

Phone : 0484 - 2754000
Fax : 0484 - 2754468



Website : www.cmccochin.org
Email : md@cmccochin.org

GOVERNMENT MEDICAL COLLEGE, ERNAKULAM

Kalamassery, HMT Colony, Kochi - 683503

Baby RIBSIJO (Female) DOB 27-09-2021 OP NO 1179076 IP NO 125569
Date of Admission: 30-09-21 Mob No: 8848761125 Date of Discharge: 16-12-21

Extreme preterm (25 weeks + 6days) / ELBW (800 g)/ Severe RDS- surfactant given, ventilated/ Grade IV Germinal Hemorrhage - resolving/ Fungal sepsis / Definite NEC/ Severe Hyponatremia - corrected/ Apnea of prematurity/ AKI - resolved / Small PDA, 6mm OS ASD L → R

MATERNAL HISTORY

Ribsijo 27yrs old G2P1L1 delivered at Lekshmi Hospital, Ernakulam. at 01:21 PM with a birth weight of 800 grams. H/o Cervical incompetence and low lying placenta. Apgars - not mentioned. Surfactant was given and Baby was ventilated for 2days. Baby was referred to here on PND-3 on transport incubator. On admission baby was on Ventilator support. Baby was continued on ventilator support for 7days and was weaned to bubble CPAP which was continued for 24 hours. Thereafter baby was on O2 via nasal prongs (at FiO2 21%) till PND 12 in view of intermittent apneic episodes which was weaned off.

Baby was started on inotropes (Dopamine and Dobutamine) at admission in view of poor perfusion which was weaned off by 72 hours. Caffeine was started in view of prematurity. Baby had intermittent episodes of apnea which was relieved on stimulation alone and Caffeine was stopped by 34 weeks of CGA.

Baby was initially started on 2nd line antibiotics (Piptaz, Amikacin) in v/o suspecting sepsis. Serial CRP's were negative. Amikacin was stopped after 48 hrs in v/o elevated S. Creatinine. Piaptaz was continued for 7 days. On PND-10 it was changed to Inj Meropenem in v/o suspecting NEC. CSF showed high protein and Inj Meropenem was given for 21 days. CSF culture showed Candida parapsilosis and Fluconazole was given for 14days. Baby had hemodynamically significant PDA and medical closure was done.

Baby had jaundice requiring phototherapy. (Highest S.Bilirubin - 10.3).

Serum Creatinine done at 48 hours was 2.2 which reduced to 0.5 on serial monitoring. Urine output was normal. USG abdomen showed normal KUB.

Baby was on IV fluids with Calcium and Aminoven initially. Trophic feeds were started by PND 4 and made full feeds by PND 30. Baby started accepting Gokurnam feeds by 34 weeks and is now stabilized on Gokurnam feeds and having ample weight gain.

NSG (05/11/21) Grade IV ^{IvH} Germinal Hemorrhage - resolving.

USG Abdomen - WNL

ECHO : (19/10/21) Small PDA, 6mm OS ASD L → R shunt, Good biventricular function

NEONATAL SCREENING

Hearing - OAE - Retest advised

Pulse Oximetry - SPO2 (Rt UL) 98%, SPO2 (Rt LL) 98%

Metabolic Screening - done VBD No:

BCG, OPV on 17/11/21

Thyroid Screening - S.TSH 5.74 (07/12)

ROP Screening done - Advised review after 2weeks (30/12/2021)