



R takes a	lot to treat the little.	Your Right to a Safe Deliver
Baby. BHUMIKA SHARANYA G	UHID	CUV-00068537
IP5-00114784 CHARGE	Admission Date	20-Feb-2023
	The state of the s	Baby. BHUMIKA SHARANYA G UHID IP5-00114784 Admission Date

DIAGNOSIS MANARE	ICD CODE
POST OPERATIVE DECOMPRESSIVE CRANIECTOMY	
S/P LEFT FRONTO PARIETO TEMPORAL REPLACEMENT CRANIOPLASTY ON	~(1)
21.02.2023 CUMMAN	DISCH

History: Baby BHUMIKA SHARANYA G, 4 years 6 months 29 days, old girl is a case of severe traumatic brain injury with left frontal lobe contusion and cranial bone fracture. Now she was admitted at Rainbow Children's Hospital for surgical management.

Birth History: Born to non degree consanguineous couple, 1st in birth order, FT/ LSCS/Cried immediately after birth/No perinatal complications.

Past surgical history: Severe traumatic brain injury with left frontal lobe contusion and cranial bone fracture. s/p left frontotemporoparietal decompressive craniotomy and left frontal contusectomy and evacuation of left frontal hematoma done on 18.12.2022.

Developmental History:

Appropriate for age.

MANAN

SCHARGE SUMMARY

Examination: She was afebrile, maintaining saturations at room air and was hemodynamically stable. HR- 110/min, BP- 90/42 mmHg and RR - 24/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard.

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KONDAPUR OUTPATIENT CLINIC

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BANJARA HILLS

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KUKATPALLY

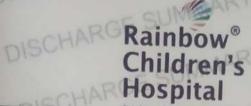
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CHANA KONDAPUR





Name	- AICCHAIL TO PICAL		THE PROPERTY HOSPIT	
Name	Baby BHUMIKA SHARANYA G	lot to treat the little.	Your Right to a Safe Deli	
Inpatient No	IP5-00114784	UHID	CUV-00068537	
LE SUMIN	163-00114/84	Admission	20-Feb-2023	
AROL	DISCHA	Date	DY OF	

On neurological examination: Child was conscious and alert. Pupils were bilaterally equal and reacting to light. EOM Full. Tone was normal. Power: moving all limbs against gravity. DTRs - brisk. Plantars - bilateral flexor. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 15.9 kgs.

Investigations: Enclosed

Date	On 20.02.2023	On 23.02.2023
TEST	Result	Result
СВР: НВ	12.5g/dl	9.1g/dl
WBC	7650cell/cmm	11780cell/cmm
PLATELETS	3.08lakh/cmm	2.35lakh/cmm
CRP	174.0mg/L	LA CHAIN
PT/INR/APTT	16 /1.2/ 38	Diarre
BLOOD CULTURE	STERILE	

Management: She was admitted in the ward, kept NPO and was started on IV fluids and posted for surgical intervention. He was continued on antiepileptic medications.

Procedure: Left frontoparieto temporal replacement cranioplasty done on 21.02.2023.

Pre-operative notes:

Position:

In an For O

- Supine with head turned to left
- All pressure points padded and warmer applied

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Name
Baby BHUMIKA SHARANYA G UHID CUV-00068537
IP5-00114784
Admission Date

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Incision - bicoronel incision along previous incision
 Operative notes:

- painting and draping done
- Incision made and scalp flap elevated
- Bony margins indentified and distilled
- Bone flap placed at craniotomy defect and anchored with miniplates and screws
- Remonac suction drain kept in subgaleal space
- Closure done in layers with vicryl 4 steps
- Dressing done.

SCHARGE SUMMARY

Implants - KLS martin (Titanium)

Miniscrews - 14

Miplates - 2 hole plates -3 and 16 holes plate - 2.

Post operatively, she was shifted to PICU for obsevration. She was started on IV antibiotics and analgesics.

Post operative CT head plain was done, which was suggestive of Craniectomy site cerebral herniation with marked gliotic changes of left frontal lobe.

As she remained hemodynamically & neurologically stable, she was shifted to ward for further care.

During ward stay, she was regularly monitored for hemodynamic status, vital parameters & neurological status. She remained hemodynamically & neurologically stable during the hospital stay and is being discharged with the following advice.

At the time of discharge: Child is active, afebrile and hemodynamically stable.

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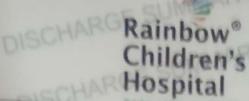
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Name Inpatient No. Baby BHUMIKA SHARANYA G IP5-00114784

UHID Admission Date

Neurological condition at the time of discharge:

She is conscious, awake. EOM full

Pupils were bilaterally equal and reacting to light. Tone - normal.

Advice: Diet

S.No	ce. Diet as advised.	100E 200 BISC		
-	MEDICATION	DOSE	TIMINGS	DURATION
3	Syp. ZIPRAX (CEFIXIME=5ml/100mg)	4.5 ml	8am-8pm (after food)	For 5 days
301	Syp. LINEZOLID (5ml/100mg)	7 ml	8am-2pm-8pm (after food)	For 5 days
3	Tab. LANZOL DT (LANSOPRAZOLE=15mg)	1 tablet	7am (before breakfast)	For 3 days
4	Syp. CROCIN DS (PARACETAMOL - 5ml/240mg)	4 ml	SOS for pain maximum 6th hourly	
5	Syp. LEVIPIL (1ml/100mg)	3 ml	8am-8pm	Till further advice
6	Syp. NEUCITI PLUS	2.5 ml	10 am	Till further advice

Plan: * To come to Emergency for wound dressing after 4 days. * To review immediately if complaints soakage of dressing or CSF leak or persistent fever spikes.

Fever Management

Syp. Crocin DS (Paracetamol = 5ml/240mg) 4.5ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).

Syp. Meftal P (Mefenamic acid = 5ml/100mg) 7.5ml after food as and whenever required, if temperature > 101 *F & not responding to Crocin (maximum 3 times a day at 8 hour intervals).

Tepid sponging if fever > 101 *F.

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