



24 x 7 काल सेन्टर नम्बर - 011-40401010  
अखिल भारतीय आयुर्विज्ञान संस्थान ( अ.भा.आ.सं. )



DEPARTMENT OF PEDIATRICS  
UNIT III DISCHARGE SUMMARY

Name: Anshul Sharma	Age: 13yrs	Sex: Male	CR. No: H-580071-15	UHID: 100220119
Date of Admission: 27.05.15		Date of Discharge: 01.06.15		Bed: D5/15
Diagnosis: ALL/ Neutropenic enterocolitis				
Consultants: Prof. S. K. Kabra, Dr. Rachna Seth, Dr. Kana Ram Jat				

**HISTORY:** K/c/o ALL, diagnosed in May 2014, on High-risk BFM protocol since 10/05/14, now admitted with c/o abdominal pain/ loose stools x 3 days, and fever x 2 days. Abdominal pain: peri-umbilical, dull, aching, non-radiating, not a/w vomiting, but relieved after passing stools. Loose stools: 10-15/day, watery, not blood-stained. Fever: moderate grade, upto 102F, intermittent, 3 spikes per day, not a/w chills/ rigors, subsiding with oral medications. No h/o cough/ chest pain/ headache/ oral ulcers/ perianal rash/ seizure/ abdominal distension/ altered sensorium/ bleeding from any site.

**ON EXAMINATION IN WARD:** Afebrile: 98°F, HR 148/min; RR 22/min regular, BP 110/70 mmHg (RUL supine), CFT <3 sec; SpO<sub>2</sub>- 99% on room air, peripheries warm, normal volume pulses, all peripheral pulses palpable.

No pallor/ cyanosis/ icterus/ clubbing/ lymphadenopathy/ edema. No dehydration.

Chest: AEBE, NVBS, CVS: S1 S2 +, No S3 or murmurs. P/A: Soft, non-distended, mild tenderness (+) - periumbilical, No HSM, No free fluid, BS+. CNS: Active, alert, no focal neurologic signs, Power 5/5 in all limbs, DTR 2+, no meningeal signs.

**Anthropometry:** Weight: 43 kg; BSA: 1.4 m<sup>2</sup>

**HOSPITAL COURSE:** The child was admitted with the above complaints, as a case of AGE/ No dehydration, with a possibility of Neutropenic enterocolitis. USG abdomen was s/o colitis. CT abdomen was planned, but was later deferred as the child's clinical condition improved. Blood C/S was sterile, and the child was started on Vancomycin/ Zosyn, along with other supportive therapies. Child's condition improved with the above management, and child is currently active and asymptomatic, with good appetite, and he is, hence, being discharged.

**TREATMENT GIVEN:** IV Vancomycin (5 days), IV Zosyn (5 days), Pantop, Dexa, Perfalgan, IVF.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (A.I.I.M.S.)

24 x 7 CALL CENTER NO. 011-40401010



**INVESTIGATIONS:****HEMOGRAM:**

Date	Hb	TLC/ DLC	Platelets
27.05.15	14.6	1500/ N52 L40	55,000
04.06.15	13.1	2000/ ANC 0.9	36,000

**BIOCHEMISTRY**

DATE	UREA/CR	Ca/ PO4	TP/ ALB	OT/PT	SAP	Na/K	TSB
28.05.15	20/0.4	7.5/3	4.8/2.9	177/177	136	132/3.1	0.6

Blood C/S (28.05.15): Sterile

Urine C/S (28.05.15): Sterile

URE (28.05.15): Up 1+, No cells.

Stool R/M (28.05.15): NAD

USG Abdomen (28.05.15): Mild thickening of the wall of the ascending and transverse colons. No free fluid. ? Colitis

**Condition at discharge:**

Afebrile: 98°F, HR 96/min; RR 24/min regular, BP 100/64 mmHg (RUL supine), CFT <3 sec, SpO<sub>2</sub> 99% on room air, peripheries warm, normal volume pulses, all peripheral pulses palpable.

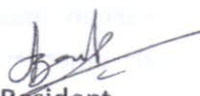
No pallor/ cyanosis/ icterus/ clubbing/ lymphadenopathy/ edema.

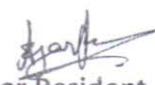
Chest: B/L AEE, NVBS, CVS: S1 S2 +, No S3 or murmurs. P/A: Soft, distended, non-tender, BS+. CNS: NAD

**ADVICE AT DISCHARGE:**

1. Tab Ofloxacin 200mg 1½ tab BD (to decide on duration)
2. Tab Septran DS 1 tab A/D
3. Tab Iron folate 1tab OD
4. Tab Shelcal 500mg 1 tab OD
5. Tab Multivitamin 1 tab OD
6. To continue Chemotherapy from daycare

Review in Pediatric Unit III OPD on Wednesday/ Saturday at 9 am

  
Senior Resident  
Dr Vijay

  
Junior Resident  
Dr. Azgar