

Discharge Summary

Name:

B/O VENKATA MANJUSHA TWIN I

Age/Sex:

1 M/F

Address:

BANGALORE, BANGALORE, KARNATAKA

Primary Doctor:

Dr. SUNIL KUMAR GONUGUNTLA

Department:

PAEDIATRIC

Rate Plan: Sponsor:

Cradle Marathahalli GIPSA 160721 MEDI ASSIST INDIA TPA PVT LTD

MR No: Visit ID: Admission Date: Discharge Date:

Secondary Doctor:

Ward/Bed:

Discharge Type:

RMAR 0000101907 RMARIPV25991 04-05-2024 21:03

26-05-2024 12:13

NICU I - RMAR/NICU I3

Normal

INTERIM SUMMARY 11/06/24

Extreme Preterm (27wk)/ 850gms/ ELBW/ FEMALE/ DCDA Twin1/ Severe RDS-RECEIVED 2 DOSES OF SURFACTANT/ NNH / PROBABLE SEPSIS/ Apnea of Prematurity/ Anemia- PRBC transfused/ Feed intolerance/ Respiratory syncytial virus infection positive

Course in Hospital:

Antenatal and Birth History: Mrs Venkata Manjusha, 25 yr old, Primigravida, DCDA gestation, IUI conception, with preterm labour delivered under Dr Manasa Reddy. Baby was born via emergency LSCS at 06:47:49 PM on 04/05/24. 2 doses antenatal steroids given prior to delivery (2 weeks back), MGSO4given.

Baby cried immediately after birth. DCC was done. Delivery room CPAP given. In view of persistent respiratory distress, baby was intubated and surfactant was given in delivery room. In view of respiratory distress, LBW, Prematurity baby was shifted to NICU for further care in transport incubator.

APGAR scores were- 7 and 9 at 1 and 5 min respectively.

Mother's blood group- O Positive

Baby's Blood Group- O Positive

Birth wt.: 850 gms, HC- 24 cm, Length- 30 cm. Current wt.:1170 gms, CGA: 32+3weeks

Head to Toe examination

Baby under warmer care On HFNC support Normal heart sounds heard. Bilateral Femoral's present. Hips and spine stable. Anal orifice looks patent. Normal genitalia.

Course in Hospital:

Ventilation: In view of respiratory distress, the baby was continued on mechanical ventilator after shifting in NICU. Caffeine bolus was given in first hour of life with regular maintenance thereafter. Xray was suggestive of moderate RDS and the settings were moderate. Repeat dose of surfactant was given after almost 7 HOL and baby was extubated on D3 O/L to CPAP which is tolerated well. Trial of HFNC was given. HFNC and CPAP atlernate was given for 3-4 days and then continued on HFNC from day 14 of life. Having few on and off desaturations but spontaneously recovering. In view of persistent desaturations on day 27 of life, viral panel along with sepsis screen was sent and viral panel came positive for Respiratory syncytial virus infection. Baby kept in Comfortable prone position and started on nebulisations. Gradually

Currently baby is on HFNC support at FIO2 of 21-23% and flow of 2 lt/min. Caffeine is being continued

CVS: Baby remained normotensive, haemodynamically stable during NICU stay. 2D ECHO done at D3 O/L was suggestive of small ASD with left to right shunt, 1.3mm PDA, PAH+ mild bilateral PPS and Repeat 2D Echo on day 20 of life : small ASD, Tiny PDA, minimal PPS.





Paracetamol was started for medical management of PDA and given for 5 days. Repeat Echo on 11/5/24 showed losing PDA.

Umbilical lines were placed on D1 O/L under full asepsis which was removed on D6 O/L with placement of PICC lines.

Fluids and GIT: Baby was started on IV fluids and aminoven within first 2 hours of life. Colostrum smear was given. OG feeds was started with EBM since D4 O/L. Lipid infusion was added. Trophic feeds were given. Baby had bilious OG aspirations, feeds were skipped. Rectal stimulation was given. Gradually feeds were restarted. TPN is being continued. Trophic feeds were started, at 1ml 6th hourly feeds via OGT. Baby was having intermittent slightly greenish OG aspirations. Gradually feeds were graded up as tolerated and reached full feeds by OGT at Day 15 of life. PICC line removed on day 18 of life and new one reinserted with Aminoven on flow. Fortifier added on day 23 of life. PICC line removed on day 28 of life and stopped aminoven. Currently baby is taking 19 ml/ 2hrly by OGT with HMF -A 1:25.

