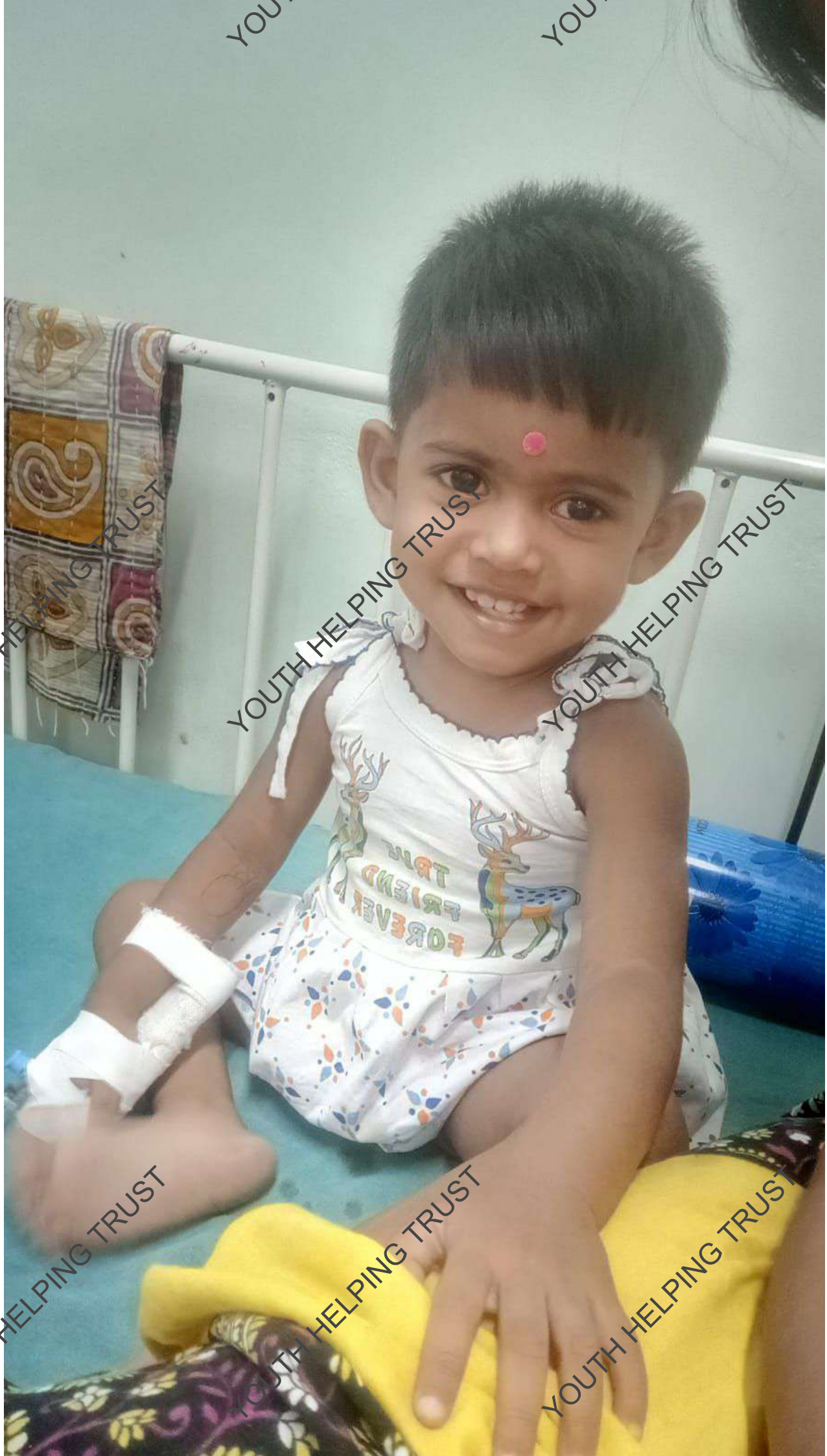
Help Priyontika to fight for her life..

CLICK HERE TO DONATE



Kindly do Billing on
S RAD001.

Kindly do billing as child baby discharged
in hemodynamically condition.

Aian
24/8/24

Follow up 31st August 24
in OPD - pedia.

(31/8/24)

Aian
24/8/24

DEPARTMENT OF PEDIATRICS

DATE 31/01/24 HEIGHT 84.5

SpO2 97 % WEIGHT 9.1 Kg

PULSE 122 BPM B/P Mm/hg

HEAD CIRCUMFERENCE 45 C

320

Pediatric Clinics
Neurology / Nephrology / Allergy & Immunology
Hematology / Genetics / Endocrinology / Gastroenterology

F/U c/o Post-infectious Bronchiolitis obliterans (Post-adenoviral infection)

MADHYAMGRAM MUNICIPALITY

P.O.- Madhyamgram, Kolkata - 700129

Memo No. MM/E.O/889/2023-24 Date 02/11/2023

TO WHOM IT MAY CONCERN

This is to Certify that ~~Sri~~/~~Smt~~/Kumari PRIYONTIKA DEY

~~son~~ / daughter / ~~wife~~ of Sri Somnath Dey

is a permanent resident of New Khulna Colony, Post: Kora Chandigarh, Dist: North 24 Parganas. Ward No 17

So far as I know he / she belongs to Scheduled Caste / Tribe / O.B.C. Community being his / her Sub caste — X — X — X — X — X — X — X — X —

So far as I know his . her family income does not exceed Rs. 72,000/- ~~per month~~ / per year. (Seventy two thousand) only

P.S.-Madhyamgram / ~~Dum Dum Airport~~, Kolkata 700130, West Bengal, under this Municipality.

