

DISCHARGE SUMMARY

Patient's Name: Baby Nitya Patel		Sex: Female
Age: 1 Year		IPD No : 457752
UHID No: SKDD.904143		Date of Procedure: 22.07.2022
Date of Admission: 21.07.2022		Date of Discharge: 24.07.2022
Weight on Admission: 6.2 Kg	Weight on Discharge: 6.0 Kg	
Pediatric Cardiologist : DR. NEERAJ AWASTHY		

DISCHARGE DIAGNOSIS

- Moderate sized Perimembranous VSD
- Dilated LA/LV
- Good Biventricular Function

PROCEDURE:

Transcatheter VSD device closure{6/4 mm 'ADO II device} done on 22.07.2022.

RESUME OF HISTORY

Baby Nitya Patel, a 14 months old female child first order birth, non consanguineous marriage born with Ics. cried immediately after birth was asymptomatic at birth, patient had multiple episodes of pneumonia for which hospitalization was done and on examination was diagnosed to have CHD. Now admitted here for further management.

INVESTIGATIONS SUMMARY:

ECHO (21.07.2022): SITUS SOLITUS, LEVOCARDIA, AV, VA CONCORDANCE, D-LOOED VENTRICLES, NRGA, IAS INTACT, RESTRICTIVE PERIMEMBRANOUS VSD MEASURING 2.8MM SHUNTING LEFT TO RIGHT WITH PARTIAL RESTRICTION BY STL WITH IVG OF 68MMHG, MILD TR NO MR, NO LVOTO, NO AR, NO RVOTO, LVIDd- 28.4MM (Z SCORE= +2.0), LVEF: 65%, MILDLY DILATED LA/LV, ADEQUATE LV/RV SYSTOLIC FUNCTION, CONFLUENT BRANCH PAS, LEFT ARCH NO COA/APW/LSVC, NORMAL CORONARIES, NO IVC CONGESTION, NO COLLECTION

X RAY CHEST (21.07.2022): Report Attached.

PRE DISCHARGE ECHO (23.07.2022.): S/P VSD DEVICE CLSOUR (ADI11 6/4MM)
 SITUS SOLITUS, LEVOCARDIA, AV, VA CONCORDANCE, D-LOOED VENTRICLES, NRGA, IAS INTACT, VSD DECIE IN SITU, NO RESIDUAL SHUNT, MILD TR, NO MR, NO LVOTO, NO AR, NO RVOTO, LVEF: 65%, MILDLY DILATED LA/LV, ADEQUATE LV/RV SYSTOLIC FUNCTION, CONFLUENT BRANCH PAS, LEFT ARCH, NO COA/APW/LSVC, NORMAL CORONARIES, NO IVC CONGESTION, NO COLLECTION

COURSE IN HOSPITAL:

In view of her diagnosis, symptomatic status and echo findings she was admitted and advised for **Transcatheter VSD device closure**. With all pre procedure investigations, pre anesthetic check up, child was taken up for VSD device closure. Procedure was uneventful and VSD was closed off using ADOII 6/4mm. Child was shifted to Pediatric CTVS ICU with stable hemodynamics. Patient was shifted to Ward. Patient is now hemodynamically stable and he is fit for discharge.

Condition at Discharge:

Patient is hemodynamically stable, afebrile, HR 110 /min, sinus rhythm, BP 90 /-60mm Hg, SPO2- 100% on room air. Chest - bilateral clear.

DIET

- Normal diet

FOLLOW UP

- Long term pediatric cardiology follow-up in view of **Transcatheter VSD device closure** {6/4 mm 'ADO II device} done on **22.07.2022**.
- Regular follow up with treating pediatrician for routine checkups.

PROPHYLAXIS

- Infective endocarditis prophylaxis

TREATMENT ADVISED:

- Syp. Agumentin (200mg/5ml) 5ml per oral twice a day for 5 days
- Syp. Rantac 10mg oral twice a day for 5 days (0.6ml)
- Tab Ecosprin 50 mg once daily -To be continued till further review (Mix 1 tab and give)

Review after 1 month

Continued review with the cardiologist for continued care. Periodic review with this center by Fax, email and telephone.

In case of Emergency symptoms like: **recurrent / severe chest pain, severe breathlessness, drowsiness, increased in blueness or decreased urine output**, kindly contact Emergency: 26515050

For all OPD appointments

- Dr. NeerajAwasthy in OPD with prior appointment (Mobile No.: 9811962775 & Email: n_awasthy@yahoo.com).

Max Super Speciality Hospital, Saket

(East Block) - A Unit of Devki Devi Foundation

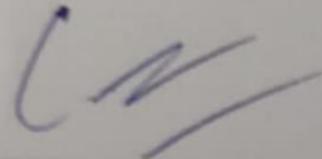
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