

Name	Master KATKURI VASHISTA	UHID	BAH-00487035
Father / Guardian	S/O MR. KATKURI VENKATESH	Age / Gender	4 Y 1 M 23 D / Male
Address	H NO :5-4-200 , KAPUWADA , Hyderabad, Telangana, INDIA		
Inpatient No	IP5-00097452	Admission Date	19-Mar-2022
Ref Doctor			

Discharge Date :: 24-March-2022

DISCHARGE SUMMARY

Consultant :
DR. SIRISHA RANI
Head Of The Department
SENIOR CONSULTANT HEMATO - ONCOLOGIST & BMT SPECIALIST
MD Pead(PGIMER),DNB,MRCPC(UK),
License No. 40525

Dr. SANDHYA.V.
MD (PEDIATRICS) FNB
CONSULTANT PEDIATRICIAN & HEMATO - ONCOLOGIST
Reg No: 071664

DIAGNOSIS	ICD CODE
K/C/O B - CELL ACUTE LYMPHOBLASTIC LEUKEMIA, CALLA - POSITIVE, CNS - NEGATIVE	
NOW FOR CHEMOTHERAPY	
FEBRILE NEUTROPENIA	

History: Master Katkuri Vashista is a 4 years 1 month old Male is a K/C/O B- Cell Acute Lymphoblastic Leukemia, CALLA - Positive, CNS - Negative. Now he was admitted at Rainbow Children's Hospital for chemotherapy.

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Name	Master KATKURI VASHISTA	UHID	BAH-00487035
Inpatient No	IP5-00097452	Admission Date	19-Mar-2022

Examination: He was afebrile, maintaining saturations at room air & hemodynamically stable. Heart rate was 114/min, Blood Pressure - 116/63mmHg and RR - 24/min. Peripheries were warm, pulses well felt. On auscultation of chest air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Examination of other systems was normal.

Weight on admission: 13.7 kgs.

Investigations: Enclosed.

Management: He was admitted in ward for chemotherapy and was continued on supportive care.

He received chemotherapy with Inj. Methotrexate with adequate hydration which he tolerated well. Lumbar puncture was done and intrathecal medications with Inj. Methotrexate, Inj. Hydrocortisone, Inj. Cytarabine were given. Child was given Inj. Folinic acid rescue. Methotrexate levels was sent, 0.0 were levels.

During ward stay, child developed fever spikes and was started on IV antibiotics. In view of low counts, antibiotics were upgraded in view of persistent fever spikes.

Child was regularly monitored for hemodynamic status, vital parameters. He remained hemodynamically stable during the hospital stay. He improved with the above line of management and is being discharged with the following advice.

At the time of discharge: Child is active, afebrile and hemodynamically stable.

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Name	Master. KATKURI VASHISTA	UHID	BAH-00487035
Inpatient No	IP5-00097452	Admission Date	19-Mar-2022

Advice:

Diet as advised.

Continue Mouth care with Candid mouth paint and chlorhexidine mouth wash as advised.

Continue posoconazole.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syp. SEPTRAN (TRIMETHOPRIM-SULFAMETHO XAZOLE -5ml/40mg)	3 ml	8am-8pm (Monday, Wednesday, Friday)	Till further advice
2	Syp. ZINCOVIT	5 ml	10am (after food)	Till further advice
3	Syp. CALCIMAX PLUS (Calcium 250mg, Magnesium-75mg, Zinc-2mg, Vitamine D3 200IU/5ml)	5 ml	10am (after food)	Till further advice
4	DOMSTAL SUSPENSION (Domperidone - 1ml/1mg)	3 ml	7am-1pm-7pm (30 minutes before food)	For 2 days SOS
5	Syp. ONDEM (Ondansetron - 5ml/2mg)	2 ml	7am-7pm (30 minutes before food)	
6	INJ CEFTRIAZONE	1gram IV	8am	For 3 days
7	Tab. LANZOL DT (15mg)	1 Tablet	7am (Before breakfast)	For 3 days
8	INJ-AMIKACIN	150mg IV	once daily	3days
9	SYP LUPIZYME	5ml	8am-2pm-9pm	10days

Plan: To do CBP on 26.03.2022.

Fever Management

* Syp. Crocin DS (Paracetamol - 5ml/240mg) 4 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).

* Tepid sponging if fever > 101 *F.

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