

# Krishoa Institute Modical Sciences Ltd.

Kondaphir, Sehfingshyfally, 1-Rutinathabilisticosis Phone / Fax: 040-67505050/04067505151



Email: assistance@kimshospitals.com, Website: www.kimshospitals.com

### Department Of Paediatrics Discharge Summary

#### **Patient Details**

Name	Master Shivansh Sriramoju	Age/Gender	3 Years 2 Mnths 4 Dys/M
Admn No	IP2122001180	UMR NO	UMR21220003418
Admn Dt	05 May 2021 03:52 PM	Discharge Dt	08 May 2021
Doctor Name	Dr. Parag S Dekate / Dr.Avinash Reddy	Specialization	PEDIATRICS PED INTENSIVE CARE
Address	Beeramguda, Sanga Reddy , Telangana, India	Mobile No	9160008349
Ward/Room/Bed	W32/610/610D		

#### CONSULTANTS

#### DR. PARAG SHANKARRAO DEKATE,

MBBS, MD (PGI), & DNB (Paed), IDPCCM,
Fellow Pediatric Critical Care Medicine (Sick kids, Toronto)
Clinical Director of Pediatrics
Head of Pediatric Intensive Care Unit
Reg No.MCI/07/31151

#### DR. AVINASH REDDY P

MBBS,DCH,DNB(Paed), IDPCCM Consultant Pediatric Intensivist & Pediatrician Reg No. TSMC/FMR/15548

#### DIAGNOSIS

#### MODERATE COVID ILLNESS

#### PRESENT HISTORY

Baby Shivansh., 3 years old boy presented with history of moderate grade, intermittent fever since 4 days associated with cough & cold since 2 days, fast breathing / difficulty in breathing since 1 day prior to admission. For the above complaints he was investigated and treated at nearby hospital. In view of persistence of symptoms, he was admitted referred to cuddles kondapur for further management.

#### Outside investigations:

Rapid antigen test: Positive

#### PAST HISTORY

#### Birth History:

Born at term gestation by EL LSCS with birth weight of 2.9kg, h/o admission for NNH

#### Family History:

NOUND significant

#### KIMS Cuddles

GROWTH & DEVELOPMENT An unit of KIMS Hospital Enterprises Pvt. Ltd.

1-112/86, Survey No 55/EE, Kondapur, Serlingampally, Hyderabad 500 084, Telangana, India. For Appointments: 040 - 4243 4243 | Email: hello@kimscuddles.com

Patient Name: Master Shivansh Sriramoju, IP# IP2122001180 (UMR21220003418)

weight at admission is 14 kg whick its between 3rd and 50th centile rule development is appropriate for his age DLES

## GENERAL ASSESSMENT

1) Appearance: Normal

2) Work of breathing: Increased.

3) Skin circulation: Normal

## **Primary assessment:**

1) Airway: Open & stable

2) Breathing: RR: 36/min, Efforts: Increased, Air entry: Normal, Auscultation: Bilateral conducting sounds.

3) Circulation: HR: 124/min, CRT :< 3sec, BP: 118/52mmHg, Central pulse: good, Peripheral pulse: Good, Skin temp: Warm

4) Disability: GCS: 15/15, Pupil size: Equal, Reaction: Normal, Motor activity: Normal.

5) Exposure: Temp: 101.50F, Colour: normal, Surface findings: nil

### Secondary assessment:

R/S: . On auscultation of chest, air entry was bilaterally equal with conducting sounds were present

CVS: Heart sounds were normal and there was no murmur.

CNS: On neurological examination, child was conscious and drowsy . Pupils were bilaterally equal and reacting to light. There were no focal neurological deficits, no meningeal signs and no signs of raised intracranial pressure.

P/A: Abdomen was soft with no organomegaly

Allergies: No known allergy

Medications: NIL

Past Medical History:NIL Last Meal:4 hours back

Events: Fever / Fast breathing

#### COURSE IN THE HOSPITAL

P He was admitted in PICU and was started on IV fluids and IV antibiotics.

In view of loose stools, he was administered probiotics and advised gastrodiet. His blood gas at the time of admission showed metabolic acidosis.

Chest X-ray showing bilateral haziness.

Child was started on broad spectrum antibiotics after sending blood cultures.

He was regularly monitored for his hemodynamic status, oxygen saturations and vital parameters. As he/she remained hemodynamically stable, maintaining saturations at room air, tolerated and accepting orally well.

