Rainbow® Children's Hospital
It takes a lot to treat the little.

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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby Of. NAVANEETHA V	**UHID**	LBH-00059343
Father / Guardian	S/O MR. MALLESH V	**Age / Gender**	0 Y 1 M 8 D / Male
Address	256, , RANGAPUR, Nagar Kurnool, Telangana, INDIA		
Inpatient No	IP14-00021355	**Admission Date**	25-Oct-2021
Ref Doctor	Dr. SHYAMALA MUNDUMULA		

Discharge Date : 10-Dec-2021

Consultant :
Dr. NIKHIL DATTATRAYA KULKARNI
MBBS, MD (Pediatrics),DNB (Pediatrics)
DM(Neonatology), DNB (Neonatology)
Consultant-Neonatologist&Pediatrician
APMC/MR/94529

Diagnosis : Extreme Preterm (28 weeks)/LBW
RD-CPAP-Low Flow O2
Culture Negative Sepsis
Neonatal Hyperbilirubinemia/Suspect UTI

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PMA : 34+5 weeks
Chronological Age : 46 days

History : Baby of NAVANEETHA V is an extreme preterm (28 weeks) / baby boy of very low birth weight 1.420 kgs, born to a G2A1 mother delivered by NVD on 24-10-2021 at 10:04pm, RCH-LB-Nagar. Baby cried immediately after birth. Apgar scores were 7/10 at 1 minute and 9/10 at 5 minutes. Baby developed respiratory distress after birth for which baby was started on PEEP with Neopuff. In view of respiratory distress, extreme low birth weight and preterm care, baby was shifted to NICU through transport incubator and neopuff at Rainbow Children's Hospital, LB Nagar for further management.

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Name : Baby Of.NAVANEETHA V **UHID No :** LBH-00059343

Maternal History : Mrs. NAVANEETHA V is a 24 years old G2A1 mother.

G1 - G1 - Preterm/ Baby died after 1 week of delivery
G2 - Present pregnancy, spontaneous conception. She had regular antenatal checkups and antenatal scans were normal.

There was no history of UTI/ Abortions/ Hydramnios/ PROM/ Diabetes/ Hypertension/ Cardiac/ Renal abnormalities/ PIH/ APH/ Hypothyroidism/ Oligohydramnios/ Polyhydramnios / Fever. She received calcium, iron supplementation and TT prophylaxis.

Examination: At the time of admission, baby was euthermic and 96% saturations with CPAP. His heart rate was 148/min, respiratory rate was 65/min. Respiratory distress was present in the form of tachypnea, grunting and subcostal retractions. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were approrpriate for gestational age. There were no obvious external congenital anomalies.

Weight on Admission : 1.420 kgs
Weight on Discharge : 2.051 kgs
Head circumference : 31 cms
Length : 42 cms.

Investigations: Enclosed.

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Name : Baby Of.NAVANEETHA V **UHID No :** LBH-00059343

Management : RD-CPAP-Low Flow O2 : Baby was shifted to NICU and nursed in thermoneutral environment. Initial ABG showed PH 7.30, pCO2 48.8mmHg, pO2 21 mmHg, HCO3 20.5 mmol/L, BE -1.9 mmol/L. Initial chest x-ray done was normal. Baby was started on CPAP support and settings were optimised accordingly. In view of poor perfusion, baby was started on ionotrope (Dobutamine) which was gradually tapered and stopped. As the respiratory distress decreased, CPAP was weaned off gradually to low flow O2 over 2 days. Baby was regularly monitored for respiratory distress. As the respiratory distress settled, low flow O2 was tapered to room air after 3 days. At present baby is maintaining saturations 95% at room air.

Culture Negative Sepsis : Baby was screened for sepsis and started on IV fluids and IV antibiotics after sending blood culture. Baby's blood sugars were frequently monitored which remained stable. Baby's initial hemogram done on 25-10-2021 showed Hb - 17.7 gm%, WBCs - 6800 cells/cumm, platelets - 2.16 lakh/cumm. Repeat hemogram showed raised CRP - 8.9mg/dl. PCT - 0.5. On DOL-8, baby developed right hip echymosis on right hip for which baby was seen by Dr.Mukta, consultant pediatric surgeon who advised to continue same management. Blood culture sent at the time of admission was sterile and IV antibiotics were given for total of 8 days.

On DOL-31, baby had tachycardia, baby was investigated. Repeat hemogram done on 02-11-2021 showed Hb- 17.5 gm%, WBCs- 16,800 cells/cumm, platelets- 3.15 lakh/cumm and CRP - 3.6mg/dl. PCT - 0.302. CUE s/o 4-6 pus cells, urine culture was sent and started on IV antibiotic. Last hemogram done on 04-12-2021 showed Hb- 9.1 gm%, WBCs- 10,000 cells/cumm, platelets- 5.51 lakh /cumm. Urine culture showed no growth, hence IV antibiotics were stopped after 5 days.

Rainbow Children's Medicare Pvt. Ltd.

