MAX Healthcare

25 YEARS OF SERVICE AND EXCELLENCE

Discharge Summary Pediatric CTVS

Patient Demography Details :

Name	: Baby Girl Maryam Hasan	**Patient ID**	: SKDD.1130635	**IP No.**	: 808168
DOB	: 31 OCT, 2025	**Age/Gender**	: 6 Months/FEMALE	**Primary Consultant**	: Kulbhushan Singh Dagar
DOA	: 18 MAY, 2026 11:46	**Ward**	: SKTE-NURSE 2ND FLOOR		
				Secondary Consultant	: Ankit Garg
Address	: R-25, OLD NO S-3 T/F GALI NO.1 , JAMIA NAGAR, Jamia Nagar, DELHI, 11002			**Mobile No.**	: 9953932292

Date and Time of Discharge: 27 MAY, 2026 11:41

Diagnosis:

- Down's Syndrome.
- Congenital Acyanotic heart disease
- Complete AV canal Type III
- Severe AV regurgitation
- PDA
- CHF
- Dilated RA/RV
- Late presentation
- Severe PAH
- Failure to thrive
- Global developmental delay

History of Present Illness:

Baby MARYAM HASSAN, aged 6 months 18 days old, female infant is a known case of congenital acyanotic heart disease. She is second in birth order, born out of non consanguineous marriage at term by LSCS. Birth weight:2.4 kg. She cried immediately at birth. There is history of 2 days NICU admission at birth (in view of neonate jaundice). Baby was confirmed to have Down's syndrome by karyotyping done on day 15 of life. History of suck rest suck cycle and diaphoresis on feeding present since 1 month of age. On routine examination she was detected with a murmur and upon further detailed evaluation including an echo revealed acyanotic congenital heart disease (complete AV septal defect). She has h/o admission in April 2026 for pneumonia in Holy hospital for 7 days. There is no h/o bluish discoloration of skin and mucus membrane, fever, seizures or ear discharge. She is immunized for age as per parents and has global developmental delay.

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

"This is a computer generated document and does not require any signature"

Max Super Speciality Hospital, Saket (East Block)
A Unit of Devki Devi Foundation
(Devki Devi Foundation registered under the Societies Registration Act XXI of 1860)
Regd. Office: 2, Press Enclave Road, Saket, New Delhi-110 017
For medical service queries or appointments, call: +91-11 2651 5050
Fax: +91-11-2651 0050
www.maxhealthcare.in

Patient Name : Baby Girl Maryam Hasan SSN No. : 071130635

Now she has been admitted to this center for further evaluation and management.

On Examination:

PHYSICAL EXAMINATION ON ADMISSION:
Body Weight : 5.49 Kg
Heart Rate : 155/min
Blood Pressure : 72/50mmHg
Oxygen Saturation (SPO2) : 88 % on room air
Respiratory rate (RR) : 30/min
Weight on Discharge : 5.50 Kg

Surgery:

Dual Patch AV canal repair + AV valve repair + PDA ligation surgery done on 19.05.2026

Course in Hospital:

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

In view of her diagnosis, symptomatic status and Echo findings She underwent Dual Patch AV canal repair + AV valve repair + PDA ligation surgery on 19.05.2026.

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, she was shifted to CTVS PICU for further management on full ventilation and moderate inotropic supports. She was electively ventilated with adequate sedation and analgesia for about 20 hours and was then extubated on 1st POD to nasal CPAP. She was alternated on HFNC and Nasal CPAP till 2nd POD. She was then weaned off to low flow oxygen by nasal prongs by 4th which was taken off to room air by 5th POD.

Associated bilateral basal atelectasis and concurrent bronchorrhea was managed with frequent nebulization, chest physiotherapy, vibration and suctioning. Both mediastinal chest tubes inserted perioperatively were removed on 2nd POD once minimal drainage was noted. Chest drains inserted perioperatively were removed on 4th POD once minimal drainage was noted.

Antibiotics were upgraded due to concerns of sepsis. Blood cultures were positive for gram positive cocci (Streptococcus salivaris) and ET cultures came out to be sterile. Antibiotics were revised as per the sensitivity pattern and was continued for adequate duration.

