ALL INDIA INSTITUTE OF MEDICAL SCIENCES

DEPARTMENT OF PEDIATRICS-UNIT I

NAME: Keshav	AGE: 11 YEARS	SEX: Male	BED.NO: D5/22
UHID No: 20130456387	DATE OF ADMISSION: 03/06/2016		DATE OF DISCHARGE: 06/06/2016
DIAGNOSIS: Post KTP patient with Acute gastroenteritis			
CONSULTANTS- Dr A Bagga, Dr. Pankaj Hari, Dr. Aditi Sinha, Dr Rohan Malik			
Address: H No 515, Kiribi Place, Dhobi Ghat			

HISTORY AND EXAMINATION AT ADMISSION: 11 year old boy who underwent kidney transplantation in June 2014 now presented with Diarrhea for 2 days and Fever – 1 day.
Loose stool- 5-6 episodes, watery, not a/w blood or mucous. Fever – undocumented, moderate grade from 1 day.
No history of cough/ decreased urine output/ edema/vomiting.
Past History: Underwent renal transplantation (Right kidney) from AIIMS in June 2014 and grandmother was the donor. Pre operative diagnosis was FSGS and post transplantation child had recurrence of primary disease (FSGS),
O/E: Alert, afebrile and conscious, PR – 120/min, Regular and good volume, RR-20/min
CFT < 3 Sec, BP-110/64 mmHg
No pallor, No lymphadenopathy/No clubbing/Icterus/cyanosis
Feature of dehydration+. Sunken eyes, excessive thirst +
RS: B/L Air entry equal, No added sounds.
CVS: S1 S2 heard. No S3/murmurs
P/A: No organomegaly.
CNS - HMF-Normal, Tone - Equal in all 4 limbs, Power- 5/5 in all 4 limbs.
Anthropometry: Weight:- kg (<3rd centile); Height:- cm(<3rd centile)
HOSPITAL COURSE:- Child presented with the above complaints . Possibilities of infection, dehydration was kept. Child was given dehydration correction and started on IVF and antibiotics. Diarrhea subsided in 2 days but Up/Uc ratio was high. So 24 hr urine protein is done and report is awaited. At the time of discharge child is accepting orally well and hemodynamically stable.

Investigations: HEMOGRAM:

DATE	HB	TLC	DLC	PLT
03/06/16	-	6800	-	1.53L
04/06/16	9.1	5300	N84L15	1.4L

BIOCHEMISTRY

DATE	UREA/CR	Na/K	SGOT/PT	TSP/Alb	S.ALP	Ca/P
03/06/16	-/2.6	142/4.2	-	-	-	-
04/06/16	68/1.6	133/3.9	-	7.8/3.9	196	9.2/6.0
07/06/16	53/1.0	136/2.4	-	7.4/4.3	172	7.8/5.1

Urine R/E (04/06/16) – Protein – 3+, **RBCs** – 2-3/hpf, **WBCs** – 8-10 /h
Treatment given: Inj Ceftriaxone, Inj Metrogyl,Tab Cellcept, Tab Wysolone, Tab Pangraf, Syp Potklor, Tab Nodosis,Tab amlodipine, Tab Cobadex

CONDITION AT DISCHARGE: Alert, afebrile and conscious

PR – 92/min, RR 20/min, and CFT < 3 Sec, BP 100/68 mmHg
No pallor, No lymphadenopathy/No clubbing/Icterus/cyanosis
RS: B/L Air entry equal, No added sounds.
CVS: S1 S2 heard. No S3/murmurs
P/A: No organomegaly.
CNS - HMF-Normal, Tone - Equal in all 4 limbs, Power- 5/5 in all 4 limbs.

Plan at discharge: To collect 24 hr urine protein report.

ADVICE AT DISCHARGE

1. Tab Wysolone 10 mg PO OD
2. Tab Cellcept 250 mg PO BD
3. Tab Pangraf 3 mg PO BD
4. Tab Shelcal 500 mg PO BD
5. T Nodosis 2 tabs TDS
6. Syp Potklor 5 ml TDS
7. Ointment clotrimazole for L/A

Review after 1 week in pediatric unit I OPD Monday/Thursday.

JUNIOR RESIDENT
Dr. Phani

SENIOR RESIDENT
Dr. Priyanka/Dr Jasmine