MAX Healthcare

DISCHARGE SUMMARY

DISCHARGE SUMMARY

Patient's Name	:	Mast. Mohd Kiyaan Abbas
Age/ Sex	:	6 Years/Male
UHID No.	:	071-01-3930
IPD No	:	713821
Date of Admission	:	22.01.2024
Date of Procedure	:	23.01.2024
Weight on Admission	:	12.9Kg
Weight on Discharge	:	12.6Kg
Cardiac Surgeon	:	DR. K. S. DAGAR
Pediatric Cardiologist	:	DR. MUNESH TOMAR
Pediatric Intensivist	:	DR. PRADIPTA ACHARYA

Patient Name : MOHD KIYAAN,ABBAS

SSN : 071-01-3930

Date of Discharge:

29.01.2024

DISCHARGE DIAGNOSIS:

- Congenital Acyanotic Heart Disease
- Large ASD Secundum with left to right shunt
- Deficient IVC and Aortic rims
- Small PDA
- Mild (+) MR
- Dilated RA/RV
- PAH
- Normal LV systolic function

PROCEDURE:

Perforated Dacron patch ASD closure + PDA ligation + MV repair surgery done on 23.01.2024.

RESUME OF HISTORY

Mast. Mohd Kiyaan Abbas, 6-year-old male child, 2nd in birth order, born out of consanguineous marriage at term by normal vaginal delivery and cried immediately at birth. Patient was apparently alright till about 6 months back when he had episodes of cough and cold with mild breathlessness for which he was admitted to local hospital for 3 days. On detail evaluation, he was diagnosed to have

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congenital heart disease, Large Secundum ASD with left to right shunt. There is history of recurrent episode of cough and cold requiring frequent nebulisation. There is history of poor weight gain and breathlessness on exertion. There is no history of feeding diaphoresis or suck rest suck cycle. There is no history of seizure of any other hospital admission. Immunisation is done till 5 years of age (records not available). Developmental milestones are normally achieved.

Now he Was admitted to this centre for further evaluation and management.

INVESTIGATIONS SUMMARY:

ECHO (PRE-OP):

Situs solitus, levocardia, AV VA concordance, NRGA, normal systemic & Pulmonary venous drainage, fossa ovalis ASD (left to right shunt), deficient rims (IVS & aortic), intact IVS, mild TR, confluent & dilated branch pas, dilated RA & RV, grade I LV diastolic dysfunction, normal bi-ventricular systolic function, Left arch.

X RAY CHEST (22.01.2024):

Report Attached.

USG WHOLE ABDOMEN (22.01.2024):

Report Attached.

PRE DISCHARGE ECHO (27.01.2024):

ASD patch in situ. PFO shunting left to right. Mild TR, PG 15 mmHg. Mild MR. Normal biventricular systolic function. No pericardial or pleural effusion.

COURSE IN HOSPITAL:

On admission, he was thoroughly evaluated including an Echo which revealed detailed findings as above.

In view of his diagnosis, symptomatic status and Echo findings he underwent Perforated Dacron patch ASD closure + PDA ligation + MV repair surgery on 23.01.2024. The parents were counselled in detail about the risk and benefit of the surgery and also the possibility of prolonged ventilation and ICU stay was explained adequately to them.

Postoperatively, he was shifted to CTVS PICU for further management on full

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ventilation and mild inotropic supports. He was briefly ventilated with adequate analgesia for about 5 hours and was extubated on late 0 POD to oxygen by nasal prongs which was later taken off to room air by 1st POD.

Associated bilateral basal patchy atelectasis and concurrent bronchorrhoea was managed with frequent nebulization, chest physiotherapy and spirometry. Both right mediastinal chest tube and right pleural chest tube inserted perioperatively were removed on 2nd POD once minimal drainage was noted.

Inotropes were electively given in the form of Dobutamine (0-1st POD) to optimize the cardiac output.

Decongestive measures were given in the form of furosemide infusion and boluses and spironolactone was added for its potassium sparing action.

Minimal feed was started on 0 POD orally which was gradually built up to normal diet by 1st POD. He was also supplemented with multivitamins & calcium.

He is in stable condition now and fit for discharge.

CONDITION AT DISCHARGE

Patient is haemodynamically stable, afebrile, accepting well orally, HR 102/min, sinus rhythm, BP 104/58 mm Hg, SPO2 99 % on room air. Chest - bilateral clear, sternum stable, chest wound healthy.

DIET

* Fluid 900 - 1000 ml/day x 2 weeks
* Normal diet

FOLLOW UP

* Long term pediatric cardiology follow-up in view of Perforated Dacron patch ASD closure + PDA ligation + MV repair surgery.
* Regular follow up with treating pediatrician for routine checkups and nutritional rehabilitation.

PROPHYLAXIS:

* Infective endocarditis prophylaxis

TREATMENT ADVISED:

* Tab. Cefolac 75 mg twice daily (8am-8pm) - PO x 5 days then stop
* Syp. Furosemide 5 mg thrice daily (6am - 2pm - 10pm) - PO x 2 weeks then as

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advised by pediatric cardiologist.

- Tab. Spironolactone 6.25 mg twice daily (8am - 8pm) - PO x 2 weeks then as advised by pediatric cardiologist.
- Syp. A to Z 5 ml once daily (9pm) - PO x 2 weeks
- Syp. Shelcal 5 ml twice daily (9am - 9pm) - PO x 2 weeks
- Tab. Lanzol Junior 15 mg twice daily (8am) - PO x 1 week and then stop
- Syp. Combiflam 7.5 ml thrice daily (6am - 2pm - 10pm) - PO x 3 days then as and when required
- Betadine lotion for local application twice daily on the wound x 7 days
- Stitch removal after one week
- Intake/Output charting.
- Immunization as per national schedule with local pediatrician after 4 weeks.

Review after 3 days with serum Na+ and K+ level at 2nd floor procedure room in between 2-4:00Pm. Dose of diuretics to be decided on follow up. Continued review with the cardiologist for continued care.

Periodic review with this center by Fax, email and telephone.

In case of Emergency symptoms like : Poor feeding, persistent irritability / drowsiness, increase in blueness, fast breathing or decreased urine output, kindly contact Emergency: 26515050

For all OPD appointments

Dr. K. S. DAGAR in OPD with prior appointment.
Dr. Munesh Tomar in OPD with prior appointment.

Dr. K. S. Dagar
Principal Director
Neonatal and Congenital Heart Surgery

Dr. Munesh Tomar
Director,
Pediatric Cardiology

Dr P K Acharya
Asso. Director
Pediatric cardiac intensive care

For post-hospital care at home, call Max@Home at 8744 888 888 (24x7 helpline). Services include Critical Care@home, Nursing Care, Healthcare Attendant, Physiotherapy, Sample Collection, Medicine Delivery, Medical Equipment and more.

IN CASE OF ANY EMERGENCY PLEASE CONTACT 011-66115050 / 011-26115050

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