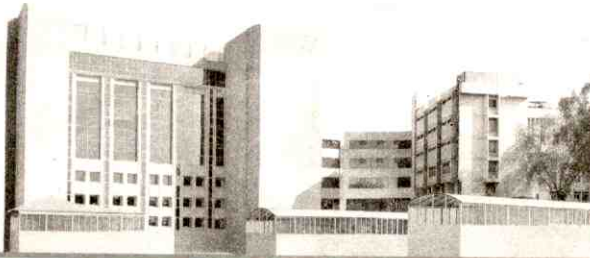




H-2008-0017
June 16, 2020 - June 15, 2023
Since June 16, 2008



Sir Ganga Ram Hospital

**DEPARTMENT OF PAEDIATRIC CARDIAC SCIENCES
DISCHARGE SUMMARY**



Dr. Raja Joshi
Dr. Neeraj Aggarwal
Dr. Reena Joshi
Dr. Mridul Agarwal
Dr. Anil Kumar
Dr. Siddhartha Rudrappa
Dr. Jay Relan

Patient Name Master Veer ,
Age 14 Mnths
Sex Male
Discharge Type DISCHARGE
Ward WARD 6
Admitting Consultant Consultant Paediatric Cardiac Sciences

Registration No. 2987608
Episode No. IP01208087
Date of Admission 30-Jun-22
Date Of Discharge 4-Jul-22

DIAGNOSIS

1. LARGE DOUBLY COMMITTED VSD
2. PATCH CLOSURE OF VSD WITH PDA LIGATION ON 01/072022

CLINICAL HISTORY

History:

Child is a diagnosed case of VSD, diagnosed at 1 month of age. The child was evaluated for URTI when CHD was suspected and child referred to SGRH. H/o suck-rest-suck cycle present, sweating while feeding, failure to thrive. He was started on Furosemide, enalapril and supplements. SGRH ECHOs/o Large doubly committed VSD with bidirectional shunt with PFO with dilated LA/LV, mild PR. Admitted for surgical correction.

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 - Pan systolic murmur, pectus carinatum, apex at 6th ICS anterior axillary line.

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

TREATMENT GIVEN

Resident Doctor

Consultant

Consultant Paediatric Cardiac Sciences

Paediatric Cardiology

Page 1 of 3

**DEPARTMENT OF PAEDIATRIC CARDIAC SCIENCES
DISCHARGE SUMMARY**

Patient Name	Master Veer ,	Episode No.	IP01208087
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Inj Supacef
Inj Levosimendan
Inj Lasix
Tab Bosentan

CLINICAL SUMMARY

K/c/o large doubly committed VSD, after taking informed consent, was taken up for VSD closure on 01/07/2022.

Hemodynamics: Child was received from OT on levosimendan infusion. Immediate post OP echo showed normal function, thus levosimendan tapered and stopped. Currently child hemodynamically stable, no hypertension.

Respiratory : Child was shifted from OT extubated on oxygen by mask. Oxygen support was gradually tapered off. Child had an episode of desaturation with crying for which bosentan was added. Currently child is maintaining saturation on room air with no distress.

Renal : Child had adequate urine output throughout the stay.

Infection: was started on Inj Supacef, which was stopped once the culture reports were sterile.

Gastrointestinal and nutrition: Was started on feeds on post op day -1. Currently on adlib oral feeds, well tolerated.

Neurological: Child remained stable.

Present status: Currently patient is haemodynamically stable, maintaining saturation on room air without any distress, accepting feed orally and hence is being discharged with advice to follow-up.

Predischarge weight- 6.4kg

Predischarge ECHO - No residual VSD, mild TR(RAP=+18mmHg), mild MR, LV=26/32mmHg, EF 40%, normal RV function, no pericardial effusion

DISCHARGE ADVICE

CARDIAC MEDICINES:

SYRUP FUROSED (1ML=10MG) 0.6ML 12HRLY (8 AM- 8 PM)

TAB ALDACTONE (1TAB=25MG) 1/4 TAB 24HRLY (12 Noon)

TAB BOSENTAN (1TAB=62.5MG) 1/10 TAB 12HRLY (10 AM -10 PM)

NON CARDIAC MEDICINES

SYP PCM (5ML=250MG) 2ML 8HRLY (6 AM- 2PM- 10 PM)

