

جاری

۱۵ شهریور ۱۴۰۳

زودگذری و گذری و غیر سرسبز و نرسیده و غیره از قبیل سرسبز و غیره است
و سرسبز و نرسیده و غیره است

از سوی سرسبز و نرسیده و غیره است
از سوی سرسبز و نرسیده و غیره است 20 فروردین ۱۴۰۳ است
از سوی سرسبز و نرسیده و غیره است

از سوی سرسبز و نرسیده و غیره است

17 شهریور ۲۰۲۳

سرسبز و نرسیده



سرسبز و نرسیده

7853080

Handwritten notes in blue ink, including dates like 19/09/2023 and 19/09/2023 08:49, and some illegible text.

زودگذری و گذری و غیر سرسبز و نرسیده و غیره است
سرسبز و نرسیده و غیره است



DEPARTMENT OF CHILD HEALTH

INDIRA GANDHI MEMORIAL HOSPITAL

Kan'ba Aisaarani Higon, Male', 20402, Republic of Maldives

Tel: 3335146, 3335144, 3335224, 3335257, 3335159 (NICU), 3335490-1 (Paed-ward)



DISCHARGE SUMMARY

Name: Sufyaan Shaneez Mohamed (A483808)

Age: 1M 29D

Gender: Male

Address: Miyaaz / GA. Nilandhoo

MRN: : IGMH0000411003

Date of Admission: 26/06/2023

Date of Discharge:

27/06/2023

Weight on admission: 2.04 kg

Diagnosis: Aspiration / ?Apnea

History of Present Illness:

Presented to ER with complaint of

- Difficulty in breathing with mild secretions from nose 1 episode
- Vomiting x 1 day

According to mother, at around 11pm of 25/06/23, while baby was sleeping she noticed baby making grunting like noise and then having breathing difficulty, associated with mild secretions from the nose. Mother thinks baby might have aspirated. Baby was brought to ER, and noted to have mild chest recessions without tachypnea, and SPO2 was 97%. There was no history of cough, cold or fever. Baby is getting breast feeding with top up 27ml 3 hourly with HMF. Passing urine and stool as usual. Mother gave history of baby having similar symptom on 24/06/23, and baby was taken to ADK Hospital. According to documentation: baby was in distress with vomitus from mouth. Afebrile, RR 50/min, HR 170/min, SPO2 98% in RA, Chest B/L AEE, clear, no retractions, P/A soft. After oral and nasal suctioning distress resolved. Baby was comfortable, observed in ER, and 2 feeds given. Baby was seen by Pediatrician, and discharged with Syp Motinorm (10/1), 0.5ml BD x 5 days, nasi-saline drops x 5 days.

Birth history:

Born in GA Atoll Hospital on 27/04/23 at 10:32am, and referred to IGMH on 2nd DOL, Preterm (29 weeks) /AGA (1.1kg) / EM LSCS under GA for eclampsia. In IGMH baby treated for RDS (MV x 1 day) / Presumed Sepsis / Anemia of prematurity / NNJ / Hypokalemia / Hypocalcemia / Hypoalbuminemia / Conjunctivitis.

USG W/A (04/05/23): Prominent left renal pelvis

USG W/A (04/06/23): Normal Study

Rectal Swab C/S (09/05/23): Klebsiella pneumonia. (Rectal swab taken for colonization screen)

New born screening / TFT with in normal limits.

ROP on 23/05/23: Media clear, macula healthy, vascularization complete up to zone 2, peripheral immature retina, no ROP.

ROP on 13/06/23: BE DL + no plus disease.

ROP on 20/06/23: Vascularization beyond demarcation line in RE and ridge in LE. Zone 2 vascularization complete, no plus/pre plus disease. Review after 2 weeks (05/07/23)

Discharged on 53rd day of life to continue breastfeeding and top up feeds with HMF and mumfer drops. Reviewed in High Risk Clinic on 25/06/23, and was advised to follow up after 2 weeks.

