

DISCHARGE SUMMARY

PATIENT NAME: SAMRIDHI KUSHWAHA	AGE: 2 MONTHS, 2 MONTHS & 17 DAYS, SEX: F
REGN: NO: 14438709	IPD NO: 79495/26/1201
DATE OF ADMISSION: 13/04/2026	DATE OF DISCHARGE: 18/04/2026
CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- Acyanotic congenital heart disease with increased pulmonary blood flow
- Large fossa ovalis atrial septal defect (left to right shunt)
- Dilated right atrium and right ventricle
- Frequent lower respiratory tract infection
- Failure to thrive

OPERATIVE PROCEDURE

Trans – right atrial Dacron patch closure of atrial septal defect done on 14/04/2026

RESUME OF HISTORY

Samridhi Kushwaha is a 2 years old female child (date of birth: 28/01/2024) from Bihar who is a case of congenital heart disease. She is 1st in birth order and is a product of full term normal vaginal delivery, born to 2nd gravida. Her birth weight was 2.5 kg. Maternal age is currently 28 years. 2nd sibling is apparently well (6 months old girl).

She had history of frequent lower respiratory tract infection and failure to thrive for which she was shown to pediatrician. During evaluation, cardiac murmur was detected. Echo was done which revealed Congenital heart disease – atrial septal defect. She was referred at Fortis Escorts Heart Institute, New Delhi for further management.

She was seen at FEHI, New Delhi on 13/04/2026. Her saturation at that time was 99% with weight of 8.2 Kg. Echo was done which revealed normal segmental analysis, large fossa ovalis atrial septal defect (18mm) left to right deficient Inferior vena cava rim, mild tricuspid regurgitation max PG 34mmHg, no mitral regurgitation, laminar LV outflow, no aortic regurgitation, well opened Right ventricular outflow tract, good flow in branch Pulmonary arteries, laminar flow in arch, no Coarctation of aorta, no Patent ductus arteriosus, no left superior vena cava, normal LVEF, dilated right atrium and right ventricle, no collection, RVIDd 1.91cm, LVIDd 2cm, LVPWd 1.4cm.

She was advised early surgical management.

Now she is admitted at FEHI, New Delhi for further evaluation and management. On admission, her saturation was 98%, Her Hb 13.6g/dl, TLC was 11,630/cmm, platelets 3.27 lacs/cmm and Hematocrit 42.7% on admission.

In view of her diagnosis, symptomatic status, echo findings she was advised early high risk surgery after detailed counselling of family members regarding possibility of prolonged stay as well as long term issues.

Weight on admission 10.1 kg, Height on admission 85 cm, Weight on discharge 10 kg

Her Weight on admission 10.1 kg. (3rd – 15th Percentile); Z score 0 to – 2 SD

Her blood Group O positive

Baby and her Father SARS-COV-2 RNA was done which was negative.

All blood and urine culture were sterile.

INVESTIGATION:

ECHO

Done on 13/04/2026 revealed normal segmental analysis, large fossa ovalis atrial septal defect (18mm) left to right deficient Inferior vena cava rim, mild tricuspid regurgitation max PG 34mmHg, no mitral regurgitation, laminar LV outflow, no aortic regurgitation, well opened Right ventricular outflow tract, good flow in branch Pulmonary arteries, laminar flow in arch, no Coarctation of aorta, no Patent ductus arteriosus, no left superior vena cava, normal LVEF, dilated right atrium and right ventricle, no collection, RVIDd 1.91cm, LVIDd 2cm, LVPWd 1.4cm

She had mildly deranged liver functions on 1st POD (SGOT/SGPT = 94/53 IU/L, S. bilirubin total 0.65 mg/dl & direct 0.24 mg/dl and S. Albumin 4.5 g/dl). 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 = 46/30 IU/L, S. bilirubin total 0.68 mg/dl, direct 0.09 mg/dl, Total protein 6.5 g/dl, S. Albumin 4.3 g/dl, S. Globulin 2.2 g/dl Alkaline phosphatase 167 U/L, S. Gamma Glutamyl Transferase (GGT) 7 U/L and LDH 462 U/L).

Thyroid function test done on 14/04/2026 which revealed normal → Thyroid function test showed T3 4.23 pg/ml (normal range – 2.41 – 5.50 pg/ml), T4 1.75 ng/dl (normal range 0.96 - 1.77 ng/dl), TSH 1.640 μIU/ml (normal range – 0.700 – 5.970 μIU/ml).

Gavage feeds were started on 0 POD. Oral feeds were commenced on 1st POD.

CONDITION AT DISCHARGE

Her general condition at the time of discharge was satisfactory. Incision line healed by primary union. No sternal instability. HR 110-120/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 98-100%. **Her predischARGE x-ray done on 17/04/2026**

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 : Fluid restricted 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. Large atrial septal defect closure

Review on 22/04/2026 in 5th 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 150 mg PO 6 hourly x one week
2. Tab. Pantoprazole 10 mg PO twice daily x one week
3. Syp. Lasix 10 mg PO twice daily till next review
4. Tab. Aldactone 6.25 mg PO twice daily till next review
5. Syp. Shelcal 5 ml PO twice daily x 3 months

6. Nasoclear nasal drop 2 drop both nostril 4th hrly
7. Nebulization with normal saline 4th hrly

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

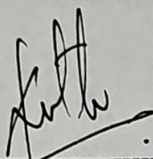
Review at FEHI, New Delhi after 9 – 12 months after telephonic appointment
In between Ongoing review with Pediatrician

Sutures to be removed on 28/04/2026; Till then wash below waist with free flowing water

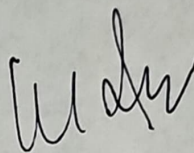
4th hrly temperature charting - Bring your own thermometer

➤ Daily bath after suture removal with soap and water from 29/04/2026

Telephonic review with Dr. Parvathi Iyer (Mob. No. 9810640050) / Dr. K. S. IYER (Mob No. 9810025815)



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



(DR. K.S. IYER)
(CHAIRMAN
PEDIATRIC & CONGENITAL HEART 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, poor feeding, fast breathing, breathing difficulty, chest pain, wound discharge, 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.