

Provisional Discharge Summary

Patient Name : Master. CHAUDHARY ELVIN GOGIYAN [2 Yr/M] SR632235
Address : H No.206 Badhi Must, Saharnapur, Uttar Pradesh
Mob. No. : 8813888454
Next Of Kin : SAMANDAR SINGH (FATHER)
IP. No. : IP237056 **Dept./Speciality** : PEDIATRIC
Adm. Date : 12-07-2021 12:04PM **CARDIOLOGY &**
Ward Info. : 3220/GENERAL **CARDIAC SURGERY**
CATEGORY/3F-DEV
WING
Date Of Surgery : 13-07-2021
Discharge Condition : Stable
Discharge Type : Discharge
Consultants : DR. VIRESH MAHAJAN, DR. PRADIPTA KUMAR
 ACHARYA, DR. AMOL GUPTA, DR. SHYAMVEER SINGH
 KHANGAROT
Patient Category : Diya Medicare Foundation

Final Diagnosis

ACYANOTIC CONGENITAL HEART DISEASE
 TRICUSPID ATRESIA
 LARGE SECUMDUM ASD AMOUNTING TO COMMON ATRIUM
 RESTRICTIVE MUSCULAR VSD
 SEVERE PLS
 CONFLUENT AND ADEQUATE SIZED PAS
 DILATED LA/LV
 GOOD LV FUNCTION
 PROCEDURE - BIDIRECTIONAL GLENN SURGERY ON 13/07/2021

Presenting Complaints

Baby CHAUDHARY ELVIN GOGIYAN, 2 years old male toddler from Uttar pardesh is a known case of Congenital cyanotic Heart Disease. He was first diagnosed at the age of 6 months when he was admitted for respiratory tract infection. 2D Echo done at that time suggested single ventricle physiology. He was managed conservatively and was advised referred to a higher center for further management. There is history of progressive cyanosis, weakness & cyanotic spells. No history of seizures and ear discharge. Growth & development is not appropriate for age according to her father. He is immunized appropriately for age.
 Now he has come to this centre for further evaluation and management.

Examination

Weight on admission:-10 kg
Weight on discharge:-10 kg
SPO2-76% on RA
BP- 90/60 MMHG
PR-100/min
RR-24/min

Hospital Stay

On admission, he was thoroughly evaluated. All relevant investigations were done (Report attached). 2 D Echo was done, which confirmed the diagnosis of TA, VSD, ASD, PS

Pre-operative echo findings:

SDS
Tricuspid atresia type IB(kunhe)
large OS -ASD amounting to common atrium
normal PV & SV drainage
Restrictive muscular VSD with l > r shunt with PG of 68 mmhg
No MS/MR
No Subaortic obstruction, No AR
Dilated LA, LV
Adequate LV systolic function
Severe subvalvar (At the level VSD) + valvar PS with PG of 68 mmhg
PV annulus 11 mm
MPA 13 mm; RPA 10 mm ; LPA 11 mm
Left arc, No CoA/ PDA / LSVC
Single RSV

In view of his diagnosis, symptomatic status and echo findings, he was advised early high risk palliative bidirectional Glenn surgery off pump.

His father was counselled in detail about the natural history of the disease and the risk & benefits of surgery and the palliative nature of the surgery was also explained in detail. The possibility of prolonged ventilation and ICU stay were also adequately explained.

After high risk consent, he was taken for the surgery on 13/07/2021

Procedure: Bidirectional Glenn surgery on 13/07/2021

Operative Findings: SS, LC, NRG, TA/VSD, Normal systemic & pulmonary venous drainage.

Steps : Medium Sternotomy done right lobe of thymus resected pericardium opened partially, SVC and RPA dissected SVC clamped and divided from SVC- RA junction, Stump closed with prolene 5-0 clamp applied on RPA arteriotomy made, SVC to RPA anastomosis made with prolene 6-0 pericardium closed over great vessels MPA ligated, Chest closed in layers.

