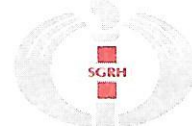
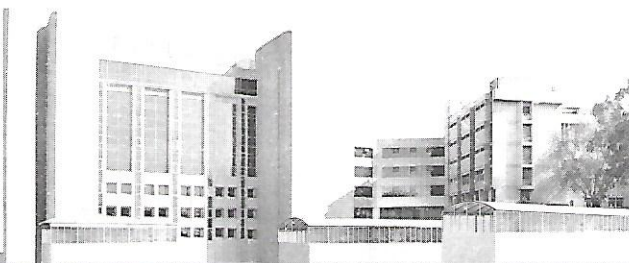




H-2008-0017
June 16, 2017 - June 15, 2020
Since June 16, 2008



Sir Ganga Ram Hospital

DEPARTMENT OF PAEDIATRIC CARDIAC SCIENCES DISCHARGE SUMMARY

Dr. Raja Joshi
Dr. Neeraj Aggarwal
Dr. Reena Joshi
Dr. Mridul Agarwal
Dr. Praneet Lale
Dr. Aditya Lamba
Dr. Ajay Pandey

Patient Name	Miss Annu Kumari	Registration No.	2276886
Age	13 Yrs	Episode No.	IP01018401
Sex	Female	Date of Admission	21-Dec-19
Discharge Type	DISCHARGE	Date Of Discharge	26-Dec-19
Ward	PCS ICU	Bed	3
Admitting Consultant	Dr. Raja Joshi		

DIAGNOSIS

1. Severe aortic valvular stenosis with mild AR
2. Aortic valve replacement(19mm St. Jude regent)

CLINICAL HISTORY

Chief Complaints:

History:

13 year old female child follow up case of bicuspid aortic valve presented with h/o dyspnoea on exertion .There was no h/o dyspnoea at rest and no h/o syncope .

Child admitted in feb 2018 in Banaras medicity with c/o dyspnoea where bicuspid Aortic valve diagnosed and she underwent balloon aortic valvuloplasty on 29/3/18 .

Due to onset of AR and increasing gradient across aortic valve ,repair/replacement was planned.

PHYSICAL EXAMINATION

General Examination:

vitals stable

Child was conscious, oriented, afebrile.

No pallor, icterus, clubbing, cyanosis, lymphadenopathy or oedema.

Systemic examination:

RS - Chest clear bilaterally. Air entry equal. No crepitations or wheeze.

CVS - systolic murmur present.hyperactive precordium present

P/A -Abdomen is soft, not tender and not distended. 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

CLINICAL SUMMARY

After all appropriate investigation and evaluation patient shifted to OT for the procedure. Patient tolerated the procedure well and shifted to PCS ICU for observation after extubation.Child remained stable and allowed oral feeds on day 1 post Op. Currently patient is haemodynamically stable, maintaining saturation on room air without any distress, off antibiotics accepting feed orally. Oral anticoagulants has been started.Child is being discharged with advice to follow-up and repeat INR after 3 days which is to be informed in PCS ICU.

DISCHARGE ADVICE

1. tab Cefum 500mg Po twice a day for 5 days 10 am - 10 pm
2. tab actiom 2 mg today 5 pm, 1 mg on friday 5 pm and 2 mg on saturday- after that dose to be decided after INR report.
3. tab Ecosprin 75mg po once a day 8 pm

4. tab Pantocid 40 mg po twice a day 7 am - 7 pm

duration of drugs to be decided in follow up.

FOLLOW UP

Follow up:

Follow up after 3 days for INR investigation and report to show PCS ICU. follow up on in PCS OPD (Room no. F-57) in between 11 am to 1 pm with prior appointment(on 01142251757) on coming tuesday (31st dec).

In case of any emergency please contact on PCS helpline @ 9560404999

- Reports of investigations done during hospital stay are provided on a separate sheet
- Pending Inpatient reports can be collected from "Discharge Cell" on 2nd Floor, A- Block (8 AM - 8 PM)
- Histopathology Reports, Blocks or Extra Slides can be collected from Lab 1st Floor SSRB on all working days between 9 AM - 5 PM
- Contact no. of Emergency: 42251098, 42251099 Contact no. of SGRH Telephone Exchange: 42254000, 25750000

Home Care Service: Reach Out services like Nursing Care, Sample Collection, Physiotherapy, Dressing, Nutrition and Diet Counselling etc. are available in the comfort of your home.

Contact us at: 011 42251111/42253333, www.reachoutsgrh.com, reachout.sgrh@gmail.com


Resident Doctor

Consultant

Dr. Raja Joshi
Paediatric Cardiology