Maternal history: 34 years G2P1L1, booked, immunized, antenatal supplements taken. Developed seizures with high BP in island went into status epilepticus, therefore undergone Emergency LSCS under GA. Mother's blood group: B+ve

O/E on admission:

Active, alert, AF at level, CRT < 2 sec, well perfused
Minimal base line recession +
RR: 50/min
HR: 170/min
SPO2: 100% in RA
Chest: bilateral conducted sounds +
CVS: normal S1S2 heard
PA: soft, full

Investigations: (All investigations attached)

CXR (25/06/23): Unremarkable
USG Cranium (26/06/23): No evidence of hemorrhage, SOL or mass effect

Treatment History:

Baby was admitted in Pediatric ward for observation. All routine investigations were normal. USG Cranium was normal. Supervised breast feeding given and continued with EBM top up 27ml 3 hourly. Started Syp Domperidone (5/5) 0.3ml PO TDS. No further vomiting, reflux or respiratory distress during hospital stay. Currently baby is being discharged in a vitally stable condition with the following advice.

On Discharge:

Afebrile, Active, alert, CRT < 2 sec, good pulse volume
CVS: S1S2 M0, Chest: B/L AEE clear, P/A: Soft, non-tender, no palpable organomegaly

Discharge plan:

Syp Domstal (5/5) 0.3ml x PO x TDS x 3 days
Nasi saline 1 drop B/L nostril SOS if nose block

Continue breastfeeding with EBM 27ml 3 hourly with HMF. To increase feed according to demand and tolerance. Burp after feeding and keep head end elevated.

Vaccinations as advised before

Follow up in High Risk Clinic as planned
Follow up for ROP on 05/07/23 as planned

Follow up in ER if any breathing difficulty, poor feeding, lethargy, increased vomiting,

Discharge advised by: Dr. Naflana Ameen (Consultant in Pediatrics)

Prepared by: Dr. Aminath Mohamed (Pediatric Officer, Pediatrics, IGMH)

Signature:



ULTRASONOGRAM REPORT

Patient Details

Name:	BABY OF FATHIMATH RASHEED (Sufyaan Shaneez Mohamed)	Date:	26-06-2023
Address:		Hospital No:	IGMH0000411003
Referring Clinician:	Dr. Naflana Ameen	Age / Sex:	2M/M

(URGENT) Cranium

Clinical Details: H/o ? Apnea / aspiration.

Cerebral hemispheres show no abnormal echoes to the visualized extent.

Posterior fossa shows no abnormal echoes to the visualized extent.

Ventricles are not dilated.

No midline shift.

Midline structures are normal.

No evidence of haemorrhage, SOL or mass effect, to the visualized extent.

Impression: No evidence of haemorrhage, SOL or mass effect.



Dr. Afla Suhail, MBBS, MD
Consultant Radiologist

Report Approved Date :26-6-2023

Department of LABORATORY MEDICINE

Lab Report : HAEMATOLOGY

MRN	IGMH0000411003 (A483808)	Department	CASUALTY AND EMERGENCY SERVICES
Name	Master SUFYAAN SHANEEZ MOHAMED	Specimen	EDTA WHOLE BLOOD
Age / Sex	1 Month(s) 29 Day(s) / MALE	Visit Type	OP / OP-002
Sample No	HM2306260002	Collected On	26/06/2023 00:12
Consulting Doctor	Dr. Aamin Hassan	Referring Doctor	

Test Name	Result	Unit	Biological Reference Interval
Hb/PCV			
Haemoglobin	10.8		-
PCV	32.4		-
TLC			
White Blood Cell Count	8.44		-
DLC			
Neutrophil	11		-
Lymphocytes	72.2		-
Monocytes	10.2		-
Eosinophils	6		-
Basophils	0.5		-
Immature Granulocyte	0.01	%	0.0-0.9
Nucleated Red Cells	1.15	/100WBC	-
Absolute Neutrophil Count	0.93		-
Absolute Lymphocyte Count	6.1		-
Absolute Monocyte Count	0.87		-
Absolute Eosinophil count	0.51		-
Absolute Basophil Count	0.04		-
Platelet Count (PLT)			
Platelet Count	624		-
MPV	9.24		-

Comments :

Note : Abnormal Results are Highlighted.

