



DEPARTMENT OF PAEDIATRIC CARDIAC SCIENCES  
DISCHARGE SUMMARY

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

Patient Name	Mr Yash Sharma	Registration No.	1984839
Age	12 Yrs	Episode No.	IP00735066
Sex	Male	Date of Admission	17-Jan-17
Discharge Type	DISCHARGE	Date Of Discharge	21-Jan-17
Ward	PCS ICU	Bed	2
Admitting Consultant	Consultant Paediatric Cardiac Sciences		

DIAGNOSIS

TOF with LPA stenosis with MAPCAS  
PROCEDURE PERFORMED: VSD closure with transannular patch with LPA plasty with pulmonary valve repair( bicuspid valve) with MAPCAS coiling

CLINICAL HISTORY

Chief Complaints:

K/C/O Tetralogy of fallot with exertional dyspnoea x 5-6 years of life - 6 yr(s)

History:

K/C/O Tetralogy of fallot with exertional dyspnoea x 5-6 years of life gradually progressive admitted for intracardiac repair

PHYSICAL EXAMINATION

Pulse: 88/min. BP: 110/70 mmHg Temperature: 37 degree C Weight: 30 Kg.

General Examination:

Child was conscious, oriented, afebrile.

SPO2 on room air: 78%

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

Systemic examination:

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

CVS - Single S2, Ejection 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

CLINICAL SUMMARY

K/C/O Tetralogy of fallot with exertional dyspnoea x 5-6 years of life admitted for corrective surgery. Preoperatively cath with MAPCAS ciling done. VSD closure done with LPA plasty with transannular patch with pulmonary valve repair done with closure of ASD. Recieved extubated from OT on ionotropes which were gradually tapered off. Oxygen gradually tapered off. Drains gradually decreased, hence all drains and lines removed on day 2 of operation. Feeds started and hiked to full oral feeds. Patient haemodynamically stable on full oral feds on room air hence discharged.

DISCHARGE ADVICE

- ✓ Tab Ecosprin 75 mg orally once a day for 3 months.
- Tab aldactone 25 mg orally twice a day
- Tab rantac 30 mg orally twice a day



- ✓ Tab paracetamol 500 mg 1 tab three times a day for 5 days f/b when required for fever and pain
- ✓ SYP Furoped 1.5 ml orally twice a day
- ✓ Tab ceftum 250 mg orally twice a day

0 0 0 x 5 day

0 0 x 5 day (25/1/17)

**FOLLOW UP**

Follow up in PCS OPD no F-57 between 11 am to 4 pm on 23/01/2017.

In case of emergency contact on PCS Helpline no 9560404999

- 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**

Consultant Paediatric Cardiac Sciences  
Paediatric Cardiology