

## DISCHARGE SUMMARY

PATIENT NAME: AYUSHI KUMARI	AGE: 3 YEARS, 8 MONTH & 23 DAY, SEX: F
REGN: NO: 13371725	IPD NO: 208448/24/1201
DATE OF ADMISSION: 23/10/2024	DATE OF DISCHARGE: 02/11/2024
CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY	

### DISCHARGE DIAGNOSIS

- Congenital Heart Disease with increased pulmonary blood flow
- Large Perimembranous ventricular septal defect (Bidirectional shunting)
- Muscle bundle in Right ventricular outflow tract
- Tiny Patent ductus arteriosus
- Right ventricle dilated
- Mild tricuspid regurgitation
- Hyperdynamic Pulmonary artery hypertension
- S/P Diagnostic cardiac catheterization, Angiogram and vasoreactivity test with iNO on 24/10/2024
- Basal Diastolic PA pressure: 35, mean PA pressures 54; , PVRI -10.2
- On iNO, Diastolic PA pressure: 11 and mean PA pressures: 32 , PVRI -3.0
- Positive vaso-reactivity test on iNO
- Normal Sinus Rhythm

### OPERATIVE PROCEDURE

Dacron patch closure of ventricular septal defect + Muscle bundle resection in Right ventricular outflow tract + Patent ductus arteriosus ligation done on 26/10/2024

Right ventricular outflow tract took Hegar No. 15. Tricuspid valve checked for competence and found satisfactory.



## CONDITION AT DISCHARGE

Her general condition at the time of discharge was satisfactory. Incision line healed by primary union. No sternal instability. HR 114/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 100%. Her predischarge x-ray done on 01/11/2024

In view of congenital heart disease in this patient her mother is advised to undergo fetal echo at 18 weeks of gestation in future planned pregnancies.

Other siblings are advised detailed cardiology review.

## PLAN FOR CONTINUED CARE:

DIET : Normal diet as advised

Normal vaccination (After 6 weeks from date of surgery)

ACTIVITY: Symptoms limited.

## FOLLOW UP:

Long term cardiology follow-up in view of:-

1. Possibility of recurrence of Pulmonary Hypertension
2. Tiny LV to RA jet (2 jets)

Review on 05/11/2024 in 5<sup>th</sup> floor at 09:30 AM for wound review

Repeat Echo after 9 - 12 months after telephonic appointment

## PROPHYLAXIS :

Infective endocarditis prophylaxis prior to any invasive procedure



#### MEDICATION:

1. Syp. Paracetamol 225 mg PO 6 hourly x one week
2. Tab. Pantoprazole 10 mg PO twice daily x one week
3. Syp. Lasix 10 mg PO thrice daily till next review
4. Tab. Aldactone 4.5 mg PO thrice daily till next review
5. Syp. Shelcal 5 ml PO twice daily x 3 months

➤ 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 09/11/2024; Till then wash below waist with free flowing water

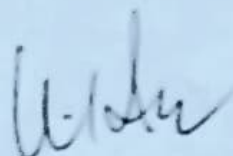
4<sup>th</sup> hrly temperature charting - Bring own your thermometer

- Frequent hand washing every 2 hours
- Daily bath after suture removal with soap and water from 10/11/2024

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







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(DR. KEERTHI AKKALA)  
(ASSOCIATE CONSULTANT  
PEDIATRIC CARDIAC SURGERY)

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(DR. K.S. IYER)  
(EXECUTIVE DIRECTOR  
PEDIATRIC CARDIAC SURGERY)

Please confirm your appointment from (Direct 011-47134540, 47134541, 47134500/47134536)

- Poonam Chawla Mob. No. 9891188872
- Treasa 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.