Sepsis: Antibiotics AMPICILLIN and GENTAMICIN were started soon after birth in view of prematurity and respiratory distress. Initial CRP was positive. Repeat values were high, hence antibiotics upgraded to PIPTAZ and AMIKACIN after repeating blood cultures. Serial monitoring of CRP done, in decreasing trend. Blood cultures were negative. Antibiotics were stopped after 10 days.

On day 12 of life baby had temperature spikes and tachycardia, appearing clinically septic, repeat sepsis work up was sent and started on Inj MEROPENEM. Septic work up was negative, cultures were sterile. antibiotics were stopped after 3 days. On day 27 of life , in view of intermittent persistent desaturations with spontaneous recovery, sepsis screen sent and viral panel also sent as other twin was having covid 19 and RSV infection positive. Reports showed positive for respiratory syncytial virus infection. sepsis screen negative. Nebulisations being continued.

CNS- Tone and activity appropriate for gestational age. Eye movements are fine. AF is at level. Cranial ultrasound done by radiologist on D3 of life showed connatal cysts, mild bilateral flare and no other significant abnormalities. Repeat NSG done by radiologist on 24/05/24: B/L Connatal cysts seen, no internal changes seen. Cysts seen in B/L medial temporal lobes measuring 5.5X5mm on right and 4.5X4mm on left.

Repeat NSG on 4/6/24: B/L Connatal cysts seen, no internal changes seen. Cysts seen in B/L medial temporal lobes measuring 5.5X5mm on right and 5x4.5mm on left likely choroid fissure cyst. cavum septum pellucidum seen.

Haematology: Blood parameters along with DCT were normal. The baby required on/off phototherapy for physiological neonatal jaundice

DCT at birth was normal with no evidence of hemolysis thereafter.

On day 5 O/L, Hb was 11g%, on respiratory support and medical management for PDA, PRBC was transfused. Last Hb done on 31/05/24 is 9.6 g%. Repeat Hb was 9.3gm% on 1/6/24. Prbc transfusion done which was leukodepleted

GROWTH: Most of growth parameters are falling at around 10th centile on Fentons growth chart ROP screening done on 22/05/24: Zone 2 avascular Retina, no plus. Follow up on 05/06/24 showed zone2 stage 1 , no

NBS: NBS to be sent when baby reaches full feeds

Vaccination: Inj Vitamin K given at birth. To vaccinate further as per chronological age. Hearing screening to be done at discharge

Condition at present:

Baby is under warmer care, currently baby is Day 38, and Corrected gestation 32+3wks, weighing 1170grams is on respiratory support- HFNC at 2L/min with nebulisations. Caffeine is being continued. On

Baby requires continued stay in NICU until baby is off respiratory support, on full oral feeds and is CGA >34weeks and weight >1.5Kg. Baby needs level 3 NICU care for further 6-7 weeks approximately, which

Communication: Parents have been regularly updated during stay.







Financial Counseling Form

Date : 06 5	12004	UHID/MR Numbe	or:	
Doctor Name:	Dr. Sun	Keener	. 9.	
Name of the P	etient: Blo vo		inpusha. Two	<u>in-2</u>
Age: 04/5/	2024 horn	Husband	i's Name:	
Corporate Na	me and Contact:			
Phone:		Emi	-111	,
Procedure/Pla	in:	NIW. F	septetal bu	by .
MODE OF PA	YMENT: SEL	F:	nsurance :	/
Twin Sharing Normal Delive	SingleDelux	e Luxur	y Signature	NICU PICU
Normal Delivery	Instrumental Delivery	C-Section	Surgical Procedu	30-40 K
Proportionate differential which has to paid by Well Baby Charges is	nee of room rent charges are it	f patient opts for a higher ge.	category room other than	the insurance a good
	ations are not a part of the pac			
case tariff (No insura	al/Rejection form insurance Co noe tariff will be applicable in t	his case)		500 10 00 Section 100 00
	has to be submitted within 24 naible for insurance Terms & C			for the package as cash Package
	amount is more than the agre	THE RESERVE THE PARTY OF THE PA		s cashless & non-medicals
0. Emergency scen cha	and the same of th	100		
	allowed with patient. No Attend		ide NICU.	
	Fransfusion charges are not in- les Ambulance plok up Service	COURSE DE LE COMPANIE DE LA COMPANIE		
4. Initial deposit to be n	aid in case of non insurance p funded withing 30 working day		one which will be adjusted	with final bill.
above.		erstand & Agree to the	7	orms & Conditions formation