Post operatively, he was shifted to Pediatric CTVS ICU for further management. he was electively ventilated with adequate sedation & analgesia for about 2.5 hours and was extubated to Oxygen by nasal prongs on 0 POD. Oxygen was then gradually weaned off to room air by 1st POD

Associated bilateral basal patchy atelectasis and concurrent bronchorrhea was managed with chest physiotherapy, suctioning, postural drainage and frequent nebulization.

He was electively supported with inotropes in the form of Milrinone (0-2nd POD) to optimize the cardiac output & for its inotropic action.

Aspirin was started for its antiplatelet activity.
Decongestives were used in the form of Furosemide boluses and infusion. Spirinolactone was used for its potassium sparing effects.

Minimal feeds were started on 0 POD & was gradually built up to full feeds by 2 nd POD. He was also empirically supplemented with Multivitamin and Calcium.

Pre-discharge Echo findings:

Patent BD Glenn Shunt

Laminar flow

Trivial left AVVR

No LVOT obstruction

LVEF 45-50%

No Pleural effusion

Patient is being discharged with following advice.

Treatment Advice On Discharge

Sr.	Description	Remark	
1	Tab Aldactone 25mg (Spironolactone 25 Mg Tab)	1 tab Once a day - Dose to be reviewed on follow up	7 days
2	Tab Ecosprin 75mg (Asprin 75 Mg Tab)	1 tab Once a day - To continue, further dose to be adjusted as per weight gain 5mg.	
3	Tab Orcilbest 10mg (Orciprenaline 10 Mg)	1 tab Once a day	5 days
4	Syp Furored 30ml (Furosemide 300mg/30 MI Syp)	7.5 ml Thrice a day - Dose to be reviewed on follow up	7 days
5	Syp Shelcal 200ml (Calcium 250mg And Vitamin D3 125iu)	5 ml twice a day	7 days
6	Syp A To Z 100ml (Multivitamine 170 MI)	5 ml Thrice a day	7 days
7	Syp Paracip 60ml (Paracetamol)	5 ml Thrice a day - 150 MG	5 days
8	Syp Taxim O 50ml (Cefixime 50 Mg /5ml)	7.5 ml twice a day - (75mg)	5 days

Review**Consult doctor in case of :-**

Fever, Pain, Swelling, Breathlessness, Excessive cough, Any drug allergy, soakage ,
bleeding from surgical wound site

Diet:-

Fluid restriction 850-900ml/day X 2 weeks.

High protein diet

Avoid spicy, oily, fatty meals

No tea, coffee on empty stomach

Any other instruction:-

Do not stop any medication without doctor advice

Chest & limb physio as advised

Incentive spirometry 5-6 times daily

Cleaning of wound with spirit followed by Neosporin ointment twice

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daily.

Condition at discharge:-

- .Hemodynamically stable
- Afebrile
- Active
- Feeding well
- Chest is clinically clear
- No fresh complaints
- SPO2: 85% on room air.
- No sign of venous congestion

Follow up:-

Long term follow up with local paediatric cardiologist for next stage surgery.
Continue routine check up with treating pediatrician.

Summary of Key Investigations during Hospitalization: As per Report Attached

Investigation Report

Investigation	Date	Value
APTT (Activated Partial Thromboplastin Time)	12-07-2021 07:15 PM	30.600 Sec.
HBsAg By ECLIA	12-07-2021 07:21 PM	0.273
HIV 1 and 2 By ECLIA	12-07-2021 07:21 PM	0.180
Serum SGPT (ALT)	14-07-2021 06:26 AM	24 u/L

Investigation	Date	Value
CRP (C-Reactive Protein)	12-07-2021 07:37 PM	0.4 mg/L
HCV By ECLIA	12-07-2021 07:21 PM	0.022
Serum SGOT (AST)	14-07-2021 06:26 AM	43 u/L

