

DISCHARGE SUMMARY

PATIENT NAME: ASHISH KUMAR	AGE: 9 YEARS, 1 MONTH & 8 DAYS, SEX: M
REGN: NO: 13722063	IPD NO: 82172/25/1201
DATE OF ADMISSION: 19/04/2025	DATE OF DISCHARGE: 26/04/2025
CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- Acyanotic congenital heart disease with increased pulmonary blood flow
- Restrictive doubly committed ventricular septal defect
- Right ventricular outflow tract obstruction, infundibular fibrotic tissue
- Main pulmonary artery dilated, soft
- Dilated right atrium and right ventricle

OPERATIVE PROCEDURE

Trans – Pulmonary artery Dacron patch closure of ventricular septal defect + Infundibular muscle bundle resection done on 21/04/2024

Right ventricular outflow tract accepted Hegar No 18. Tricuspid valve checked with saline and found no regurgitation

RESUME OF HISTORY

Ashish Kumar is a 9 years old male child (date of birth: 13/03/2016) from Bihar who is a case of congenital heart disease. He is 2nd in birth order and is a product of full term normal vaginal delivery with average birth weight, born to 2nd gravida. Maternal age is currently 36 years. Other sibling is apparently well (12 years old girl).

He had history of cough, cold and fast breathing for which he was shown to pediatrician in Bihar. During evaluation, cardiac murmur was detected at 1½ years of age. Echo was done which revealed Congenital heart disease. He was on follow up in Bihar.

CONDITION AT DISCHARGE

His general condition at the time of discharge was satisfactory. Incision line healed by primary union. No sternal instability. HR 128/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 100%. His predischarge x-ray done on 25/04/2025

In view of advanced maternal age, preferably she is advised not to have any more pregnancies

Other siblings are advised detailed cardiology review.

PLAN FOR CONTINUED CARE:

DIET : Normal diet as advised

ACTIVITY: Symptoms limited.

FOLLOW UP:

Long term cardiology follow- up in view of:-

1. Possibility of recurrence of Right ventricular outflow tract obstruction
2. Doubly committed ventricular septal defect closure

Review on 30/04/2025 in 5th floor at 09:30 AM for wound review

Repeat Echo after 9 - 12 months after telephonic appointment

Repeat Thyroid function test after 3 – 4 months



PROPHYLAXIS :

Infective endocarditis prophylaxis prior to any invasive procedure

MEDICATION:

1. Tab. Paracetamol 350 mg PO 6 hourly x one week
2. Tab. Pantoprazole 20mg PO twice daily x one week
3. Tab. Lasix 20 mg PO twice daily till next review
4. Tab. Aldactone 12.5 mg PO twice daily till next review
5. Tab. Shelcal 500 mg PO twice daily x 3 months
6. **Tab. Thyroxine 25mcg PO once daily x 3 months and then repeat Thyroid function test (Empty Stomach)**

➤ All medications will be continued till next review except the medicines against which particular advice has been given.

Review at FEHI, New Delhi after 9 – 12 months after telephonic appointment

In between Ongoing review with Pediatrician

Sutures to be removed on 05/05/2025; 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 06/05/2025

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)
(CHAIRMAN
PEDIATRIC & CONGENITAL HEART 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.

