

DISCHARGE SUMMARY

PATIENT NAME: POONAM KUMARI GUPTA	AGE: 11 YEARS, 8 MONTHS & 1 DAYS, SEX: F
REGN. NO: 13912622	IPD NO: 219553/25/1201
DATE OF ADMISSION: 08/10/2025	DATE OF DISCHARGE: 18/10/2025
CONSULTANT: DR. HIMANSHU PRATAP / DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

1. S/P Right Modified Blalock Taussig Shunt (6 mm PTFE through) median sternotomy (25/01/2022, MAX Hospital, Saket, New Delhi) for
 - Congenital heart disease
 - Double outlet right ventricle
 - ventricular septal defect
 - Pulmonary stenosis
 - Hypoplastic branch Pulmonary arteries
 - MAPCAs
2. Now elective admission for definitive repair
 - Complex Congenital Cyanotic Heart Disease with decreased pulmonary blood flow
 - Situs solitus, Levocardia
 - Double outlet right ventricle
 - Large perimembranous ventricular septal defect (Bidirectional shunting)
 - Severe pulmonary stenosis
 - Pulmonary valve stenotic with hypoplastic annulus
 - Small fossa ovalis atrial septal defect
 - Main pulmonary artery small caliber
 - Tiny antegrade flow in Right ventricular outflow tract
 - Borderline branch Pulmonary arteries (both Right pulmonary artery and left pulmonary artery)
 - Right atrium dilated
 - Aberrant right Subclavian artery

CONDITION AT DISCHARGE

Her general condition at the time of discharge was satisfactory. Incision line healed by primary union. No sternal instability. HR 104-118/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 96-100%. Her predischarge x-ray done on 17/10/2025

In view of congenital heart disease in this patient, she is advised to undergo fetal echo at 18 weeks of gestation in future planned pregnancies after marriage.

PLAN FOR CONTINUED CARE:

DIET : Fluid restricted 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. Free pulmonary regurgitation
3. Borderline Pulmonary arteries
4. Mild tricuspid regurgitation
5. Mild aortic regurgitation

Review on 21/10/2025 in 5th floor at 09:30 AM with chest x-ray and liver function test and Ammonia level

Repeat Echo after 6 - 9 months after telephonic appointment

Repeat Thyroid function test after 3 – 4 months

PROPHYLAXIS :

Infective endocarditis prophylaxis prior to any invasive procedure

On 6th POD (SGOT/SGPT = 138/258 IU/L, S. bilirubin total 4.19 mg/dl & direct 1.94 mg/dl and 3.5 g/dl).

Her AMMONIA 59 High (11.0 - 51.0 micro mol/l) on 5th POD.

This was managed with avoidance of hepatotoxic drug and continued preload optimization, inotropy and after load reduction. Her liver function test gradually improved. Her other organ parameters were normal all through.

Her predischarge liver function test are SGOT/SGPT = 138/258 IU/L, S. bilirubin total 4.19 mg/dl, direct 1.94 mg/dl, Total protein 6.1 g/dl, S. Albumin 3.5 g/dl, S. Globulin 2.6 g/dl Alkaline phosphatase 115 U/L, S. Gamma Glutamyl Transferase (GGT) 57 U/L and LDH 474 U/L

Thyroid function test done on 10/10/2025 which revealed showed T3 3.42 pg/ml (normal range – 2.56 – 5.01 pg/ml), T4 1.76 ng/dl (normal range 0.98 - 1.63 ng/dl), TSH 1.670 µIU/ml (normal range – 0.510 – 4.300 µIU/ml).

Repeat Thyroid function test done on 12/10/2025 which revealed showed T3 1.43 pg/ml (normal range – 2.56 – 5.01 pg/ml), T4 0.97 ng/dl (normal range 0.98 - 1.63 ng/dl), TSH 0.185 µIU/ml (normal range – 0.510 – 4.300 µIU/ml).

Repeat Thyroid function test done on 14/10/2025 which revealed showed T3 0.96 pg/ml (normal range – 2.56 – 5.01 pg/ml), T4 0.81 ng/dl (normal range 0.98 - 1.63 ng/dl), TSH 0.113 µIU/ml (normal range – 0.510 – 4.300 µIU/ml).

Gavage feeds were started on 2nd POD. Oral feeds were commenced on 2nd POD.
Folic acid was commenced in view of pre-existing Polycythemia (Hb 18.4gm/dl).

She had intermittent vomiting from 4th POD. This was managed symptomatically with Emeset.

MEDICATION:

1. Tab. Paracetamol 400 mg PO as required
2. Tab. Pantoprazole 40 mg 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. Folic Acid 5 mg PO once daily x one year
7. Tab. Thyroxine 25mcg PO once daily x 3 months and then repeat Thyroid function test (Empty Stomach)
8. Tab. Emeset 2 mg PO as required.

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

**Review at FEHI, New Delhi after 6 – 9 months after telephonic appointment
In between Ongoing review with Pediatrician**

Sutures to be removed on 24/10/2025; Till then wash below waist with free flowing water

4th hrly temperature charting - Bring your own thermometer

➤ Frequent hand washing every 2 hours
➤ Daily bath after suture removal with soap and water from 25/10/2025

(DR. SNEH LALWANI)
(ATTENDING CONSULTANT
PEDIATRIC CARDIAC SURGERY)


(DR. HIMANSHU PRATAP)
(PRINCIPAL CONSULTANT
PEDIATRIC CARDIAC 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.