



Sir Ganga Ram Hospital

DEPARTMENT OF PAEDIATRIC CARDIAC SCIENCES DISCHARGE SUMMARY

Dr. Raja Joshi
 Dr. Neeraj Aggarwal
 Dr. Reena Joshi
 Dr. Mridul Agarwal
 Dr. Pranect Lale
 Dr. C.R Siddartha
 Dr. Aditya Lamba

Patient Name	Master Karan .	Registration No.	2201673
Age	8 Mnths	Episode No.	IP00826038
Sex	Male	Date of Admission	19-Jan-18
Discharge Type	DISCHARGE	Date Of Discharge	21-Jan-18
Ward	PAED WD 6	Bed	1057-D CAT-3
Admitting Consultant	Consultant Paediatric Cardiac Sciences		

DIAGNOSIS

PDA WITH ARM WITH COLOSTOMY IN SITU
 S/P- PDA DEVICE CLOSURE

CLINICAL HISTORY

Chief Complaints:

Recurrent cough/cold - 3 month(s)

History:

Karan a 8 month old male child, had h/o recurrent cough and cold since 3 months. Child was investigated for the cause of recurrent cough and cold. ECHO done was s/o PDA. Child was referred to SGRH for Closure of PDA. Child had h/o colostomy for imperforate anus at 6 days of life.

PHYSICAL EXAMINATION

Pulse: 120/min. BP: 68/40 mmHg Temperature: 37 degree C Weight: 6.5 Kg. Height: 69 cm.

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 - Heart sounds normal. 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

Child was admitted to SGRH with above mentioned complaints and a diagnosis of PDA. All relevant preprocedure investigations were done which were normal. PDA closure was done by PDA occluder. Child tolerated the procedure well. Feeds were started once the child was fully awake. Child was shifted to ward on full oral feeds. Child is now discharged in haemodynamically stable condition on full oral feeds and medication.

DISCHARGE ADVICE

SYP BEVON 5 ML ORALLY TWICE A DAY
 SYP PCM (5ML/120MG) 4ML ORALLY AS AND WHEN REQUIRED FOR FEVER AND PAIN

FOLLOW UP

Page 1 of 2



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

H-2008-0017

M-0005

FOLLOW UP IN F-57 BETWEEN 11 AM-3 PM ON 24/1/2018
IN CASE OF EMERGENCY CALL PCS HELPLINE NUMBER 9560404999

- Reports of investigations done during hospital stay are provided on a separate sheet
 - Pending reports can be collected from Room No. 3, CIC - 32, Ground Floor on working days between 8 AM - 8 PM
 - 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


Resident Doctor

Consultant

Consultant Paediatric Cardiac Sciences
Paediatric Cardiology



Sir Ganga Ram Hospital

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Regn. No : 2201673

Recpt No : 2018/140103

Name : MASTER KARAN ,

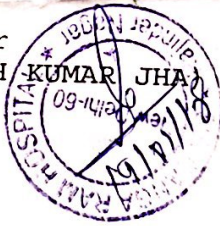
Date : 19/01/2018

Received an amount of Rs. 90000 (Rupees Ninety Thousand only) from MASTER KARAN , towards Advance by Cheque No.000874 dated 19/01/2018 drawn on HDFC BANK issued by SAI KIRAN SOCIAL WELFARE SOCIETY.

Rs 90000/-

For Sir Ganga Ram Hospital

Cashier
(ASHUTOSH KUMAR JHA)



(Accounts Officer)

For Cancellation / Refund of the Bill, any identity Proof - Photo ID, Aadhar Card, Pan Card, Driving License, Passport is mandatory



H-2008-0017

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M-0008



Sir Ganga Ram Hospital

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Regn. No : 2201673

Recpt No : 2018/140695

Name : MASTER KARAN ,

Date : 20/01/2018

Received an amount of Rs. 10000 (Rupees Ten Thousand only) from MASTER KARAN , towards Advance by Demand Draft No. 001339 dated 19/01/2018 drawn on AXIS BANK LTD

Rs 10000/-

For Sir Ganga Ram Hospital



Cashier
(BIR SINGH -I)

(Accounts Officer)

For Cancellation / Refund of the Bill, any identity Proof - Photo ID, Aadhar Card, Pan Card, Driving License, Passport is mandatory



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M-0008



Sir Ganga Ram Hospital

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Regn. No : 2201673

Recpt No : 2018/136377

Name : MASTER KARAN ,

Date : 12/01/2018

Received an amount of Rs. 10000 (Rupees Ten Thousand only) from MASTER KARAN , towards Advance by Cheque No.348066 dated 08/12/2017 drawn on CORPORATION BANK issued by HARKISHAN LAL & SHANTI SAWHNEY MEMORIAL TRUST.

Rs 10000/-

For Sir Ganga Ram Hospital

Cashier
(DHARMESH MISHRA)

(Accounts Officer)

For Cancellation / Refund of the Bill, any identity Proof - Photo ID, Aadhar Card, Pan Card, Driving License, Passport is mandatory



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M-0008



Sir Ganga Ram Hospital

RAJINDER NAGAR, NEW DELHI-110060

PHONE : 25750000 Fax : 25861002

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

Regn. No : 2201673

Recpt No : 2018/140669

Name : MASTER KARAN ,

Date : 20/01/2018

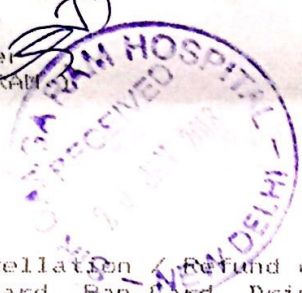
Received an amount of Rs. 10000 (Rupees Ten Thousand only) from
MASTER KARAN , towards Advance by Cash

Rs 10000/-

For Sir Ganga Ram Hospital

Cashier
(SAHEB RAM)

(Accounts Officer)



For Cancellation / Refund of the Bill, any identity Proof - Photo ID,
Aadhar Card, Pan Card, Driving License, Passport is mandatory



Sir Ganga Ram Hospital

RAJINDER NAGAR, NEW DELHI-110060

PHONE : 25750000 Fax : 25861002

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

Regn. No : 2201673

Recpt No : 2018/140343

Name : MASTER KARAN ,

Date : 20/01/2018

Received an amount of Rs. 5000 (Rupees Five Thousand only) from
MASTER KARAN , towards Advance by Cash

Rs 5000/-

For Sir Ganga Ram Hospital



(Accounts Officer)

For Cancellation / Refund of the Bill, any identity Proof - Photo ID, Aadhar Card, Pan Card, Driving License, Passport is mandatory

2000+2 = 4,000.00

500+2 = 1000.00

5000



Sir Ganga Ram Hospital

RAJINDER NAGAR, NEW DELHI-110060

PHONE : 25750000 Fax : 25861002

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

Regn. No : 2201673

Recpt No : 2018/140895

Name : MASTER KARAN

Date : 21/01/2018

Received an amount of Rs. 6200 (Rupees Six Thousand Two Hundred only) from MASTER KARAN , towards Advance by Cash

Rs 6200/-

For Sir Ganga Ram Hospital

Cashier
(PRADEEP SINGH)

(Accounts Officer)

For Cancellation / Refund of the Bill, any identity Proof - Photo ID, Aadhar Card, Pan Card, Driving License, Passport is mandatory