Resident Doctor



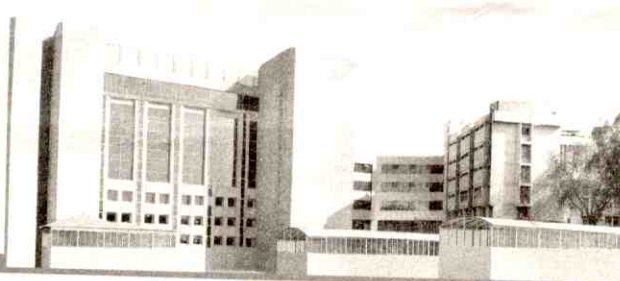
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DEPARTMENT OF PAEDIATRIC CARDIAC SCIENCES DISCHARGE SUMMARY

Patient Name Master Veer , Episode No. IP01208087

SYP DOMSTAL (1ML=1MG) 1ML 8HRLY (before feeding 6 am - 2 pm - 10 pm)

TAB LANZOLE JR (1TAB=15MG) 1/2 TAB ONCE A DAY BEFORE FEED 6 AM

SYP BEVON 5ML 12HRLY (10 am - 10 pm)

SYP CALCIMAX PLUS 5ML 12HRLY (10 am - 10 PM)

SYP VIT D3 (1ML=800IU) 1ML ONCE A DAY 12 Noon.

FOLLOW UP

To review after 5 days in PCS OPD (F-57) in between 1PM to 3PM with prior appointment on 011-42251757. In case of emergency, please contact helpline 9650404999

- 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: 011-42251098, 42251099 Contact no. of SGRH Telephone Exchange: 011-42254000, 25750000
- **Home Care Service:** "REACH OUT" services like Nursing Care, Sample Collection, Injections, X-rays, 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
- **Ambulance Services / Patient Transport Service:** For Sir Ganga Ram Hospital ambulance services, kindly contact at 011-42253030 / 9717437005. PICK and DROP facility also available.

Resident Doctor

Consultant

Consultant Paediatric Cardiac Sciences

Paediatric Cardiology

Page 3 of 3



SIR GANGA RAM HOSPITAL

Department of Pediatric Cardiac Sciences

Operative Record



Name	: Veer	Age	: 14 months	Sex	: Male
Reg. No.	: 2987608	IP No	: 01208087	PCS ID No	: 23457/22
D.O.B	: 26.04.2021	D.O.A	: 30.06.2022	D.O.S	: 01.07.2022
Height	: 73 cm	Weight	: 6.54 kg	Blood Group	: O Positive

Diagnosis

ACHD, Large perimembranous VSD with outlet extension.

Procedure Performed

1. Trans PA, Dacron patch closure of the VSD.
2. Trans RAA – Direct suture closure of the PFO.

Surgeon: Dr. C. R. Siddartha/ Dr. Raja Joshi.

Anaesthetist: Dr. Reena Joshi/ Dr. Shraddha Malik.

Cardiologist: Dr. Neeraj Aggarwal/ Dr. Mridul Agarwal/ Dr. Jay Relan.

Ref. Physician: Self.

Comments: Veer is a 14 months male child with history of failure to thrive and recurrent LRTI. He was diagnosed with congenital heart disease at 1 months of age elsewhere. He recently visited SGRH and after evaluation the above diagnosis was made. Parents were counseled about the need for surgical repair and the risk involved.

Findings:

1. Good sized bilobed thymus.
2. Normal systemic and pulmonary venous return.
3. Dilated LA & LV.
4. Large perimembranous VSD with outlet extension.
5. PFO present.

Steps:

1. Under noninvasive monitoring, as per OR protocol, GA was administered and intubation done with a 5.0 mm uncuffed ET tube. Rt Internal jugular venous and right femoral arterial lines were placed.
2. Patient was positioned, prepped and draped.
3. Midline sternotomy and both lobes of thymus were removed.
4. Pericardiotomy was done and the heart was exposed.
5. Under systemic heparinisation, aorto-bicaval cannulation done and CPB commenced, and cooling started to 28C.
6. LV vented through right superior pulmonary vein. Ductal ligament was ligated.
7. Aorta cross clamped and cold blood root cardioplegia infused to obtain good diastolic arrest.
8. PA was opened longitudinally and the VSD was identified.
9. Interrupted sutures were taken along the tricuspid annulus and the anterior margin.
10. Trans PA Dacron patch closure of the VSD was done with rest of the margins closed with running sutures.
11. Rewarming started.
12. Trans RAA closure of the PFO was done.
13. Competence of the tricuspid valve was adequate.
14. Heart was deaired and aortic cross clamp was released.
15. PA was closed in single layer.
16. Mediastinal and right pleural drains were placed.
17. 2A+2V pacing wires placed and DDD pacing was initiated.
18. Rewarmed and weaned off CPB with Levosimendan 0.1 mcg/kg/min (after load).
19. MUF initiated to extract 600 ml fluid.
20. Heparin reversed and decannulated.
21. Hemostasis secured. Pericardium was approximated with interrupted sutures.
22. Routine chest closure was done after ensuring correct counts.
23. Child was shifted to PCS ICU with stable hemodynamics after extubating in the OR.

Dr. Raja Joshi
Senior Consultant
Pediatric Cardiac Surgeon
Dept. of Pediatric Cardiac Sciences
(Typed By: Harish)

Dr. C. R. Siddartha
Consultant
Pediatric Cardiac Sciences
Dept. of Pediatric Cardiac Sciences



Sir Ganga Ram Hospital

RAJINDER NAGAR, NEW DELHI-110060

PHONE : 25750000 Fax : 25861002

GSTIN No.: 07AABTS4366E1ZH, HOSPITAL PAN No.: AABTS 4366E

SIR GANGA RAM HOSPITAL, Rajinder Nagar, New Delhi 110060
Provisional GSTIN : 07AABTS4366E1ZH SAC Code : 999311

BILL

Bill No.: 2022-2023/Ca/I/0014593

Name : MASTER VEER ,	Registration No : 2987608
Age/Sex : 14 M/Male	Episode Number : IP01208087
Husband Name : ,	
Address : H-ND-462 ST NO 14 EAST	Admission Date : 30/06/2022
GOKULPUR DELHI 110094	Admission Time : 03:56PM
Ward : WD-PDW6	Discharge Date : 04/07/2022
	Discharge Time : 07:20PM
Unit : PAEDIATRIC CARDIAC SCIENCES	No. of Days : 5
	Last Room Rent. : 5500

S.No.	Particulars	Gross Amt.	Amount
1	Blood Gas Analysis	1890.00	1890.00
2	Biochemistry	480.00	480.00
	Laboratory Charges		
3	Haematology	510.00	510.00
	Laboratory Charges		
4	DOCTOR'S PROCEDURE CHARGES	116570.00	116570.00
5	Blood Bank Investigation Charges	610.00	610.00
6	Blood Processing Charges	13470.00	13470.00
7	Hospital charges	750.00	750.00
8	Medical consumables	24901.60	24901.60
9	Non invasive laboratory charges	400.00	400.00
10	Package charges	238000.00	238000.00
Total		397581.60	397582.00
		Deposits	397582.00
		Net Payable	0.00



Sir Ganga Ram Hospital

RAJINDER NAGAR, NEW DELHI-110060

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Provisional GSTIN : 07AABTS4366E1ZH SAC Code : 999311

BILL

Bill No.: 2022-2023/Ca/I/0014593

Name : MASTER VEER , Registration No : 2987608
Age/Sex : 14 M/Male Episode Number : IP01208087
Husband Name : ,
Address : H-NO-462 ST NO 14 EAST Admission Date : 30/06/2022
GOKULPUR DELHI 110094

Payment Details

Receipt No.	Mode	Date	Receipt Amt.	Amt Adjusted
2022/40262	Cheque	30/06/2022	150000.00	150000.00
2022/40264	Cheque	30/06/2022	3000.00	3000.00
2022/40521	Cash	30/06/2022	50000.00	50000.00
2022/41339	Cheque	02/07/2022	5000.00	5000.00
2022/41992	Cash	04/07/2022	10000.00	10000.00
2022/42059	Cheque	04/07/2022	179000.00	179000.00
2022/42063	Debit Card	04/07/2022	582.00	582.00

Prepared/Received by (Vinod Kumar Panwar) For Sir Ganga Ram Hospital



Authorised Signatory