

6/27/2022

She received one dose of antenatal steroid and not received MgSo4 during intrapartum period.
Baby was born by LSCS for severe preeclampsia with abnormal doppler. Baby not cried immediately after birth, resuscitated as per NRP, PPV given, not improved. Hence intubated with 2.5 mm tube.
Baby was shifted to NICU in transport incubator.

Course in NICU:

CNS: Serial NSG screening were done as per unit protocol. NSG on day 3 Showed bilateral periventricular flaring, day 7 - mild prominence of bilateral frontal horns of lateral ventricle and cavum septum pellucidum, day 14 & 28 bilateral periventricular flaring, Repeat scan on day 69 NSG showed bilateral periventricular flaring, Tiny cystic foci in periventricular region on Right side - Early PVL changes. Term equivalent MRI done on PND 137 was normal.

ROP - ROP screening on Day 28 Avascular retina zone 2 Both eyes. Repeat ROP on day 42 few white centred hemorrhage both eye mid periphery and on day 56 showed bilateral avascular retina zone 2. ROP repeated on day 70 showed - AP ROP Plus disease both eyes on next day intravitreal injection avastin given on both eyes. Repeat ROP on day 80 showed zone 2 both eyes with hemorrhages, peripheries within normal limit. Review examination showed media clear both eye with resolving preretinal hemorrhages.
ROP on day 98 showed regressed ROP both eyes and repeat ROP after 2 weeks showed Retinal vascularization in zone 2 both eyes. ROP on day 126 showed avascular retina zone 2 both eyes, Posterior poles within normal limits. Resolving preretinal hemorrhage bilateral eyes. ROP on day 140 showed same changes.

CVS - Echo done on day 2 showed PDA 1.8 mm, LA/AO 1.7 PDA closed on Day 5 (medical management (Paracetamol)). Echo done on day 36 shows moderate MR, Hypocontractile LV, no PAH. Repeat echo on day 41 showed Good contractility, no significant MR, no PAH. Repeat Echo on day 99 and 113 showed normal study. ECHO on day 138, after stopping diuretics showed normal study with no PAH.

RS: Baby required intubation as a part of resuscitation and was shifted to NICU with transport ventilator. Baby was connected to SIMV mode. In view of severe RDS surfactant was given. Baby had increased Fio2 requirement. and 2nd dose of surfactant was repeated on day 2 and shifted to HFOV. On day 4 baby improved and was shifted to SIMV mode. Baby had multiple extubation failures. So baby was continued on invasive ventilation. On day 22 in view of BPD Diuretics started. On day 24 after DART regimen, tried for extubation. X ray shows severe BPD changes Rt > Lt. On Day 80 baby was extubated and put under NIPPV. In view of the evolving Chronic lung disease, baby was on diuretics. Airway assessment by flexible laryngoscopy showed laryngomalacia grade 3. Baby tolerated NIPPV and shifted to bubble CPAP on day 92 and weaned to HFNC on day 96 and weaned to blended O2. On day 104 baby had symptoms of bronchiolitis and was restarted on HFNC along with nebulizations & supportive measures. Respiratory panel was positive for Human rhinovirus. Gradually baby was weaned off to blended O2. Baby was shifted to room on oxygen support.

FEN: Baby was initially started on 10% dextrose, Aminoven and lipids. Feeds were initiated on day 1 as OIT, OG feed (EBM) started on next day as enteral nutrition. HMF fortification was added to increase the calories from Day 14. Oral feeding was initiated on day 42 of life. OG feed gradually increased to full feeds. From day 83 feed thickening was started in view of GERD. On day 129, child developed multiple episodes of loose stools. In view of dehydration child was started on iv fluids. In view of hypernatremia, fluid correction given accordingly. Kept NPO for a while in view of abdominal distension. Later feeds were gradually initiated with Expressed breast milk and progressed when condition of child improved. Presently baby is on Direct breast feeds and top up feeds on demand.

D: Baby received first line antibiotics Ampicillin and gentamicin for 2 days and upgraded to Piperacillin, Tazobactam on day 3 along with anti-fungal prophylaxis. Blood culture done on day 1 and 3 of life was sterile.

On PND 35 in view of abdomen distension sepsis work up done showed blood culture positive for ESBL klebsiella pneumoniae.

As per sensitivity pattern, Piperacillin tazobactam and amikacin given for 12 days and stopped as repeat culture was sterile.

On PND 56 baby had increased requirement of Fio2 on ventilator, full sepsis work up done.

Blood cs sterile, ET and urine cs showed klebsiella pneumoniae, started on Inj.

Piptaz and thereafter upgraded to Meropenem and amikacin which was given for 8 days.

Repeat culture was sterile and serial CRP was normal.

in view of repeated episodes UTI, oral cephalixin prophylaxis started and MCU planned later.

As child had multiple episodes of acute gastroenteritis, which was managed with antibiotics, probiotics and zinc.

Erythromycin was given in view of bronchiolitis for 7 days.

GU & GU : USG KUB day on Day 3 showed normal study. On Day 15 showed normal study.

Day 28 showed Increased echogenicity of bilateral renal medullae suggest follow up to rule out nephrocalcinosis.

On follow up scan on Day 38 study showed normal study.

On Day 70 showed Hyperechoic renal medullae suggestive of medullary nephrocalcinosis.

Repeat USG KUB on 5/5/22 showed normal study. USG KUB done on pnd 131 was normal.

Metabolic: Baby had hyponatremia on day 11 of life, corrected with 3%NS to feeds.

Baby had repeated episodes of hypophosphatemia corrected with Kphos. On day 62 had hypokalemia k 2.4 corrected with inj kcl.

On day 71 hypocalcemia detected. Oral calcium was started and repeat calcium was normal.

On PND 110 hyponatremia and hypophosphatemia correction given and normalized.

Urine phosphorous and urine creatinine estimation done and fractional excretion of phosphorous was 4 %.

In view of hypophosphatemia noted on 137, phosphorus supplements added to feeds.

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DISCHARGE SUMMARY

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Heme: Baby required phototherapy on day 3 of life for hyperbilirubinemia. Mother A +ve. Baby O +ve. In v/o anemia & PRBC

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