



Sir Ganga Ram Hospital
Sir Ganga Ram Hospital

**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 Ravinder Kumar	Registration No.	2017862
Age	9 Yrs	Episode No.	IP00744866
Sex	Male	Date of Admission	28-Feb-17
Discharge Type	DISCHARGE	Date Of Discharge	7-Mar-17
Ward	PAED WD 9	Bed	1277-K CAT-3
Admitting Consultant	Consultant Paediatric Cardiac Sciences		

DIAGNOSIS

DIAGNOSIS-TETRALOGY OF FALLOT
SURGERY PERFORMED-INTRACARDIAC TOF REPAIR

CLINICAL HISTORY

History:

Diagnosed case of above mentioned diagnosis admitted for surgery.

PHYSICAL EXAMINATION

Pulse: 98/min. BP: 112/82 mmHg Temperature: 36.5 degree C Weight: 19 Kg.

General Examination:

Child was conscious, oriented, afebrile.

Cyanosis was present with SPO2-60%. Clubbing was also present

No pallor, icterus, lymphadenopathy or oedema.

Systemic examination:

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

CVS - Heart sounds heard. Systolic murmur was 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

Nine year old male child a diagnosed case of above mentioned diagnosis was admitted on 28/02/1017. All preoperative investigations were sent which came out to be normal so patient was operated on 1/03/2017. Post-operatively patient was shifted in PCS ICU in intubated state on nor adrenaline support, so patient was continued on mechanical ventilation with inotropic support. Post-operatively patient remained hemodynamically stable with adequate SPO2 so was extubated within twenty four hours of surgery. Post extubation all the perfusion parameters were normal so inotropic support was gradually tapered and stopped. Oxygen support was also gradually tapered and stopped. At present child is hemodynamically stable, maintaining adequate saturation, orally accepting well so can be discharged with advice to follow up.

DISCHARGE ADVICE

TABLET CEFPODOXIME 100MG TWO TIMES A DAY X 5 DAYS

TABLET LASILACTONE 1/2 TABLET TWICE A DAY

SYRUP CALCIMAX- P 5ML TWO TIMES A DAY

FOLLOW UP



H-2008-0017

Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi-110060, INDIA
Phones : +91-11-25750000, 42254000 Fax : +91-11-25861002 Email: gangaram@sgrh.com Website: www.sgrh.com
Phones : +91-11-25750000, 42254000 Fax : +91-11-25861002 Email: gangaram@sgrh.com Website: www.sgrh.com

Page 1 of 2



FOLLOW UP IN OPD NO.F-57 AT 10AM ON 11/03/2017.IN CASE OF ANY EMERGENCY CONTACT PCS
HELPLINE-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