--- End of Report ---

Patient : Master SUFYAAN SHANEEZ MOHAMED | 1 Month(s) 29 Day(s) | MALE | IGMH0000411003

Sample No : HM2306260002



Test Name	Result	Unit	Biological Reference Interval
Liver Profile			
Serum Globulin			
Serum Globulins; A/G Ratio	2.27		-
SGPT/ALT (IFCC)	12	U/L	0.0-55.0
GGT (L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate)	131	U/L	12.0-64.0
Serum Calcium (Arsenazo III)	10.4	mg/dL	9.0-11.0
CRP (Quantitative) (Turbidimetric/ Immunoturbidimetric)	< 0.10	mg/dL	0.0-0.5
Comments :			

Note : Abnormal Results are Highlighted.

---- End of Report ----

Completed On 26/06/2023 01:28

Completed By Aafa Aboobakuru

Electronically generated report, no signature(s) required.

28 - baby

i-STAT CHEM8

Pt: 13

Pt Name:

Na 137 mmol/L
K 5.2 mmol/L
Cl 107 mmol/L
iCa 1.44 mmol/L
TCO2 22 mmol/L

Glu 74 mg/dL
BUN 3 mg/dL
Crea 0.2 mg/dL
Hct 25 %PCV
Hb* 8.5 g/dL

*via Hct
AnGap 15 mmol/L

CPB: No

00:14 26JUN23

Operator ID: 354796
Physician:

Lot Number: 229H230560181
Serial: 421993
Version: JAM2155A
CLEW: A46
Custom: 00000000

i-STAT CG4+

Pt: 13

Pt Name:

37.0°C
pH 7.457
PCO2 33.2 mmHg
PO2 44 mmHg
BEecf 0 mmol/L
HCO3 23.4 mmol/L
TCO2 24 mmol/L
sO2 82 %
Lac 2.80 mmol/L

00:19 26JUN23

Operator ID: 354796
Physician:

Lot Number: 217M23087128
Serial: 421993
Version: JAM2155A
CLEW: A46
Custom: 00000000




 Indra Gandhi Memorial Hospital
 Kaafos Aasandha Mirgati - 20407 | Male, Maldives
 Office +960 333 5250 | Info@igmh.gov.mv | www.igmh.gov.mv



PRESCRIPTION



Hospital No : IGMH0000411003 (A483808) **TID** : OPIGMH816932
Name : Master SUFYAAN SHANEEZ MOHAMED
 Miyaaz, Nilandhoo, Gaafu Alif, MALDIVES
Age / Sex : 4 Months 15 Days / MALE **Date** : 12/09/2023 13:14:17

Temperature	Pulse Rate	Respiratory Rate	Blood Pressure	Weight	Height	SPO2
			/			

PATIENT HISTORY AND PHYSICAL EXAM:

C/O: f/u of ROP
 PT@ 29weeks
 BW^m 1.1kg
O/E: **Others**
 BE pupils dilated
 media clear
 fundus-RE OD and macula healthy
 regressed ROP
 avascular retina+(vessels at anterior zone2)
 LE OD and macula healthy
 vessels zone 3

ALLERGIES:

FINDINGS:

INVESTIGATIONS:

DIAGNOSIS: H35.1 - Retinopathy of prematurity (regressed ROP)

MEDICATION

DOCTOR'S INSTRUCTION

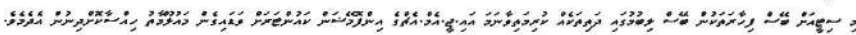
ADVICE: Child is referred abroad for RE laser photocoagulation by paediatric ophthalmologist/retina specialist

Dr. Fathimath Niuma Ahmed, PMR 0146
 Consultant in Ophthalmology



All prescriptions issued under aasandha are valid up to 30 days only.

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 Please report to IGMH information counter, if you have any difficulty in getting the prescribed medicine.




