

Dr. Raja Joshi
Dr. Neeraj Aggarwal
Dr. Reena Joshi
Dr. Rakesh Pandey
Dr. Mridul Agarwal
Dr.C.R Siddartha

Patient Name	Master Keshav ,	Registration No.	2041276
Age	4 Yrs	Episode No.	IP00752285
Sex	Male	Date of Admission	30 Mar 2017 18:31
Discharge Type	Discharge	Date of Discharge	03 Apr 2017
Ward	PCS ICU	Bed	
Primary Consultant	Dr. Raja Joshi		

DIAGNOSIS

DIAGNOSIS: SINUS VENOSUS ASD WITH PAPVR
OF RUPV WITH RMPV TO MID SVC
PROCEDURE: TRANS CAVAL PERICARDIAL
PATCH CLOSURE OF ASD WITH RE ROUTING
OF PAPVC TO LA

PHYSICAL EXAMINATION

General Examination: 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 - S1 S2 heard with split S2. systolic murmur heard. 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



COURSE IN THE HOSPITAL

4.5 yearold male child presenting with recurrent chest infection and failure to thrive. Echo revealed the above diagnosis. Thus child was planned for surgery. child underwent operative repair which he tolerated well and was shifted to ICU extubated and subsequently child was weaned from oxygen and drains were removed and was started on oral feeds. At present child is hemodynamically stable and tolerating oral feed and passing urine and stool adequately thus can be discharged.

Discharge Advice

SYP FUROPED 1 ML ORALLY TWICE A DAY SYP PCM 150MG ORALLY THRICE A DAY FOR 5 DAYS THEN IF REQUIRED (IF TEMP >100 F OR IN PAIN)

Pending Reports

Follow Up

FOLLOW UP IN PCS OPD F-57 ON 6/4/2017
BETWEEN 11AM AND 3 PM. IN CASE OF ANY
EMERGENCY PLEASE CALL ON HELPLINE NO
9560404999

Handwritten signature
Resident Doctor

Consultant

Dr. Raja Joshi
Doctor
Paediatric Cardiology