



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	Age: 13 yrs	Sex: Male	CR. No: H-585669-15	UHID: 100220119
Date of Admission: 16.06.15	Date of Discharge: 19.06.15	Bed: D5/15		
Diagnosis: ALL/ Febrile Neutropenia/ Gastroenteritis/ Fungal oral ulcer				
Consultants: Prof. S. K. Kabra, Dr. R. Seth, Dr. K. R. Jat				

**HISTORY:** K/c/o ALL, diagnosed in May 2014, on High-risk BFM protocol since 10/05/14, now admitted with c/o fever x 8 days, loose stools x days, and oral ulcers x 3 days. Fever: Moderate grade, upto 102F, intermittent, no chills/ rigors. Loose stools: Semi-solid, with no blood/ mucus. No vomiting/ abdominal pain/ decreased urine output/ voice change/ rashes/ bleeding from any site/ cough/ respiratory distress/ painful micturition/ lethargy/ headache/ altered sensorium. He had been started on Magnex/ Amikacin from Daycare on 11/06/15 → Upgraded to Linezolid on 14/05/15 → Fluconazole added on 15/05/15.

**ON EXAMINATION IN WARD:** Afebrile: 98°F, HR 108/min; RR 34/’, BP 96/60 mmHg (RUL supine), CFT <3 sec; SpO<sub>2</sub>- 99% on room air, peripheries warm, normal volume pulses, all peripheral pulses palpable. Moderate pallor. No cyanosis/ icterus/ clubbing/ edema/ lymphadenopathy. Ulcer present over right aspect of tongue. Chest: B/L AEE, No added sounds, CVS: S1 S2 +, No S3 or murmurs.

P/A: Soft, non-distended, non-tender, No HSM. No free fluid, BS+.

CNS: Active, alert, no focal neurologic signs, Power >4/5 in all limbs, DTR 2+, no meningeal signs.

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

**HOSPITAL COURSE:** The child was admitted with Febrile neutropenia, with gastroenteritis. Magnex/ Linezolid/ Fluconazole were continued at admission, but fever continued, and hence, he was put on AMB and Ofloxacin. To this regimen, he responded well, with subsidence of fever and loose stools, and improvement in oral ulcers. At discharge, he is afebrile, with good activity and oral intake.

**TREATMENT GIVEN:** IV Mangex, IV Amikacin (2 days), IV Linezolid, IV Fluconazole, IV Ampho B

**INVESTIGATIONS:**

**HEMOGRAM:**

Date	Hb	TLC	ANC	Platelets
16.06.15	9	700	0	43,000
17.06.15	10.8	700	0	80,000
19.06.15	10.8	700	0.4	32,000

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

24 x 7 CALL CENTER NO. 011-40401010

**BIOCHEMISTRY;**

DATE	UREA/CR	Ca/ PO4	TP/ ALB	OT/PT	SAP	Na/K	TSB
17.06.15	10/0.4	8.3/4	5.6/3.3	18/22	213	136/4.6	0.4

- Blood C/S (11.06.15): Sterile.
- Blood C/S (16.06.15): Sterile.
- Urine C/S (17.06.15): Sterile.
- PCT (15.6.15): 23.6ng/ml; (18/6/15): 7.19ng/ml
- URE (17.06.15): NAD; Stool R/M (17.06.15): NAD.

CRP (15/6) - 90  
(18/6) - 80

- Blood fungal C/S (17.06.15): Report pending.
- Urine fungal C/S (17.06.15): Report pending.
- Serum Galactomannan (17.06.15): Report pending.
- Urine CMV PCR (18.6.15): Pending

**CONDITION AT DISCHARGE:** Afebrile: 98°F, HR 100/min; RR 30/’, BP 110/70 mmHg (RUL supine), CFT <3 sec; SpO2- 99% on room air, peripheries warm, normal volume pulses, all peripheral pulses palpable. Moderate pallor. No cyanosis/ icterus/ clubbing/ edema/ lymphadenopathy.

Chest: B/L AEE, No added sounds, CVS: S1 S2 +, No S3 or murmurs.

P/A: Soft, non-distended, non-tender, No HSM. No free fluid, BS+.

CNS: Active, alert, no focal neurologic signs, Power >4/5 in all limbs, DTR 2+, no meningeal signs.

**ADVICE AT DISCHARGE:**


1. Inj Ampho B 40mg in 400ml 5% Dextrose iv over 4hrs – To decide on duration from daycare
2. Tab Ofloxacin 200mg TDS x 5 days
3. Supportive measures to continue

**PLAN:**

1. To continue chemotherapy from C5 Daycare – on 22/6/15
2. Collect pending reports
3. To decide on antibiotic duration from daycare

Review in POC on Monday at 9AM, with pending reports.

  
Senior Resident  
Dr. Vijay

  
Junior Resident  
Dr. Azgar