Indira Gandhi Memorial Hospital
 Kan'baa Aisearani Hingun 1 20402 | Male', Maldives
 Office +960 333 5335 | info@igmh.gov.mv | www.igmh.gov.mv



PRESCRIPTION



Hospital No : IGMH0000411003 (A483808) **TID** : ERIGMH738684
Name : Master SUFYAAN SHANEEZ MOHAMED
 Miyaaaz, Nilandhoo, Gaafu Alif, MALDIVES
Age / Sex : 3 Months 11 Days / MALE **Date** : 08/08/2023 10:20:36

Temperature	Pulse Rate	Respiratory Rate	Blood Pressure	Weight	Height	SPO2
			/			

PATIENT HISTORY AND PHYSICAL EXAM:

C/O: came for ROP screening

O/E: **Others**
 CGA@ 42 weeks
 BE vessels reached zone 3
 LE vessels at ant zone 3 not reached orra

ALLERGIES:

FINDINGS:

INVESTIGATIONS: **Others** : RETINOPATHY OF PREMATURITY (ROP)

DIAGNOSIS: H35.1 - Retinopathy of prematurity (regressed ROP)

MEDICATION

DOCTOR'S INSTRUCTION

ADVICE: review after 1 month

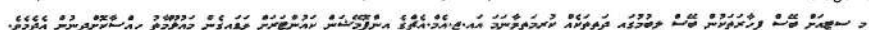


Dr. Fathimath Shaamaly Jaufar, PMR 0087
 Consultant in Ophthalmology

Signature & Seal:

All prescriptions issued under aasandha are valid up to 30 days only.

Page 1 of 1


 Please report to IGMH information counter, if you have any difficulty in getting the prescribed medicine.



DISCHARGE SUMMARY

Name SUFYAAN SHANEEZ MOHAMED (A483808) Age: 53rd DOL Gender: Male
Address: Miyaaz, Nilandhoo, Gaafu Alif MRN: : IGMH0000411003
Date of Admission: 27/04/2023 Date of Discharge: 20/06/2023

Diagnosis: Preterm /AGA/ Emergency LSCS / Post CPR status / RDS / Presumed Sepsis / Anemia of prematurity/ NNJ/ Hypokalemia/ Hypocalcemia / Hypoalbuminemia

Date and time of Birth: 27/04/2023 at 10.32am	Birth weight: 1.1 kg
APGAR score: 1min:6, 5min: 8, 10min: 9	OFC: 29 cm
Type of delivery: Emergency LSCS under GA for Eclampsia	Congenital anomalies: None apparent
Liquor quality: Clear and adequate	Evidence of fetal distress: Nil
Maturity (Gestational age): 29 WOG	Blood Group: O negative G6PD: Normal
Vit K at birth: 0.3mg given IM after birth STAT	Vaccination date: Hep B given on 28/04/2023 & BCG given on 20/06/2023

Resuscitation at birth: Referred from GA Atoll Hospital. As per history from referral centre; cried at birth. Went in to secondary apnea with no respiratory effort and no heartbeat. AMBU and CPR was given for 5 minutes. Started Nasal Prongs oxygen in view of tachypnea and retractions.

Maternal history: :34 years G2P1L1, booked, immunized, antenatal supplements taken. Developed seizures with high BP in island went into status epilepticus, therefore undergone Emergency LSCS under GA

Mother's blood group: B+ve

Investigation Summary: (Reports attached for reference)

USG Cranium (02/05/2023): No evidence of hemorrhage, Sol or mass effect

USG W/A (04/05/2023): Prominent left renal pelvis

USG W/A (04/06/2023): Normal Study

Blood C/S (27/04/2023): No growth

Rectal Swab C/S (09/05/2023): *Klebsiella pneumonia*. (Rectal swab taken for colonization screen)

Sensitive to Amikacin, Cipro, mero, nalidixic acid, Piptaz, trimethoprim/sulfamethoxazole, Intermediate:: amoxiclav, Resistant to cefepime/azone/sulbactam, ceftriaxone, Cefuroxime, gentamicin

Eye Swab C/S (15/05/2023): MRCoNS sensitive to Teicoplanin, Tetracycline, Vancomycin. Resistant to Benzylpenicillin, Ciprofloxacin, Clindamycin, Erythromycin, Levofloxacin, Trimethoprim/Sulfamethoxazole, Gentamicin

Blood C/S (24/05/2023): No growth

Progress and Treatment Notes:

On receiving at IGMH, still with grunting and subcostal and intercostal retractions, hence started on CPAP, and baby was admitted to NICU. Kept NPO, IV fluids, antibiotics (Inj. Ampicillin, Inj. Amikacin) started.

