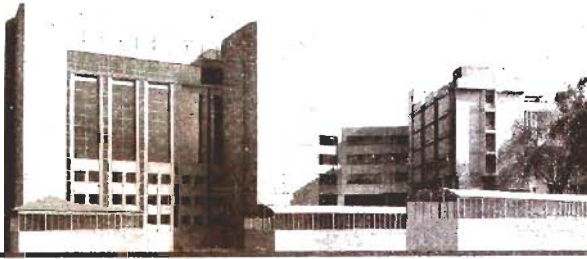




H-2008-0017
June 16, 2017 - June 15, 2020
Since June 16, 2008



Sir Ganga Ram Hospital

**DEPARTMENT OF PAEDIATRIC CARDIAC SCIENCES
DISCHARGE SUMMARY**



Dr. Raja Joshi
Dr. Neeraj Aggarwal
Dr. Reena Joshi
Dr. Mridul Agarwal
Dr. Aditya Lamba
Dr. Ajay Pandey
Dr. B. Uma

Patient Name	Master Mashab Khan	Registration No.	2667953
Age	6 Yrs	Episode No.	IP01071113
Sex	Male	Date of Admission	23-Sep-20
Discharge Type	DISCHARGE	Date Of Discharge	26-Sep-20
Ward	5E - PCS ICU		
Admitting Consultant	Dr. Raja Joshi		

DIAGNOSIS

MODERATE PM- VSD WITH NO PAH
PROCEDURE- VSD DEVICE CLOSURE (AMPLATZER 10 X 8 MM DUCT OCCLUDER) ON 25/09/2020.

CLINICAL SUMMARY

Child was admitted and after appropriate pre-procedure workup, child was taken up for procedure ON 25/09/2020. Child tolerated the procedure well and was shifted to PCS ICU for monitoring. Child remained hemodynamically well through out the stay. Currently patient is haemodynamically stable, maintaining saturation on room air without any distress. accepting feed orally so getting discharge with advice to follow-up.

Predischarge weight- 18.3 KG

DISCHARGE ADVICE

1. TAB ECOSPIRIN 75 MG P/O ONCE A DAY FOR 6 MONTHS.
- 2. SYRUP CALPOL (250MG/5ML) 5 ML P/O THRICE A DAY FOR 5 DAYS FOR PAIN AND TEMPERATURE >100° F
2 gm →
- 3. SYRUP BEVON 5 ML P/O ONCE A DAY *10 am*
6 am - 2 pm - 10 pm
- 4. TABLET CEFPODOXIME 100 MG P/O TWICE A DAY FOR 5 DAYS *10 am - 10 pm*
5. TAB JUNIOR LANZOLE 15 MG P/O ONCE A DAY FOR 5 DAYS *6 am*

FOLLOW UP

To review after 3 days ON TUESDAY 29/09/2020 in PCS OPD (F-57) in between 1PM to 3 PM with prior appointment on 011 42251757.

In case of emergency, please contact helpline 9560404999.

- Reports of investigations done during hospital stay are provided on a separate sheet
- Pending reports can be collected from "CIC-Room no. 32, ground floor (9AM-5PM)
- 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



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Sir Ganga Ram Hospital

Resident Doctor

Consultant

Dr. Raja Joshi
Paediatric Cardiology

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PEDIATRIC CARDIAC SCIENCES
PEDIATRIC CARDIAC INTERVENTION REPORT

ID NO: **2667953** CATH NO: **78295** DOC: **25.09.2020**
NAME: **MASAB** DOB: **03.05.2014** AGE: **6 Years 4 months**
SEX: **Male** PCS ID. : **19733/19** WT: **18 KG**

Unit : Pediatric cardiac sciences

Cardiologist : Dr. Mridul Agarwal / Dr. Neeraj Aggarwal

Anaesthetist : Dr. Reena K. Joshi / Dr. B. Uma

Surgeon : Dr. Raja Joshi / Dr. Ajay Pandey

PROCEDURE DONE: VSD DEVICE CLOSURE

HISTORY: This child is diagnosed to have congenital heart disease and admitted for further management

PHYSICAL EXAMINATION: Saturations 98 %, CVS: S1 N, S2 N, PSM

ECHO: 6 MM VSD left to right shunt peak gradient of 68 mmHg., dilated LA and LV , no PAH.

PROCEDURE

Sedation: midazolam/ketamine

Access: Venous: RFV Sheath:7 F; Arterial : RFA sheath: 6F

Vessels and Heart Chambers Entered:

IVC→RA→RV→PA

→LV

Heparin : 50 IU/KG

Antibiotics: IV Cefuroxime 3 doses

Duration of Study : 1. hour

Flouroscopy Time: 20 min

Contrast Dose: 40 ml

Pulses & Perfusion: good B/L



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CATH DATA

ANGIOGRAMS

#	SITE	VIEW	CATHETER	RATE/FLOW
1.	LV	LAO cranial	Pigtail 5 F	20 ml @ 16ml/sec before and after device closure

INTERVENTION

#	LESION	LESION SIZE	PROCEDURE	CATHETER/DEVICE
1	VSD	6 mm narrowest diameter	VSD device Closure	10x 8 mm Amplatzer Duct occluder

COMMENTS

VSD was crossed J tip 0.032Terumo wire and then snared in LPA in to femoral vein. A 7 Fr deiivery sheath was crossed across VSD through venous route. A **10X8 Amplatzer Duct occluder** was deployed and released across VSD. Post device deployment angiogram showed no residual shunt. TTE confirmed device to be in situ without residual shunt and no TR/MR.

DIAGNOSIS

1. VSD WITH LEFT TO RIGHT SHUNT CLOSED WITH 10X 8 MM AMPLATZER DUCT OCCLUDER.
2. DILATED LA AND LV.
3. NO PAH.

RECOMENDATION

- Needs infective endocarditis prophylaxis for 6 months.
- Follow up after 3 days
- Tab Ecosprin 75 mg orally for 6 months.

Dr. Neeraj Aggarwal
Consultant Pediatric Cardiologist

Dr. Mridul Agarwal
Consultant Pediatric Cardiologist