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

"This is a computer generated document and does not require any signature"

Max Super Speciality Hospital, Saket (East Block)
A Unit of Devki Devi Foundation
(Devki Devi Foundation registered under the Societies Registration Act XXI of 1860)
Regd. Office: 2, Press Enclave Road, Saket, New Delhi-110 017
For medical service queries or appointments, call: +91-11 2651 5050
Fax: +91-11-2651 0050
www.maxhealthcare.in

Inotropes were electively given in the form of Adrenaline (0 to 3rd POD), Milrinone (0 – 2nd POD) and Dobutamine (0 – 3rd POD) to optimize the cardiac output.

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

Minimal feed was started on '0' POD which was gradually built up to full feeds along with weaning diet. She was also supplemented with prokinetics, probiotics, multivitamins & calcium.

Presently, she is in a stable condition and is fit for discharge.

Condition on Discharge:

Patient is haemodynamically stable, afebrile, accepting well orally, HR127 /min, sinus rhythm, BP 90/44 mm Hg, SPO2 97% on room air. Chest – bilateral clear, sternum stable, chest wound healthy.

Lab Results:

**ECHO (18.05.2025): **
Cardiac position
• Levocardia
• Abdominal situs solitus
• Atrial situs solitus
• D ventricular loop
• Normal position great vessels
Vein
• Normal systemic venous drainage
• Normal pulmonary venous drainage, flow acceleration in right upper pulmonary vein (mean gradient :3 mmHg
Atrium
• Normal right atrium
• Normal left atrial size
• Large primum ASD present
• Additional PFO present
Atrioventricular valves
• Complete balanced av canal defect (Rastelli c) (avvi: 0.54)
• Common AV valve
o Moderate right AV valve regurgitation annulus = 19 mm (z score = +1.43)
o Trace to mild left AV valve regurgitation, annulus = 15 mm (z score=+ 0.8)
Ventricles
• Normal LV structure and size

SSN No. : 071130635 Patient Name : Baby Girl Maryam Hasan

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

"This is a computer generated document and does not require any signature"

Max Super Speciality Hospital, Saket (East Block)
A Unit of Devki Devi Foundation
(Devki Devi Foundation registered under the Societies Registration Act XXI of 1860)
Regd. Office: 2, Press Enclave Road, Saket, New Delhi-110 017
For medical service queries or appointments, call: +91-11 2651 5050
Fax: +91-11-2651 0050
www.maxhealthcare.in

• Dilated right ventricle
• Large inlet VSD with perimembranous extension
Semilunar valves
• Normal tricuspid aortic valve
• Normal pulmonary valve
Great vessels
• Normal pulmonary artery branches
• Normal size aorta
Function
• Normal RV systolic and diastolic function
• Normal lv systolic and diastolic function
Inflow haemodynamics • Normal inflow velocity
• Moderate right AV valve regurgitation
• Trace to mild left AV valve regurgitation
Outflow haemodynamics
• Normal pulmonic valve velocity
• No PR.
• Normal aortic valve velocity.
• No AR
Shunts
• ASD shunting left to right
• VSD shunting bidirectionally
• No patent ductus arteriosus detected

**X Ray Chest (18.05.2026): **
Report Attached.

**USG Whole Abdomen (18.05.2026): **
Report Attached.

**USG Doppler Cranium/ Skull Neonatal (18.05.2026)
Report Attached.

**PRE-DISCHARGE ECHO (23.05.2025): **
Final Impression:
- Situs Solitus, Levocardia
- AV - VA Concordance
- Normal systemic venous drainage

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

"This is a computer generated document and does not require any signature"

Max Super Speciality Hospital, Saket (East Block)
A Unit of Devki Devi Foundation
(Devki Devi Foundation registered under the Societies Registration Act XXI of 1860)
Regd. Office: 2, Press Enclave Road, Saket, New Delhi-110 017
For medical service queries or appointments, call: +91-11 2651 5050
Fax: +91 11 2651 0050
www.maxhealthcare.in

- Normal pulmonary venous drainage
- IAS patch intact
- MILD MR
- NO TR
- IVS patch intact, tiny residual shunt
- Laminar aortic outflow and pulmonary outflow
- LEFT ARCH, NO COA, NO PDA
- TAPSE = 8MM
- LVEF = 45 %

**X Ray Chest (26.05.2026): **
Report Attached.

Medications During Stay:

LAST DOSE ADMINISTERED/ GIVEN WARD AFTER BREAKFAST:
Tab. Aldactone
A to Z
Susp. Domperidone
Tab. Isolazine 0.6mg
Susp. Bacillus Clausii
Tab. Enalapril 2.5mg
Paracetamol 80mg
Syp. Linezolid 55 mg
Inj. Tazact 550mg
Syp. Furoped 4mg
Syp. Shelcal 2ml
Tab. Thyroxine 25mcg

Advice:

DIET
- Fluid restriction 500 - 550 ml/day x 2 weeks
- feeds as advised and Weaning diet to be gradually optimized

FOLLOW UP
- Long term paediatric cardiology follow-up in view of Dual Patch AV canal repair + AV valve repair + PDA ligation surgery on 19.05.2026.
- Regular follow up with treating paediatrician for routine checkups and nutritional rehabilitation, onward referral for IQ/DQ assessment and occupational and vocational physiotherapy in due course of time.

