



DEPARTMENT OF PAEDIATRICS (UNIT 3)
DISCHARGE SUMMARY

Dr. P. K. Pruthi
Dr. Suresh Gupta
Dr. Kanav Anand

Patient Name	Master Sonu Khagesh Kaushik	Registration No.	1716481
Age	3 Yrs	Episode No.	IP00676435
Sex	Male	Date of Admission	11-May-16
Discharge Type	DISCHARGE	Date Of Discharge	4-Jun-16
Ward	PAED WD 6	Bed	1060 CAT-1D
Admitting Consultant	Dr. Kanav Anand		

DIAGNOSIS

RENAL ALLOGRAFT RECIPIENT (TRANSPLANTION DONE ON 21/5/16)
CAPD CATHETER DISPLACEMENT (REMOVAL DONE ON 12.05.16)
CHOLELITHIASIS(ERCP DONE 28/5/16)
HYPERTENSION
ANEMIA OF CHRONIC DISEASE

CLINICAL HISTORY

Chief Complaints:

CAPD dysfunction - 2 day(s)

History:

Child was being worked up for renal transplant in view of chronic kidney disease and was on renal replacement therapy(CAPD). Two days back parents noticed leakage from catheter site and no out flow. Therefore child was admitted for further evaluation and management.

PAST HISTORY

Child is a follow up case of chronic kidney disease with grade V VUR b/l with left scarred kidney with non functional right kidney for which right Nephroureterectomy & Reimplanation of left ureter (ureteroneocystostomy) on 31.1.2014.

PHYSICAL EXAMINATION

Pulse: 104/min. BP: 100/70 mmHg Temperature: 38 degree C Weight: 12.2 Kg.

General Examination:

Child was conscious, oriented, afebrile.
Pallor present, puffiness of eyelids.
No icterus; clubbing, cyanosis, lymphadenopathy or oedema.

Systemic examination:

RS - Chest clear bilaterally. Air entry equal. No crepitations or wheeze.
CVS - Heart sounds normal. No murmur heard.
P/A -Abdomen is soft, not tender and not distended. CAPD catheter displaced, leakage present. No hepatosplenomegaly.
Bowel sounds are normal.
CNS - Child was conscious and oriented. Muscle tone and reflexes are normal. Plantars are down-going. No signs of meningeal irritation. Pupils are normal sized and normally reactive to light bilaterally

OPERATIONS/ PROCEDURES

12/05/2016 CAPD removal (open)

21/05/2016 Renal transplant recipient surgery



H-2008-0017



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- Tab. Wysolone 15mg once a day
- Tab. Anglizam(Diltiazem) 30mg 1/4tab twice daily (prior to pangra)
- Tab. Aten 25mg 1/4tab once a day
- Tab. Amlong 2.5mg 1-1/2tab twice daily
- Tab. Frisium 5mg 1/2----1tab
- Syp. Levera 2.5ml twice daily
- Tab Lanzol Junior(15mg) 1 tab once a day
- Syp Empty 10ml at bedtime
- Syp. Aristozyme 2.5ml twice daily
- Tab. Udiliv 150mg once a day x 4 weeks
- Syp. Calcimax P 2.5ml twice daily
- Syp CrocinDS(240mg/5ml) 3.5ml as and when required for pain
- T-bact ointment CABD

Plan Repeat
CBC/DLC/PS
RFT(full profile)
LFT
Serum iron
After 3 days

LFT and USG abdomen whole after 15 days

FOLLOW UP

Follow up with Dr. Kanav Anand after 3 days in room no: F-87, time 6-7pm in OPD block.
Follow up with Dr. Piyush Ranjan 15 days in Private OPD block with LFT and USG abdomen (whole)
Follow up with Dr. Sudhir Chadha 7 days in Private OPD block 10-am-6pm
For appointment please call on 011-42254000/25750000.
If your baby has any problem and are not able to contact your doctor, please come to the emergency department of Sir Ganga Ram Hospital. The doctor on duty will attend to your child. (Ph. no. 9810084075).

- Reports of investigations done during hospital stay are provided on separate sheet
- Pending reports can be Collected from GOPD - Registration area (Window No. 3) between 11AM- 7PM
- Contact no. of Emergency: 42251098, 42251099 Contact no. of SGRH Telephone Exchange: 42254000, 25750000

Resident Doctor

Consultant
Dr. Kanav Anand
Paediatrics



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