Registrar Disclaimer: I have seen all the medical details of the above patient and confirm they are correct to

Name: Dr A.AKHILA/Dr.TANMAYA

Signature Muna

Parent Disclaimer:- I have gone through the medical record including gender, date of birth and time among other things including medications

Name.....

Signature....

Dr.Sunil kumar Gonuguntla

Consultant Neonatologist and Pediatrician







Financial Counseling Form

Age: Name and Contact: Phone:	e · manusa · Twin - L usband's Name: Email:
Corporate Name and Contact:	usband's Name:
Corporate Name and Contact: Phone:	
Phone:	_Email:
alter Du	_Email:
alter Du	
	onatal Buly,
Procedure/Plan:	(Cacucall'
MODE OF PAYMENT: SELF:	Insurance
	Luxury Signature NICU PICU
Twin Sharing SingleDelaxo	7500/-
Normal Delivery	Surgical Procedure NICU/PICU
formal Delivery Instrumental Delivery C-Section	Surgical Procedure NICU/PICU
	30
	Phermacy & Consumables,
ransfusion Charge, Emergency Charges, Ambulant	then the neckage includes.
Propertionals difference of room rent charges are if patient opts in which has to paid by the patient. Well Baby Charges is not included in Mother package. If patient wants to get discharged earlier than the package permit.	ony charges (if Used) ice Charges (if Used) olicy Tome & Conditions and the Package/Room tariff starts form is led more than the package includes. for a higher category room other than the insurance a good itted days, no refund is applicable onal OT equipment used will be charged extra (if Any)
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Parges (If Any), Medical reserve Charges, Ambulant ransfusion Charge, Emergency Charges, Ambulant Room eligibility is subjected to changes per patients insurance poof admission. The estimated amount may change if etay is extend. Proportionate difference of room rent charges are if patient opts for which has to paid by the patient. Well Baby Charges is not included in Mother package. If patient wants to get discharged earlier than the package permit. Prooperative investigations are not a part of the package. Addition in Cases of any Denial/Rejection form insurance Company on an case tariff (No insurance tariff will be applicable in this case)	ony charges (if Used) cle Charges (if Used) cley Tome & Conditions and the Package/Room tariff starts form a led more than the package includes. for a higher category room other than the insurance a good itted days, no refund is applicable consil OT equipment used will be charged extra (if Any) my case. Patient has to pay the complete bill as per hospital mission. otherwise hospital will consider the package as cash Pacie
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APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

TN - LB5100TG2009PTC099414

Hagd. Office: 7-1-617/A, 615 & 616, Imperial Tower, 7th Floor, Opp. to Amearpet Metro Station, Amearpet, Hyderabad 500038.



TO whomsoever concerned



5 oggodd

Bjo Manyirsha Twin-2.

This is a 27 weeker preterm, for birch weight with birth weight of 750gms. In view of respiratory distress, baby was intubated and given surjactant in 01 and shifted to NICU & Started on IV Antibiotics and IV fluids after sending sepsis screen.

Joday, at present baby is
day 2 of life, on nechanical ventication

Support, NIL per ceal, on I/V fluids and I/V
antibiolis. Jolas parental nutrition.
Baby requires NICU Stay for approximately
12-2 months. Stay can be extended depending
on babys condition.