As his fever spikes settled, blood cultures were sterile, Antibiotics were descalated appropriately.

puring hospital stay, he was continued on same line of management. He was regularly monitored for fever spikes, hemodynamic status and vital parameters. His fever spikes and other symptoms gradually settled. He remained hemodynamically stable, maintaining saturations at room air, accepting orally well. He improved with the above line of management and is being discharged with the following advice.

Supportive Care: His nutrition was taken care appropriately. He received IVF on first 1-2 days subsequently he was transitioned to solid diet which he is tolerating well.





On auscultation of chest, air entrans black ally equal.

CNS: On neurological examination, child was connictous and afert : Populs were bilaterally equal.

to light. There were no focal neurological trends, no meningers signs and no signs of raised intracranial

P/A: Abdomen was soft with no organomegaly.

## DISCHARGE ADVICE

\* Diet as advised.

	S.No	MEDICATION	DOSE	TIMINGS	DURATION
	1	Syp. PECEF (CEFPODOXIME - 5ml/50mg)	4 ml (mix with honey or sugar water)	8am - 8pm (after	For 5 days.
	3	Syp. AZEE (AZIRTHOMYCIN-5ml/200mg	1)	food)	
8	3		4 ml	8am (after food)	For 4 days
	174	Tab. LANZOL DT (Lansoprazole - 15mg)	1 tablet	7am (before breakfast)	For days
	<b>D</b>	Syp. ZINCOVIT 🛞	5 ml	10am (after food)	For 30 days
	5	Syp. Uprise D3 ( 5ml/400IU )	1 mul 19ml and	7am-7pm (30 minutes	
	6	Syp. RELENT PLUS (Cetrizine 5mg, / Ambroxol 30mg/5ml)	5 ml	8am-8pm (1 hour before food)	For 3 days.
	0	ENTEROGERMINA (2 billion cells of Bacillus Claussi Spores/5ml)	1 Vial	9am-pm (after food)	For 5 days

#### Fever Management

- \* Syp. Crocin DS (Paracetamol 5ml/240mg) 5 ml 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) 6 ml after food as and whenever required, if temperature > 101 \*F & not responding to Crocin (maximum 3 times a day at 8th hour intervals).
- \* Tepid sponging if fever > 101 \*F

#### WHEN & HOW TO OBTAIN URGENT CARE

If the following are noticed in your child, "please contact us immediately at 040 - 6750 5150/160 and ask for the "Consultant Pediatrician On Call". If you are unable to reach the Consultant, then call the 'On Call Consultant 'through the Emergency Mobile Number (7995888561) and speak to the 'On Call Consultant 'directly. If you perceive your child to be very sick, and has any of the following symptoms, please rush to our Emergency Room.

High grade fever >102F
Not accepting orally well
Abnormal movements (seizures)
Not passing urine for 6-8 hours
Not looking well and looking dehydrated
Persistent vomiting and loose motions

Limpness, weakness, or inability of your child to recognize, interact with you.

Any complaints which are concerning to parents

Any bleeding manifestations like patches (green or purple) over body or bleeding from his mouth or any other site

Peripheries feeling cold and dusky

Small proportion of children after COVID illness may develop MISC (MULTI SYSTEMIC INFLAMMATORY SYNDROMS) with symptoms like high grade fever / breathing difficulty/ dull activity/ loose stools/ decresead urine output. ANY SUCH

Sp

#### KIMS Cuddles

An unit of KIMS Hospital Enterprises Pvt. Ltd.

1 112/86. Survey No 55/EE, Kondapur. Serlingampally, Hyderabad 500 084, Telangana, India. For Appointments: 040 - 4243 4243 | Email: hello@kimscuddles.com

An unit of KIMS Hospital Enterprises Pvt. Ltd.

1-112/86, Survey No 55/EE, Kondapur, Serlingampally, Hyderabad 500 084, Telangana, India. For Appointments: 040 - 4243 4243 | Email: hello@kimscuddles.com

Patient Name: Master Shivansh Sriramoju, IPW: IP2122001180 (UMR21220003418) W VIDEO consultation with Dr.DR. PABAG DPY TE/ DR. AVINASH REDDY through MFINE APP. DOWNLOAD MFINE APP and search or D. PAR

TUESDAY (11.05.2021). ATE/ DR. AVINASH REDDY and book appointment on

#### CONSENT

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .....

Dr. Parag S Dekata / Dr. Avinash Reddy

CONSULTANTS

Started By : Dr.P Avinash Reddy Approved By : Dr.P Avinash Reddy Printed By

: Dr.P Avinash Reddy

Started On : 08 May 2021, 08:35 AM : 08 May 2021, 11:53 AM Approved On Printed On : 08 May 2021, 11:55 AM