RDS

Baby was intubated and surfactant was given on DOL 1. Baby was noted to be very active with respiratory rate at 80s, hence Inf Fentanyl was started, which was tapered off on DOL 2. Baby was extubated at 33 HOL and kept on CPAP. Inj Aminophylline loading dose given and maintained, weaned off on 15th DOL after starting caffeine citrate. Baby was weaned off to FiO₂ on DOL6. Caffeine citrate stopped on 34th DOL.

Presumed Sepsis: Received Inj Ampicillin and Amikacin for 7 days

Clinical NEC: On 3rd DOL greenish aspirate was noted in OG tube for which baby was kept NPO, Inj Metronidazole started (given for 10 days), was advised to replace OG aspirate 8 hourly volume by volume.

NNJ: Baby received SSPT from 26 HOL till 6th DOL.

Conjunctivits: Treated with Tobrex eye drops

Anemia: PRBC transfused on 44th DOL

Hypoalbuminemia: Albumin transfused on DOL 13

Hypokalemia: Corrected with IV KCl

Hypocalcemia: received IV calcium gluconate

ROP screening

(23/05/2023): media clear, macula healthy, vascularisation complete up to zone 2, peripheral immature retina, no ROP. Advised to review in 2 weeks

(13/06/2023); BE DL + no plus disease. Advised to review in 1 week

Feeding and supplements

OG feeds started on DOL 2, 1 ml 6hrly. On 3rd DOL greenish aspirate was noted in OG tube for which baby was kept NPO, Inj Metronidazole started (given for 10 days), was advised to replace OG aspirate 8 hourly volume by volume.

OG feeds restarted on 7th DOL and increased as tolerated. On 28th DOL breast feeding was initiated, Syrup.Mumfer started on 32nd DOL. HMF added to all feeds on 33rd DOL. Coconut drops added to alternate feeds on 35th DOL

Others:

KMC was initiated on 5th DOL.

NNS started on 20th DOL

IV fluid was tapered off on 32nd DOL and baby was transferred to Pediatric Ward on 40th DOL.

During admission in NICU, due to a septic outbreak in NICU swab cultures were done for colonization screen; baby's rectal swab C/S isolated Klebsiella pneumonia, close monitoring was done, however no intervention undertaken as baby did not exhibit clinical signs of sepsis.

Received Domperidone drops for post feed vomiting and regurgitation. Locally applied Fusidic acid cream was started for diaper rash (received for 2 days), changed to candid cream due to excoriation along with sudocream. Nasal saline drops and NS nebulization advised for nose block.

Procedures:

UVC inserted at ~10 HOL removed on 9th DOL.

PICC line inserted on the 9th DOL, PICC line removed on 26 DOL

4/7/23

Pop rounds

CGA ① 38 weeks

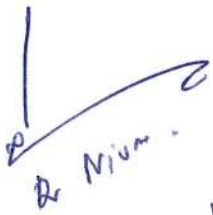
Obj

Zone II vascularization complete -

UE - small faint ridge at Zone II

Adv

See X 2 weeks



Next Apppt - 18/7/23

18/7/23

CGA ① 40 weeks

BC - vessels reached zone III

UE - straight vessels

Adv

See X 3 wk.



On Discharge: Active, alert, feeding well, passing urine and stool and systemic examination within normal limits.

CCHD Screening: Passed

Metabolic screening: WNL

Discharge weight: 1.84 kg

Discharge Plan:

ROP on 04/07/2023 (parent will be informed by NICU)

Continue Mumfer drops (50/1) (5mg/kg/day) 0.15ml PO OD

Continue HMF in all feeds with 3 drop coconut oil in alternate feed

Follow up in HRC on 25/06/2023 (Sunday) DH 2nd floor at 9 am

Vaccinate as per schedule

Optional vaccination: Synflorix Vaccine 0.5ml IM at 2, 4 & 6 months of age

Rotarix Vaccine 1.5ml PO at 2 & 4 month of age

Follow up SOS in ER if any signs of vomiting, breathing difficulty, lethargy, poor feeding, hypo/hyperthermia, yellowish discoloration of skin and sclera.

Discharge Advised by: Dr. Chandra Prasad Paneru (Consultant in Pediatrics)

Prepared by: Dr. Aminath Mohamed, Dr Shaha Hassan (Medical Officer, Pediatrics, IGMH)

Signature:

