

**UNIVERSAL COLLEGE OF MEDICAL SCIENCES**  
**Department of Pediatrics**



**UNIT I DISCHARGE SUMMARY**

<b>NAME:</b> Siyona Shrestha		<b>AGE:</b> 6 months	<b>SEX:</b> Female	<b>R.NO-</b> 80140
<b>DATE OF ADMISSION:</b> 17/03/2020	<b>DATE OF DISCHARGE:</b> 22/03/2020	<b>PH NO:</b> 9847206466	<b>Weight:</b> 8kg	
<b>DIAGNOSIS:</b> Spinal muscular atrophy (under evaluation), clinical type 1 with LRTI				

**C/C:**

- Unable to hold head since 4 months of age
- Weakness of limb since 4 months of age
- Coughing and difficulty breathing for 2 days

**HOPi:**

The patient was apparently well till 4 months when mother noticed her child was not able to raise head as other children. The child was unusually floppy with diminished movements of limbs. She was able to breastfeed normally with occasional gurgling sounds. Since 2 days child had cough and difficulty feeding. There was associated low grade fever, however no bluish discoloration of lips, hands or feet.

Antenatal history was uneventful. Child was delivered through C/S (for prolonged labor) as a healthy 3.2kg female child. No other significant past history. Immunization was as per EPI schedule.

**EXAMINATION AT ADMISSION:**

GC: fair, mild respiratory distress, hypotonic (gross)

Pallor(-), Icterus (-), lymphadenopathy(-), clubbing(-), cyanosis(-), edema(-), dehydration(-)

PR—130/min. RR—46/MIN. TEMP—98.2°F. SPO2-96% on room air

**SYSTEMIC EXAMINATION**

RESP—B/L equal air entry, b/l conducted sounds with wheeze and occasional crepts

CVS- S1, S2, M0

P/A— soft, nondistended, no organomegaly

CNS- GC- fair, OFC- 42cm, grossly hypotonic, head holding (-), Roll over (-), social smile (+), respond to sound (+)

Slip sign (+), tongue fasciculation (-), no dysmorphic facies, No obvious myopathic facies

DTR- Not elicitable, tone- B/L reduced in all limbs, No obvious muscle atrophy, No joint contracture, Cranial nerves- grossly intact, plantars- flexor response Sensation- intact

Scalp hemangioma measuring 2.5×3cm over the left parietal region

**HOSPITAL COURSE:**

The child was admitted to the pediatric ward with the provisional diagnosis of floppy child with respiratory tract infection. The child was started on IV antibiotics and nebulisation with asthalin and 3% NS was given. Supplemental oxygen was given initially for respiratory distress and gradually stopped in next 2 days. IV fluids were started initially for distress but child was orally allowed the next day as distress subsided. Child responded well to the medication and was improving. Meanwhile child was also evaluated for floppiness with necessary investigation.

**TREATMENT GIVEN:**

INJ AMIKACIN

INJ CEFTRIAXONE

IVF ½ NS+5%dextrose+KCL

Syrup pacimol sos

### Investigations

Hb- 12gm%, TLC- 8500/mm<sup>3</sup> N45L55, ESR- 19mm in 1<sup>st</sup> hour, platelet- 299000/mm<sup>3</sup>  
Blood urea- 24.2mg/dl, serum creatinine- 0.55 mg/dl, serum sodium- 145meq/L, serum potassium- 4.3meq/L  
Total protein- 6.2gm/dl serum albumin- 3.9gm/dl  
Serum bilirubin(total)- 0.7mg%, Direct -0.3mg%, Indirect- 0.4mg%  
SGPT- 38.5 IU/L SGOT- 30.5 IU/L ALP-214.7units/L GGT-15IU/L  
CPK-NAC- 72.8 U/L TFT- Normal (T3- 185.7 ng/dl, T4- 11.73ug/dl, TSH- 2.99uIU/ml)

MRI brain: No definite evidence of brain parenchymal pathology or SOL, well defined T1 hypo and T2 hyperintense focal lesion measuring 3x1.5cm involving left high frontal scalp region without obvious intracranial extension, S/O hemangioma

Plan: MLPA for SMN gene deletion  
Pediatric neurologist consultation

### CONDITION AT DISCHARGE: Gc- fair

Pallor absent, No Icterus, no lymphadenopathy, no cyanosis, no clubbing, no edema, no dehydration  
PR-142/MIN, RR - 36/MIN, TEMP-98.4°F, spo2- 98% on room air  
SYSTEMIC EXAMINATION

RESPI -B/L clear, normal vesicular breath sound present, no added sounds. CVS- S1, S2, M0. CNS -intact.

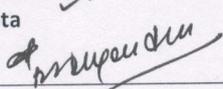
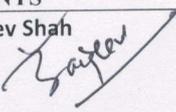
P/A- SOFT, NON DISTENDED, NON TENDER, NO ORGANOMEGALY

CNS- as described above, grossly hypotonic

### ADVICE ON DISCHARGE:

1. Physiotherapy
2. Drop V-plex 0.5ml od for 1month
3. Decon-s nasal drop B/L nostrils tds for 7 days
4. Pediatric neurologist consultation

Follow up in Pediatrics OPD SOS/ on Sunday, Tuesday and Thursday SOS.

CONSULTANT	RESIDENTS
Dr Nagendra Chaudhary Dr Badri K Gupta SIGN: 	Dr Sanjeev Shah Dr Astha 

*This is an important document, please laminate it for further reference.*