Bangalore Baptist Hospital

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DEPARTMENT OF PEDIATRICS
CLINICAL SUMMARY

Consultants:

Dr. SUMAN RATH	**Dr. RACHEL**
Dr. MADHURI	**Dr. VINODHINI**
Dr. LAKSHMI	**Dr. KHUDEJA**
Dr. GAYATHRI	**Dr. SAVITHA**

NAME:B/O SONIYA Y S **SEX:MALE**
HOSPITAL NUMBER: AA702696
DATE OF BIRTH: 11/8/21
DATE OF CLINICAL SUMMARY :13/8/21

DIAGNOSIS:

PRETERM(31+6)/CGA(32 WEEKS)/AGA
LOW BIRTH WEIGHT
SEVERE RESPIRATORY DISTRESS SYNDROME
B/L PNEUMOTHORAX
RIGHT SIDED TENSION PNEUMOTHORAX – PERSISTANT
PROBABLE BRONCHOPLEURAL FISTULA
LARGE PDA/SMALL OS ASD
MODERATE –SEVERE PULMONARY HYPERTENSION
ASYMPTOMATIC HYPOGLYCEMIA
NEONATAL HYPERBILIRUBINEMIA
EARLY ONSET SEPSIS.

BABY DETAILS:

INBORN/OUTBORN : INBORN
DATE OF BIRTH :11/8/21
TIME OF BIRTH : 12.17PM
BIRTH WT :1.60KG
APGAR : 1 MIN-7,5 MIN -8
MODE OF DELIVERY : EMERGENCY LSCS
GESTATION : 31+6 WEEKS
CRY AFTER BIRTH : YES
ANY RESUSCITATION NEEDED : YES ,

MATERNAL HISTORY :G2A1,GESTATIONAL HYPERTENSION IMPENDING PRE-ECLAMPSIA(RECIEVED 2 DOSES OF DEXAMETHASONE).

CORD TSH : 12.05 µIU/ml
BLOOD GROUP : AB POSITIVE

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COURSE IN THE HOSPITAL:

Baby was delivered by NVD, cried after birth(weak cry), gave PEEP with neo puff, i/v/vo poor respiratory efforts.Baby was shifted to NICU i/v/o respiratory distress and for preterm care.

RESPIRATORY SYSTEM:

In NICU baby was connected to CPAP. Initial CXR was suggestive of severe RDS,hence baby was intubated and connected to mechanical ventilator and gave 1 dose of surfactant. Inj caffeine citrate was loaded and later continued on maintainance dose antibiotics .At 16 hours of life,baby started to have desaturation.Repeat chest x-ray showed features of bilateral pneumothorax with right sided tension pneumothorax and mediastinal shift .Needle decompression was done followed by Right sided intercostal drainage tube insertion.Chest X-ray was repeated serially and it showed features of Right sided persistant pneumothorax with features of severe RDS and poor lung expansion .In view of persistant RDS,plan is to repeat second dose of surfactant .

METABOLIC/SEPSIS:

Baby had hypoglycemia initially which was corrected with IV fluids. Initial blood investigations showed normal counts with CRP.24 hour investigations showed elevated TSB and serum creatinine.Baby was started on SSPT.Serial blood gas monitoring was done and ventilator setting was optimized Baby was started on empirical IV antibiotics (Crystalline penicillin and gentamycin) on day 1 of life and was hiked to Inj meropenem and vancomycin on day 2 life i/v/o worsening status of the baby .

GIT:

Baby was kept NPO and TPN (aminove.n/intralipid) was initiated on day 2 of life .

CVS:

2D ECHO showed Large PDA with moderate to severe pulmonary hypertension.Blood pressure was maintained for past 48 hours .Plan was to start on Paracetamol for PDA closure and on inj Furosemide.

TREATMENT GIVEN:

OXYGEN/MECHANICAL VENTILATOR/CPAP
INJ CAFFEINE CITRATE
SURFACTANT
IV FLUIDS
PHOTOTHERAPY
INJ CEFOTAXIM/AMIKACIN
INJ MEROPANEM
INJ VANCOMYCIN

INVESTIGATIONS:

USG CRANIUM:
13/8/21-INCREASED PVE

2D ECHO (13/8/21) :Large PDA /Small OS ASD
Moderate to severe pulmonary hypertension .

CONDITION AT PRESENT:
On Mechanical ventilator SIMV-PS MODE
Fio2 – 90%
PS – 25/5
S HR-150/MIN
RR-80/MIN
PO2-88%
BP-77/51(61 mmHG)
CRT-< 2 SEC

Dr.MAHALAKSHMI /Dr FANCEERA
RESIDENT

Dr.GAYATRI
CONSULTANT