atrial septum well opened
Normal Biventricular function
No pericardial / pleural effusion

Patient is being discharged with following advice.

Treatment Advice On Discharge

Sr.No	Description	Remark	
1	SYP OMNAPIL 100MG 30ML (Cefixime)	5 ml twice a day - 50mg	5 days
2	TAB ALDACTONE 25MG (Spironolactone 25 Mg Tab)	1/4 tab Thrice a day - To Continue and further doses to be decided on follow up visit	
3	SYP FUROPED 30ML (Furosemide 300mg/30 Ml Syp)	0.5 ml Thrice a day - 0.7ml. To Continue and further doses to be decided on follow up visit	
4	SYP CALPOL 120MG (Paracetamol 120mg)	7.5 ml Thrice a day - 75MG	5 days
5	SYP SHELCAL 200ML (Calcium 250mg And Vitamin D3 125iu)	5 ml twice a day	2 weeks
6	SYP BROZEDEX 100ML (Terbutaline Bromhexin Guaiphenesin 100 Ml)	2 ml Thrice a day	5 days
7	SYP ZINCOVIT 200ML (Zinc Acetate)	5 ml Once a day	2 weeks
8	SYP DOMSTAL (Domperidone 1 Mg Syrup)	1.5 ml Thrice a day	5 days
9	TAB ECOSPRIN 75MG (Asprin 75 Mg Tab)	1 cap Once a day after meal - 30mg, to continue	

Review

Any other instruction:-
Do not stop any medication without doctor advise
Keep the child in propped up position.

Consult doctor in case of :-
Increasing cyanosis, swelling, refusal to feed, fever, respiratory distress.

Diet:-
Fluid restriction 600ml/day for 2 weeks.
Optimize weaning feeds rapidly.

FOLLOW UP:
Long term follow up with Pediatric cardiologist for further surgeries in staged manner, continue follow up with treating pediatrician.
Follow up visit at this centre after 3 days with Na+, K+ reports.

Condition At Discharge

Hemodynamically stable
Afebrile
Active
Feeding well
Chest is clinically clear
No fresh complaints
SPO2: 75-80% on room air.
No signs of any venous congestion

Summary of Key Investigations during Hospitalization: As per Report Attached

Investigation Report

Investigation Name	Date	Value
COVID 19 ANTIGEN, RAPID	04-10-2021 05:17 PM	Negative
Serum SGPT (ALT)	06-10-2021 07:21 AM	23 u/L

Investigation Name	Date	Value
Serum SGOT (AST)	06-10-2021 07:21 AM	45 u/L

Blood Urea	04-Oct 12: 11 AM	06-Oct 07: 21 AM	07-Oct 07: 01 AM
Blood Urea	53.3 mg/dl	15.8 mg/dl	12.1 mg/dl

CRP (C-Reactive Protein)	04-Oct 12: 11 AM	06-Oct 07: 21 AM	
CRP (C-Reactive Protein)	1.7 mg/L	47.5 mg/L	

Platelets Count	07-Oct 06: 02 AM	08-Oct 09: 26 AM	
Platelets Count	100 10^3/uL	80 10^3/uL	

Serum Creatinine	04-Oct 12: 11 AM	06-Oct 07: 21 AM	07-Oct 07: 01 AM
Serum Creatinine	0.36 mg/dl	0.20 mg/dl	0.17 mg/dl

CBC (Haemogram)	03-Oct 11: 46 PM	06-Oct 07: 32 AM	
D L C Ba	0.4 %	0.1 %	
D L C Eo	1.0 %	0.0 %	
D L C Ly	31.5 %	4.7 %	
D L C Mo	3.4 %	6.8 %	
D L C Ne	63.7 %	88.4 %	
Hb(Haemoglobin)	22.1 gm/dl	20.5 gm/dl	
HCT	70.4 %	66.2 %	
MCV	83.8 fL	84.1 fL	
MCH	26.3 pg	26.0 pg	
MCHC	31.4 g/dL	31.0 g/dL	
Platelets	122 10^3/cmm	100 10^3/cmm	
RBC	8.40 mill/mm3	7.87 mill/mm3	

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TLC(Total Leucocyte Count)	07-Oct 06: 02 AM	08-Oct 09: 26 AM	RDW	28.3 %	26.2 %	
TLC(Total Leukocyte Count)	8.84 thou/mm3	9.77 thou/mm3	TLC(Total Leucocyte count)	7.62 thou/mm3	9.56 thou/mm3	