MARATHAHALLI

101,209 & 210, ITPL Main Road, Kundalahati, Brockeliett, Bangalore - 560 037, T. +91 80 4944 4111

O Visit us: www.apollocradle.com = Write to ut: contactus@apollocradle.com





: B/OVENKATA MANJUSHA TWIN 1

Age/Gender

: 0 Y 0 M 0 D/F

UHID/MR No

: RMAR.0000101907 : RMARIPV25991

Visit ID Ref Doctor

: Dr.SATISH REDDY H

Collected

: 04/May/2024 10:51PM

Received

: 05/May/2024 12:12AM

Reported Status : 05/May/2024 12:29AM : Final Report

DEPARTMENT OF HAEMATOLOGY

Test Name

Result

Unit

Bio. Ref. Range

Method

BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD EDTA

BLOOD GROUP TYPE

0

Rh TYPE

POSITIVE

Forward & Reverse Grouping with Slide/Tube Aggluti Forward & Reverse Grouping with Slide/Tube Agglutination

Page 2 of 3



Dr.Nisha M.B.B.S,MD(Pathology) Consultant Pathologist





: B/OVENKATA MANJUSHA TWIN 1

Age/Gender

:0Y0M0D/F

UHID/MR No

: RMAR.0000101907

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DEPARTMENT OF HAEMATOLOGY

	st Name		Result	Unit	Bio. Ref. Range	Method
				Oilit	Bio. Nei. Nange	Method
COMPLETE BLO	OD COUNT (C	BC), WHOL	E BLOOD EDTA		1000 (2000)	
HAEMOGLOBI	N		12.9	g/dL	14-22	Spectrophotometer
PCV			38.10	%	45-75	Electronic pulse & Calculation
RBC COUNT			3.38	Million/cu.mm	5.0-7.0	Electrical Impedence
_ MCV			113	fL	100-120	Calculated
MCH			38.3	pg	31-37	Calculated
MCHC		•	33.9	g/dL	30-36	Calculated
R.D.W			14.2	%	11.6-14	Calculated
TOTAL LEUCO	CYTE COUNT	(TLC)	4,580	cells/cu.mm	10000-26000	Electrical Impedance
DIFFERENTIAL			_C)			
NEUTROPHILS		- 20	30	%	40-54	Electrical Impedance
LYMPHOCYTES	S		40	%	30-31	Electrical Impedance
EOSINOPHILS			3.4	%	1-4	Electrical Impedance
MONOCYTES			25.2	%	5-8	Electrical Impedance
BASOPHILS			. 1.4	%	<1-2	Electrical Impedance
CORRECTED	ΓLC	5. 50	4,580	Cells/cu.mm		Calculated
ABSOLUTE LE		UNT	275-230			
NEUTROPHILS	•		1374	Cells/cu.mm	4000-14000	Calculated
LYMPHOCYTE	S		1832	Cells/cu.mm	3000-8000	Calculated
EOSINOPHILS	× .		155.72	Cells/cu.mm	100-1000	Calculated
MONOCYTES			1154.16	Cells/cu.mm	500-2000	Calculated
BASOPHILS			64.12	Cells/cu:mm	0-100	Calculated
Neutrophil lymp	hocyte ratio (N	LR)	0.75		0.78-3.53	Calculated
PLATELET CO			237000	cells/cu.mm	100000-450000	Electrical impedence

Page 1 of 3



M.B.B.S,MD(Pathology) Consultant Pathologist





: B/OVENKATA MANJUSHA TWIN 1

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
C-REACTIVE PROTEIN CRP (QUANTITATIVE), SERUM	15	mg/L	< 5	* IMMUNOTURBIMETRY

Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP evels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

*** End Of Report ***

Result/s to Follow:

CULTURE AND SENSITIVITY - AEROBIC (BLOOD), COOMBS TEST (DIRECT) / DIRECT ANTIGLOBULIN

Page 3 of 3







: B/OVENKATA MANJUSHA TWIN 2

Age/Gender UHID/MR No : OYOMOD/M : RMAR.0000101908 : RMARIPV25992

Ref Doctor

Visit ID

: Dr.SATISH REDDY H

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; Final Report

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) ,	WHOLE BLOOD EDTA	2	,	
HAEMOGLOBIN	14.4	g/dL	14-22	Spectrophotometer
PCV	43.70	%	45-75	Electronic pulse & Calculation
RBC COUNT	3.83	Million/cu.mm	5.0-7.0	Electrical Impedence
	114.1	fL	100-120	Calculated
MCV	37.7	pg	31-37	Calculated
MCH .	33	g/dL	30-36	Calculated
MCHC	15.9	%	11.6-14	Calculated
R.D.W TOTAL LEUCOCYTE COUNT (TLC		cells/cu.mm	10000-26000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COL	UNT (DLC)			
NEUTROPHILS	58.9	%	40-54	Electrical Impedance
LYMPHOCYTES	23.9	%	30-31	Electrical Impedance
	9	%	1-4	Electrical Impedance
EOSINOPHILS	7.5	%	5-8	Electrical Impedance
MONOCYTES	0.7	%	<1-2	Electrical Impedance
BASOPHILS CORRECTED TLC	3,650	Cells/cu.mm		Calculated
ABSOLUTE LEUCOCYTE COUNT				
	2149.85	Cells/cu.mm	4000-14000	Calculated
NEUTROPHILS	872.35	Cells/cu.mm	3000-8000	Calculated
LYMPHOCYTES	328.5	Cells/cu.mm	100-1000	Calculated
EOSINOPHILS	273.75	Cells/cu.mm	500-2000	Calculated
MONOCYTES	25.55	Cells/cu.mm	0-100	Calculated
BASOPHILS	2.46	O Control Control	0.78-3.53	Calculated
Neutrophil lymphocyte ratio (NLR) PLATELET COUNT	209000	cells/cu.mm	100000-450000	Electrical impedence

Page 1 of 3



Dr.Nisha M.B.S.S,MD(Pathology) Consultant Pathologist





: B/OVENKATA MANJUSHA TWIN 2

Age/Gender UHID/MR No : 0 Y 0 M 0 D/M : RMAR.0000101908

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Test Name

Result

Unit

Bio. Ref. Range

Method

BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD EDTA

BLOOD GROUP TYPE

C

0

Rh TYPE

POSITIVE

Forward & Reverse Grouping with Slide/Tube Aggluti Forward & Reverse Grouping with Slide/Tube Agglutination

Page 2 of 3



Dr. Nisha M.B.B.S,MD(Pathology) Consultant Pathologist





: B/OVENKATA MANJUSHA TWIN 2

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: OYOMOD/M

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
C-REACTIVE PROTEIN CRP (QUANTITATIVE), SERUM	3	mg/L	< 5	· IMMUNOTURBIMETRY

Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

creased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

*** End Of Report ***

Result/s to Follow:

COOMBS TEST (DIRECT) / DIRECT ANTIGLOBULIN, CULTURE AND SENSITIVITY - AEROBIC (BLOOD)

Page 3 of 3

Dr. Nisha M. B. B. S. MD (Pathology) Consultant Pathologist

SIN No:SE04713975



To whomsoever concurred



B/O MANJUSHA. TWIN-1

Ihis is a 27 weeker feetum, low both weight with Birth weight of 850 gms. In view of suspiratory distress, body was intubated and given surfactant in OT and shifted to NICU: a started on IV Antibiotics and IV fluids after sending sepsis serven.

Joday, at present body is Day 2 of life, on mechanical ventilator support, NIL per oral, on IV fluids and IV antibiotics, Total parental nutrition on IV fluids and IV antibiotics, Total parental nutrition.

Baby sequires NICU stay for approximately 18-2 months.

Stay can be extended adepending on baly's condition.

of Drawil.

MARATHAHALLI

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APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

CIN - U85100TG2009PTC099414

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To whomsoener concerned



B/o Manyersha Twin-2.

This is a 27 weeker preterm, for but weight with birth weight of 790gms. In view of respiratory distress, baby was intubated and given surfactant in ot and shifted to NICU & Started on IV Antibiolics and IV fluids after Sending sepsis Screen.

Today, at present baby is day 2 of life, on mechanical ventication support, NIL per oral, on I/v fluids and I/v antibioties. Total parental nutrilion. Baby requires NICU Stay for approximately 1/2-2 months. Stay can be extended dependiq on babys condition. De Serviel 6/5/24

MARATHAHALLI

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Financial Counseling Form

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