

DISCHARGE SUMMARY

Patient's Name: Mast. Ruhan Khan	
Age: 2 Years	Sex: Male
UHID No: 070-824882	
Date of Admission: 17.05.2022	Date of Procedure: 19.05.2022
Weight on Admission: 9.6 Kg	Date of Discharge: 25.05.2022
Weight on Discharge: 9.4 Kg	
Cardiac Surgeon: DR. HIMANSHU PRATAP Pediatric Cardiologist : DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- Congenital heart disease
- Moderate size VSD
- Moderate RVOTO
- Downs Syndrome

PROCEDURE:

VSD closure plus Infundibular resection done on 19.05.2022

RESUME OF HISTORY

Mast. Ruhan Khan, 2 years male child, 1st in birth order, a product of non consanguineous marriage, born at term via normal vaginal delivery, the child cried immediately after birth. Patient was apparently alright at birth, but at 6 months he had some abdominal distension and peripheries turned blue for which a local physician was consulted, who referred them to a higher centre where he was diagnosed with downs syndrome with a congenital heart defect.

He is fully immunized according to age.

Now the patient has admitted to this centre for further management.

INVESTIGATIONS SUMMARY:
ECHO (16.05.2022):

Situs solitus, levocardia. AV, VA concordance. D-looped ventricles. NRGA. Normal pulmonary and systemic venous drainage. IAS intact. Moderate sized perimembranous VSD measuring 5.5mm with left to right shunt, VSD max PG-42mmHg. MILD TR. NO MR. Non obstruction sub aortic membrane, Max PG-10mmHg, No AR. Prominent muscle bundle seen in RVOT, RVOT Max PG:22mmHg, Tricuspid Regurgitation VIDD-28.8mm, (Z Score +0.92), LVEF-65%. Good sized and confluent

Max Bp:22mmHg, Tricuspid Regurgitation VIDD-28.8mm, (Z Score +0.92), LVEF-65%. Good sized and confluent (East Asia-PAF) of Devi Devi Foundation

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Coronaries: No IVC congestion, No collection

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Fax: +91-11-2651 0050

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3:09 pm

X RAY CHEST (17.05.2022): Report Attached.

USG WHOLE ABDOMEN (17.05.2022): Report attached.

PRE DISCHARGE ECHO (23.05.2022):

Vsd patch insitu, no residual shunt, well opened rvot, adequate lv/rv systolic function, no collection

COURSE IN HOSPITAL:

On admission an Echo was done which revealed detailed findings above.

In view of his diagnosis, symptomatic status and Echo findings he underwent **VSD closure plus Infundibular resection** on 19.05.2022. The parents were counseled 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 PICU and ventilated with adequate analgesia and sedation. He was extubated on 1st POD to oxygen support and then gradually weaned to room air by 3rd POD. Associated bilateral basal patchy atelectasis and concurrent bronchorrhoea was managed with chest physiotherapy, frequent nebulization and suctioning.

Inotropes were given in the form of Dobutamine (0-2nd POD) to optimize cardiac function. Decongestive measures were given in the form of lasix boluses. Mediastinal /intercostal chest tubes inserted perioperatively were removed on 3rd POD when minimal drainage was noted.

Empirically antibiotics were started with Ceftriaxone and Amikacin. In view of copious chest secretions, intravenous antibiotics were upgraded to levofloxacin and linezolid. An appropriate course of antibiotics was administered. Once patient had stabilized and all cultures were negative, intravenous antibiotics were stopped and converted to oral formulations.

Minimal feeds were started on 1st POD and it was gradually built up to normal oral feeds. He was also given supplements in the form of multivitamins, vitamin C & calcium.

He is in stable condition now and fit for discharge.

CONDITION AT DISCHARGE

Patient is haemodynamically stable, afebrile, accepting well orally, HR 108/min, sinus rhythm, BP- 102/62 mm Hg, SPO2 98% on room air. Chest – bilateral clear, sternum stable, chest wound healthy.

DIET

- Fluid 700ml/day
- SOFT diet

FOLLOW UP

- Long term pediatric cardiology follow-up in view of **VSD closure plus Infundibular resection**.
- Regular follow up with treating pediatrician for routine checkups and nutritional rehabilitation.

PROPHYLAXIS

- Infective endocarditis prophylaxis

TREATMENT ADVISED:

- Syp. Linezolid 100 mg twice daily (8am-8pm) - PO x 10 days then stop

Max Super Speciality Hospital, Saket

(East Block) - A Unaided Non Governmental Organization registered under the Societies Registration Act XXI of 1860
Devki Devi Foundation advised by pediatric cardiologist

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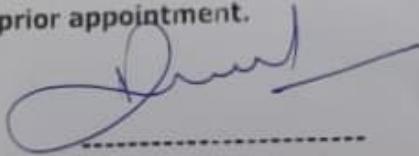
- Tab. Spironolactone 6.25 mg thrice daily (6am - 2pm - 10pm) - PO x 2 weeks then as advised by pediatric cardiologist.
- Syp. A to Z 2.5 ml twice daily (9am - 9pm) - PO x 2 weeks then stop
- Syp. Shelcal 2.5 ml twice daily (9am - 9pm) - PO x 2 weeks then stop
- Tab. Lanzol Junior 10 mg twice daily (8am - 8pm) - PO x 10 days then stop
- Tab. Thyroxine 50 mcg once daily (2pm) - PO x 2 weeks then stop
- Syp. Crocin 150mg thrice daily (6am - 2pm - 10pm) - PO x 2 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 and Chest X-Ray. 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. Himanshu Pratap in OPD with prior appointment.
- Dr. Neeraj Awasthy in OPD with prior appointment.



Dr. K. S. Dagar
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Pediatric Cardiology