Name : Baby Of.NAVANEETHA V **UHID No :** LBH-00059343

Neonatal Hyperbilirubinemia : Baby developed jaundice on day 2 of life and was on single surface phototherapy for 24hrs. In DOL-4, baby developed jaundice and was on single surface phototherapy for 24hrs. In DOL-6, baby developed jaundice and was on single surface phototherapy for 24hrs. In DOL-9, baby developed jaundice and was on single surface phototherapy for 24hrs..

Feeding/Nutrition : Once hemodynamically stable, he was started on OG feeds, gradually increased to full OG feeds. As baby had vomitings, few OG aspirates with mild abdominal distension, for which baby was started on oral prokinetics and OG feeds were increased followed by paladay feeds, which he accepted and tolerated well. At present baby is on DBF+EBM 37ml demand paladay feeds, which he is accepting and tolerating well.

Baby was seen by Dr.B.Indira consultant physiotherapist who advised joints and muscle stimulation techiques to all joints, assisted aircycling, paraspinal stimulation, passive movements to all joints and oromotor stimulations.

He was regularly monitored for his saturations. As he remained hemodynamically stable, maintaining saturations at room air, tolerated and accepting orally well, hence he was shifted to ward for further management.

During ward stay, he was continued on same line of management. He remained hemodynamically stable, maintaining saturations at room air, accepting orally well. He is being discharged with the following advice.

BLS training given to parents

Name : Baby Of.NAVANEETHA V **UHID No :** LBH-00059343

2D Echo :
-Done on 25-10-2021 showed situs solitus levocardia, AV-VA concordance, mildly dilated RA, RV, small ASD with left to right shunt, mild PAH, left arch, no COA, moderate sized PDA.
-Done on 19-11-2021 showed situs solitus levocardia, AV-VA concordance, GBVF, no PAH, left arch, no COA.

Neurosonogram :
-Done on 25-10-2021 was normal.
-Done on 01-11-2021 was normal.
-Done on 08-11-2021 was normal.
-Done on 22-11-2021 was normal.

ROP :
-Done on 24-11-2021 showed B/L pupils well dilated, zone II stage-I with no e/o PLUS disease. Review after 2 weeks.
Done on 08-12-2021 showed B/L pupils well dilated, zone II stage-I with no e/o PLUS disease. Review after 2 weeks.

OAE : To do on follow up.

Thyroid Function Test : Done on 15-11-2021 showed T3 - 139.0 ng/dL (80-275), T4 - 8.42 microg/dl (5.41-17) and TSH - 2.09 microIU/ml (0.72-11). FT4 - 0.8 ng/dl (2).

NBS : Sent on 24-11-2021 was normal.

Vaccination: BCG / OPV / Hexaxim/Prevenar/Rotated was given on 09-12-2021.

At the time of discharge : Baby is active, hemodynamically stable and maintaining saturation 90-95% on room air. Now baby is on DBF+EBM 37ml , which he is accepting and tolerating well.

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Name : Baby Of.NAVANEETHA V **UHID No :** LBH-00059343

Advice :

1. Keep baby clean and warm.
2. Kangaroo mother care- minimum 8hrs/day.
3. Continue direct breast feeding for 10 min (increase 1 min every 3rd day) + EBM 37ml paladay feeding as advised followed by burping 2nd hourly. (increase 1ml every alternate day)
4. HMF 1-1/2th sachet in 37ml (add 1 sachet in 25ml of EBM) to each feed 2nd hourly.
5. Immunization as per schedule.
6. Syp.Domstal(1ml/1mg) 0.7ml 6th hourly till further advice.

8.Rescunate sachets, 1 sachet twice daily till 36 weeks PMA.
9.Syp.Ossopan-D 1ml thrice daily till baby weighs 4.5Kgs.
10.Vitamin D3 drops (1ml/800IU), 0.5ml once daily till 1 year of age.
12.Bevon drops 0.5ml once daily till 1 year of age.
13.Trifer drops 0.2ml once daily at night time till 1 year of age.
14.Review with Dr.NIKHIL DATTATRAYA KULKARNI consultant pediatrician & neonatologist on 22-12-2021 (Wednesday) at RCH-LB Nagar with prior appointment in OPD with prior appointment.
(This consultation will be charged)

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Plan :

-To do CBP, Ca, PO4 & ALP, OAE & ROP on 22-12-2021.
-BERA to be done after 3 months.
-Regular followup to high risk clinic for growth and development assesment.

Warning Signs : Follow up immediately in Emergency Room in case of any emergency like high grade fever, vomiting, breathlessness, refusal to feed, increased icterus and any abnormal movements.

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To take appointment for OPD consultation at Rainbow LB nagar and Rainbow Vikrampuri, just dial Toll Free number 1800-2122 (or) log on to www.rainbowhospitals.in.

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

In Case of Emergency Contact 040-71111333 Extn: 7600.

The discharge advice and details on how to obtain emergency care has been explained to me in the language that i understand by doctor.....

Name : Signature :

Relationship with patient :
This summary has been explained by:

Summary prepared by : Dr.Manasa
Typist : Ramesh Babu

Dr. Nikhil Dattatraya Kulkarni
MBBS, MD (Pediatrics), DNB (Pediatrics), DM (Neonatology), DNB (Neonatology) Consultant-Neonatologist & Pediatrician
Reg No. APMC/FMR/94529

Registrar/Resident/C.M.O

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