ABG	04-Oct 12: 00 AM	05-Oct 02: 35 PM	05-Oct 02: 36 PM	05-Oct 02: 37 PM	05-Oct 07: 36 PM	05-Oct 07: 40 PM	05-Oct 07: 42 PM	06-Oct 08: 41 AM
THbc	22.5 g/dL	... g/dL	14.0 g/dL	19.2 g/dL	--- g/dL	---- g/dL	---- g/dL	20.2 g/dL
Calcium Ionised	0.94 mmol/L	1.10 mmol/L	0.83 mmol/L	1.63 mmol/L	1.09 mmol/L	1.02 mmol/L	1.00 mmol/L	0.90 mmol/L
Glucose	97 mg/dl	86 mg/dl	90 mg/dl	108 mg/dl	133 mg/dl	145 mg/dl	130 mg/dl	151 mg/dl
HCT	65 %	65 %	45 %	62 %	65 %	65 %	65 %	65 %
pCO2	43 mmHg	55 mmHg	47 mmHg	39 mmHg	45 mmHg	53 mmHg	55 mmHg	47 mmHg
TCO2	22.5 mmol/L	26.4 mmol/L	27.3 mmol/L	25.4 mmol/L	28.0 mmol/L	28.9 mmol/L	25.3 mmol/L	31.2 mmol/L
HCO3std	19.7 mmol/L	22.2 mmol/L	24.8 mmol/L	23.9 mmol/L	25.7 mmol/L	24.8 mmol/L	21.2 mmol/L	27.6 mmol/L
Base Excess	-5.2 mmol/L	-2.4 mmol/L	0.3 mmol/L	-0.6 mmol/L	1.5 mmol/L	1.2 mmol/L	-3.8 mmol/L	5.2 mmol/L
pH	7.30	7.26	7.35	7.40	7.38	7.32	7.24	7.41
BE (B)	-5.2 mmol/L	-3.0 mmol/L	-0.2 mmol/L	0.4 mmol/L	1.1 mmol/L	0.4 mmol/L	-4.4 mmol/L	3.9 mmol/L
Sodium	144 mmol/L	134 mmol/L	134 mmol/L	137 mmol/L	142 mmol/L	137 mmol/L	137 mmol/L	134 mmol/L
pO2	29 mmHg	53 mmHg	198 mmHg	44 mmHg	67 mmHg	49 mmHg	61 mmHg	55 mmHg
HCO3	21.2 mmol/L	24.7 mmol/L	25.9 mmol/L	24.2 mmol/L	26.6 mmol/L	27.3 mmol/L	23.6 mmol/L	29.8 mmol/L
SO2c	47 %	81 %	100 %	80 %	93 %	81 %	86 %	88 %
Lactate	1.6 mmol/L	1.2 mmol/L	2.0 mmol/L	1.1 mmol/L	1.1 mmol/L	1.3 mmol/L	1.3 mmol/L	1.0 mmol/L
Potassium	4.3 mmol/L	4.3 mmol/L	4.2 mmol/L	3.0 mmol/L	2.8 mmol/L	3.2 mmol/L	2.7 mmol/L	2.2 mmol/L

ABG	06-Oct 01: 47 PM	06-Oct 10: 34 PM	07-Oct 08: 09 AM	07-Oct 08: 10 AM	07-Oct 06: 54 PM	07-Oct 07: 59 PM	08-Oct 07: 41 AM
THbc	20.2 g/dL	-	-	-	19.5 g/dL	18.6 g/dL	-
Calcium Ionised	0.92 mmol/L	-	-	-	0.98 mmol/L	0.92 mmol/L	-
Glucose	119 mg/dl	-	-	-	121 mg/dl	122 mg/dl	-
HCT	65 %	-	-	-	63 %	60 %	-
pCO2	52 mmHg	-	-	-	47 mmHg	55 mmHg	-
TCO2	35.3 mmol/L	-	-	-	32.6 mmol/L	34.2 mmol/L	-
HCO3std	29.7 mmol/L	-	-	-	28.7 mmol/L	27.0 mmol/L	-
Base Excess	9.2 mmol/L	-	-	-	7.0 mmol/L	7.4 mmol/L	-
pH	7.42	7.32	7.5	7.5	7.45	7.38	7.45
BE (B)	6.9 mmol/L	-	-	-	5.7 mmol/L	5.2 mmol/L	-
Sodium	134 mmol/L	-	-	-	135 mmol/L	132 mmol/L	-
pO2	45 mmHg	-	-	-	41 mmHg	25 mmHg	-

O3	33.7 mmol/L	-	-	-	31.2 mmol/L	32.5 mmol/L	-	
	82 %	-	-	-	81 %	44 %	-	
A2c	1.2 mmol/L	-	-	-	2.3 mmol/L	2.2 mmol/L	-	
ctate	2.8 mmol/L	-	-	-	2.5 mmol/L	3.6 mmol/L	-	
otassium								

X-Ray Chest AP View Portable

04-10-2021 02:08 PM	Increased bronchovascular markings. ADVISE: HISTORY / CLINICAL CORRELATION.
06-10-2021 02:14 PM	Diffuse haziness in both lungs - likely pleural effusions. ADVISE: HISTORY / CLINICAL CORRELATION.
06-10-2021 03:21 PM	Patchy heterogeneous opacities in both lungs with diffuse haziness. ADVISE: HISTORY / CLINICAL CORRELATION.
07-10-2021 04:08 PM	Patchy heterogeneous opacities in both lungs with diffuse haziness. ADVISE: HISTORY / CLINICAL CORRELATION.

Authorised By
Dr. Viresh Mahajan
Director-Pediatric Cardiac Sciences

Authorised By
DR. PRADIPTA KUMAR ACHARYA
Sr. Consultant

Authorised By

CONTACT HOSPITAL IN CASE OF EMERGENCY (105959 / 18003131414) Patient Acknowledgement: I have received discharge summary and explained in detail about follow up medication as advised

Patient / Attendant Signature _____ Full Name/ Relation: _____ Mob No: _____ IT IS ADVISABLE TO TAKE PRIOR APPOINTMENT BEFORE COMING TO OPD, FOR APPOINTMENTS CONTACT:..