

DISCHARGE SUMMARY

Patient's Name: Baby Riya Bharti	
Age: 4 years	Sex: Female
UHID No: SKDD. 890929	Date of Procedure: 06.01.2022
Date of Admission: 06.01.2022	Date of Discharge: 08.01.2022
Weight on Admission: 14.8KG	Weight on Discharge: 14.8KG
Pediatric Cardiologist : DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- Moderate Sized PDA
- Dilated LA/LV
- Adequate Biventricular Function

PROCEDURE:

PDA device closure done on 07.01.2022 (ADO I 10 x 8 mm)

RESUME OF HISTORY

Baby Riya Bharti, 4 years female child, 1st in birth order, out of a non consanguineous marriage, full term with birth weight of 3.5 kg, normal vaginal delivery, the child cried immediately after birth. She was apparently well until 3 months back, when she complained of fast breathing /difficulty in breathing and cough. During her evaluation she was advised for echo and after echo she was diagnosed as having CHD. No h/o cyanosis, hospital admission. She has repeated episodes of cough and fast breathing. no h/o any other illness. No past h/o seizure. She presented to us for further evaluation and management. She has completed all her vaccination according to the national schedule.

INVESTIGATIONS SUMMARY:

Echo (06.01.2022):

Situs Solitus, Levocardia. AV, VA concordance. D-looped ventricles. NRG. Normal pulmonary and systemic venous drainage. IAS /IVS intact. Moderate sized pda measuring 4.5 mm shunting left to right with peak gradient/end diastolic - 100/45 mmHg. Mild TR. No MR. No LVOTO, Trace AR. No RVOTO, No PR. Dilated LA, LV. LVIDd- 4.8 (Z Score= +3.8). Adequate LV/RV systolic function, LVEF - 65%. Left arch, No COA/APW/LSVC. Normal coronaries. No IVC congestion No collection.

Echo (08.01.2022):

S/P TRANSCATHETER PDA DEVICE CLOSURE DONE ON 7.1.2022 (ADO I 10 X 8 MM) Situs solitus, levocardia. AV, VA concordance. D-looped ventricles. NRG. Normal pulmonary and systemic venous drainage. IAS /IVS intact. PDA device in situ, no residual shunt. Mild TR. No MR. No LVOTO, Trace AR. No RVOTO, No PR. Dilated LA, LV. Adequate LV/RV systolic function, LVEF - 50 %. Left arch, No COA/APW/LSVC. Normal coronaries. No IVC congestion. No collection.



COURSE IN HOSPITAL:

In view of her diagnosis, symptomatic status and echo findings she was advised **Transcatheter PDA device closure**. With all pre procedure investigations and pre anesthetic checkup, child was taken up for PDA device closure. Procedure was uneventful and post procedure Echo showing good result. It showed device in good position with no shunt through the device and good flow in aorta and LPA. Patient remained stable all through the procedure, sheaths were removed and hemostasis achieved. Child was shifted to Pediatric CTVS ICU with stable hemodynamics. He was shifted to Ward and now she is fit for discharge.

Condition at Discharge:

Patient is hemodynamically stable, afebrile, HR 108/min, sinus rhythm, BP 90/60 mm Hg, SPO2-100% on room air. Chest - bilateral clear.

DIET

- Normal diet

FOLLOW UP

- Long term pediatric cardiology follow-up in view of **Transcatheter PDA device closure (10 x 8 mm ADO) done on 28.08.2021.**
- Regular follow up with treating pediatrician for routine checkups.

PROPHYLAXIS

- Infective endocarditis prophylaxis

TREATMENT ADVISED:

- Syp. Augmentin 10 ml (5ml/200mg) mg twice daily (8am - 8pm) for 5 days
- Syp Furored (1 ml = 10 mg) 10 mg (1ml) once daily to continue till further review
- Tab Enalapril 2.5 mg 1/2 tab once daily to continue till further review
- Syp. Shelcal 2.5 ml thrice daily for 1 month
- Syp. Crocin 7.5 ml as and when required

Review after 1 month

Continued review with the cardiologist for continued care. Periodic review with this center by Fax, email and telephone.

In case of Emergency symptoms like: recurrent / severe chest pain, severe breathlessness, drowsiness, increased in blueness or decreased urine output, kindly contact Emergency: 26515050

For all OPD appointments

- **Dr. Neeraj Awasthy in OPD with prior appointment (Mobile No.: 9811962775 & Email: n. awasthy@yahoo.com).**

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