Blood Grouping and RH	12-Jul 07:48 PM		
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Blood Urea	14-Jul 06:26 AM	15-Jul 06:11 AM	
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Blood Group	"O"
Uric Acid	Positive
LFT II	12-Jul 07:37 PM
A/G Ratio	1.65
Alkaline Phosphate(A LP)	170 u/L
Albumin	4.23 g/dL
Globulin	2.57 g/dL
SERUM BILIRUBIN - Direct Bilirubin	0.34 mg/dl
S B In Bi	1.23 mg/dl
SERUM BILIRUBIN - Total Bilirubin	1.57 mg/dl
SGOT(AST)	23 u/L
SGPT(ALT)	13 u/L
Total Protein	6.8 gm/dl

Platelets Count	14-Jul 05:41 AM	15-Jul 06:28 AM
Platelets Count	150 10 ³ /uL	155 10 ³ /uL

Prothrombin Time (PT) With INR	12-Jul 07:15 PM
Control	12.5 Sec.
INR	1.128

Blood Urea	15.4 mg/dl	12.6 mg/dl
CBC (Haemogram)	12-Jul 07:15 PM	
D L C Ba	0.5 %	
D L C Eo	3.4 %	
D L C Ly	44.5 %	
D L C Mo	5.3 %	
D L C Ne	46.3 %	
Hb(Haemoglobin)	8.5 gm/dl	
HCT	33.0 %	
MCV	67.3 fL	
MCH	17.3 pg	
MCHC	25.8 g/dL	
Platelets	244 10 ³ /cm ³	
RBC	4.90 mill/mm ³	
RDW	21.3 %	
TLC(Total Leucocyte count)	11.34 thou/mm ³	

RFT III	12-Jul 07:49 PM
Blood Urea	20.5 mg/dl
Calcium(Total)	9.4 mg/dl
Chloride(CL-)	105.8 mmol/L
Potassium(K+)	4.98 mmol/L
Serum Creatinine	0.24 mg/dl

Prothrombin Time(PT)	14.100 Sec.		
Serum Creatinine	14-Jul 06:26 AM	15-Jul 06:11 AM	
Serum Creatinine	0.19 mg/dl	0.21 mg/dl	

Serum Potassium (K+)	16-Jul 05:12 AM	17-Jul 05:36 AM	
Serum Potassium (K+)	4.16 mmol/L	4.25 mmol/L	

Serum Sodium (Na+)	16-Jul 05:12 AM	17-Jul 05:36 AM	
Serum Sodium (Na+)	137.6 mmol/L	135.7 mmol/L	

TLC(Total Leucocyte Count)	14-Jul 05:41 AM	15-Jul 06:28 AM	
TLC(Total Leukocyte Count)	11.45 thou/mm ³	11.23 thou/mm ³	

Sodium(Na+)	134.7 mmol/L		
S.Phosphorus	4.97 mg/dl		
Uric Acid	3.0 mg/dl		

ABG	13-Jul 07:48 PM	13-Jul 08:55 PM	14-Jul 02:11 AM	14-Jul 02:14 AM	14-Jul 02:17 AM	14-Jul 03:05 AM	14-Jul 09:00 AM	15-Jul 02:29 AM
TfHbc	9.3 g/dL	9.3 g/dL	10.5 g/dL	11.2 g/dL	11.5 g/dL	11.5 g/dL	13.6 g/dL	13.3 g/dL
Calcium Ionised	1.15 mmol/L	1.13 mmol/L	1.01 mmol/L	0.98 mmol/L	1.21 mmol/L	1.08 mmol/L	1.01 mmol/L	1.04 mmol/L
Glucose	75 mg/dl	114 mg/dl	100 mg/dl	109 mg/dl	127 mg/dl	108 mg/dl	180 mg/dl	137 mg/dl
HCT	30 %	30 %	34 %	36 %	37 %	37 %	44 %	43 %
pCO2	33 mmHg	34 mmHg	29 mmHg	39 mmHg	39 mmHg	31 mmHg	35 mmHg	31 mmHg