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

"This is a computer generated document and does not require any signature"

Max Super Speciality Hospital, Saket (East Block)
A Unit of Devki Devi Foundation
(Devki Devi Foundation registered under the Societies Registration Act XXI of 1860)
Regd. Office: 2, Press Enclave Road, Saket, New Delhi-110 017
For medical service queries or appointments, call: +91-11 2651 5050
Fax: +91-11-2651 0050
www.maxhealthcare.in

PROPHYLAXIS:
* Infective endocarditis prophylaxis

** WOUND CARE: **
* Remove surgical dressing from the wound after 1 day
* Daily Scrubbing and bathing if the wound is dry
* Betadine lotion for local application twice daily on the wound x 7 days
* Stitch removal after one week

Discharge Medications Advice:

* Tab. Taxim – O 25mg twice daily (8am-8pm) - PO x 5 days then stop
* Tab. Linezolid 50 mg thrice daily (6am – 2pm – 10pm) - PO x 5 days then stop
* Syp. Furosemide 4 mg thrice daily (6am – 2pm – 10pm) - PO x 2 weeks then as advised by pediatric cardiologist.
* Tab. Enalapril 0.5 mg twice daily (8am-8pm)- PO x 2 weeks then as advised by pediatric cardiologist.

* Syp. A to Z 1 ml once daily (9am – 9pm) – PO x 2 weeks and then as required
* Syp. Shelcal 2.5 ml twice daily (9am – 9pm) – PO x 2 weeks and then as required
* Tab. Thyroxine 25 mcg once daily (6 am) – PO x to continue
* Syp. Domperidone 1.5 ml thrice daily (6am – 2pm – 10pm) – PO x 5 days then stop
* Syp. Paracetamol 80 mg thrice daily (6am – 2pm – 10pm) – PO x 2 days then as and when required
* OINTMENT CONTRACTUBEX/HEXILAC ULTRA GEL FOR LOCAL APPLICATION TWICE A DAY ON CHEST WOUND – ONCE THE WOUND IS DRY FOR 2-3 MONTHS
* Intake/Output charting.
* Immunization as per national schedule with local paediatrician after 8 weeks.

Follow Up Advice:

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.

Patient Name : Baby Girl Maryam Hasan
SSN No. : 071130635

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

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

"This is a computer generated document and does not require any signature"

Max Super Speciality Hospital, Saket (East Block)
A Unit of Devki Devi Foundation
(Devki Devi Foundation registered under the Societies Registration Act XXI of 1860)
Regd. Office: 2, Press Enclave Road, Saket, New Delhi-110 017
For medical service queries or appointments, call: +91-11-2651 5050
Fax: +91-11-2651 0050
www.maxhealthcare.in

MAX Healthcare

25 YEARS OF SERVICE AND EXCELLENCE

Dr. P K ACHARYA in OPD with prior appointment.
Dr. ANKIT GARG in OPD with prior appointment.

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

Dr P K Acharya
Asso. Director
Paediatric cardiac intensive care

Dr. Ankit Garg
Sr. Consultant
Paediatric Cardiology

Dr. KULBHUSHAN S. DAGAR
MBBS, MS, M.Ch.
Chairman & HOD
Neonatal & Congenital Heart Surgery
Max Super Speciality Hospital
(A unit of Devki Devi Foundation)
2, Press Enclave Road, Saket, New Delhi - 110 017
DMC Regd. No. 4475

SSN No. : 071130635 Patient Name : Baby Girl Maryam Hasan

/es/ Pradipta Kumar Acharya
Associate Director

Signed: 27 MAY, 2026 11:54

/es/ Pradipta Kumar Acharya
Associate Director

Cosigned: 27 MAY, 2026 11:54
for Kulbhushan Singh Dagar
Chairman

Entered Date : 27 MAY, 2026 11:41

Prepared By: Pradipta Kumar Acharya

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

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

"This is a computer generated document and does not require any signature"