CO2	21.0 mmol/L	18.9 mmol/L	17.7 mmol/L	20.0 mmol/L	23.7 mmol/L	23.0 mmol/L	24.9 mmol/L	21.6 mmol/L
HCO3std	21.1 mmol/L	19.0 mmol/L	19.0 mmol/L	18.9 mmol/L	22.7 mmol/L	23.9 mmol/L	24.7 mmol/L	22.4 mmol/L
Base Excess	-5.0 mmol/L	-8.0 mmol/L	-8.5 mmol/L	-7.8 mmol/L	-2.8 mmol/L	-1.8 mmol/L	-0.4 mmol/L	-3.7 mmol/L
pH	7.39	7.33	7.37	7.29	7.37	7.46	7.44	7.43
BE (B)	-4.4 mmol/L	-7.3 mmol/L	-7.4 mmol/L	-7.3 mmol/L	-2.5 mmol/L	-1.1 mmol/L	-0.1 mmol/L	-2.8 mmol/L
Sodium	136 mmol/L	137 mmol/L	145 mmol/L	145 mmol/L	140 mmol/L	142 mmol/L	139 mmol/L	137 mmol/L
pO2	41 mmHg	50 mmHg	54 mmHg	52 mmHg	52 mmHg	55 mmHg	51 mmHg	47 mmHg
HCO3	20.0 mmol/L	1.9 mmol/L	16.8 mmol/L	18.8 mmol/L	22.5 mmol/L	22.0 mmol/L	23.8 mmol/L	20.5 mmol/L
SO2c	76 %	82 %	87 %	82 %	85 %	90 %	87 %	84 %
Lactate	1.1 mmol/L	1.0 mmol/L	0.7 mmol/L	0.7 mmol/L	1.6 mmol/L	0.8 mmol/L	1.3 mmol/L	1.9 mmol/L
Potassium	3.8 mmol/L	4.2 mmol/L	2.9 mmol/L	3.7 mmol/L	3.1 mmol/L	2.6 mmol/L	2.7 mmol/L	3.6 mmol/L

ABG	15-Jul 02:31 AM	15-Jul 08:19 AM						
THbc	13.0 g/dL	10.5 g/dL						
Calcium Ionised	1.01 mmol/L	0.92 mmol/L						
Glucose	243 mg/dl	87 mg/dl						
HCT	42 %	34 %						
pCO2	29 mmHg	28 mmHg						
TCO2	22.0 mmol/L	20.4 mmol/L						
HCO3std	23.5 mmol/L	22.0 mmol/L						
Base Excess	-2.6 mmol/L	-4.5 mmol/L						
pH	7.47	7.45						
BE (B)	-1.5 mmol/L	-3.5 mmol/L						
Sodium	137 mmol/L	141 mmol/L						

4:37 PM

pO2	48 mmHg	49 mmHg				
HCO3	21.1 mmol/L	19.5 mmol/L				
SO2c	86 %	86 %				
Lactate	2.2 mmol/L	0.7 mmol/L				
Potassium	2.8 mmol/L	3.0 mmol/L				

X-Ray Chest PA

13-07-2021 12:42 PM Increased bronchovascular markings.

ADVISE: HISTORY / CLINICAL CORRELATION.

X-Ray Chest AP View Portable

14-07-2021 12:20 PM NORMAL STUDY.

ADVISE: HISTORY / CLINICAL CORRELATION.

14-07-2021 02:52 PM Increased bronchovascular markings.

ADVISE: HISTORY / CLINICAL CORRELATION.

15-07-2021 05:27 PM B/L perihilar congestion.
Cardiomegaly.

ADVISE: HISTORY / CLINICAL CORRELATION.

Authorised By
Dr. Viresh Mahajan

Authorised By
DR. PRADIP KUMAR ACHARYA
HOD, Peds CTVS ICU



Authorised By
Dr. Amol Gupta

CONTACT HOSPITAL IN CASE OF EMERGENCY (105959 / 18003131414) Patient

Acknowledgement: I have received discharge summary and explained in detail about follow up medication as advised Patient / Attendant Signature _____ Full

Name/ Relation: _____ Mob No: _____

IT IS ADVISABLE TO TAKE PRIOR APPOINTMENT BEFORE COMING TO OPD, FOR APPOINTMENTS