So far as I know ~~he~~ / she is well behaved and bears good moral character.

MADHYAMGRAM MUNICIPALITY NORTH 24-PGS. MADHYAMGRAM

I wish ~~him~~ / her success in life.

Executive Officer
Madhyamgram Municipality
North 24-Parganas

Narayana Superspeciality Hospital
Unit of Narayana Health

Patient MRN	: 17650000233546	**Admission No**	: INP-1765-2310000700
Patient Name	: Baby Priyontika Dey	**Admission Date**	: 20/10/2023 05:15 PM
Gender/Age/DoB	: Female , 2 Year 6 Months , 12/04 /21		
	:		
Referred By	: -		
Admitting Consultant	: Dr. Shubhadeep Das(PEDIATRIC MEDICINE-PEDIATRIC CRITICAL CARE)		

FINAL DIAGNOSIS

Bronchiolitis obliterans following severe adenoviral pneumonia

CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

Baby Priyontika Dey, a 2 year old girl was admitted with complaints of respiratory distress since 1 day associated with cough and cold. She was previously admitted for almost 2 months with post adenovirus pneumonia sequale and HRCT thorax showed soft tissue emphysema with mediastinal emphysema and patchy ground glass opacity in bilateral lungs. She was managed conservatively with IV Pulse Methylprednisolone, nebulization and O2 support. The child responded well to the above treatment, is hemodynamically stable, self ventilating in room air and can be discharged with following advice.

MEDICATION AT DISCHARGE

SYP. ZINCOVIT 5 ML ONCE DAILY FOR 2 WEEKS
SYP. CALCIUM (5/250) - 5 ML ONCE DAILY FOR 1 MONTH
TAB. MONTELNBAST - 1 TAB ONCE DAILY
NEB WITH BUDECORT (2ML/500 MCG) - 2ML+1ML NS TWICE DAILYX CONTINUE
NEB WITH ASTHALIN (1ML/5MG) - 0.5 ML + 2 ML SOS
SYP. AZITHROMYCIN (5ML/100 MG) - 2 ML ONCE DAILY (0.5 MG/KG/DAY)
TAB. AZATHIOPRINE 50 M - 1/4 TAB MIX IN 5 ML WATER AND GIVEN 4 ML ORALLY ONCE DAILY (1MG/KG/DAY)
TAB. LANZOL 15 MG - 1/2 TAB ONCE DAILY 30 MIN BEFORE BREAKFAST

ADVICE AT DISCHARGE

Review with Dr. S. Das OPD after 10 days. OR ER SOS.

Discharge instructions about when and how to obtain urgent care:
In case of fever, shortness of breath, pain abdomen, skin rashes headache, bleeding from any site, vomiting please contact the hospital at 18602080208 (TOLL FREE) or attend our Emergency dept.
Medications and Discharge Summary explained by: Sumanta Dey 20168
Discharge summary issued to: Somnath Dey

Narayana Superspeciality Hospital
(A Unit of Meridian Medical Research & Hospital Ltd.) CIN U85110WB1995PLC071440
Registered office : Andul Road, Podrah, Howrah 711 109
Hospital Address : 120/1, Andul Road, Howrah 711 101
Email: info.nshhowrah@narayanahealth.org | www.narayanahealth.org
EMERGENCY HELPLINE 83348 30003

Meridian Medical Research & Hospital Ltd.
Narayana Superspeciality Hospital
(CIN NO: U85110WB1995PLC071440)
120/1, Andul Road, Howrah-711 103
(Junction of NH-6, Hooghly Bridge & Andul Road)
PATIENT HELPLINE 1800-309-0309
Appointments 180-0309-0309 (Toll Free)
Emergencies 83348 30003
Tel: 033-71205055
info.nshhowrah@narayanahealth.org, www.narayanahealth.org

DEPARTMENT OF PEDIATRICS
All India Institute of Medical Sciences, Bhubaneswar

Name: Piyuntika Dey	**Age:** 2 year	**Gender:** Female
CR No: 219172300815783 **IP No:** 219172023026254	**Date of admission:** 09/09/2023	
Father: Somnath Dey **Address:** Madhya gram, west Bengal, India		**Consultant:** Dr Bhagirathi Dwibedi Dr Rashmi Ranjan Das Dr Krishna M Gulla Dr Ketan Kumar
Diagnosis: PIBO on home oxygen therapy with acute exacerbation received Methylprednisolone from 10/9/23 to 12/9/23		

HOPI : Child is a f/u/c/o post infectious Bronchiolitis obliterans developed redness of eyes for 3 days 15days back and Hurried breathing for 15 days. Child is on Oxygen concentrator at 0.5L/min and increased requirements of oxygen for the last 15 days. No history of fever , cough, cyanosis, vomiting. For the same reason patient was admitted in AIIMS Kalyani and was discharged after 3 days and was given nebulization only.
History of weight loss of 1kg in 15 days. Last methylprednisolone on 20/05/23 to 22/5/23.
PAST HISTORY: k/C/O Severe pneumonia with Adenovirus infection 6 months ago, 07/03/23 – 04/04/23: Admitted at a Private hospital with c/o insidious onset of intermittent fever with nearly 103 degrees F, reduced with medication. received mechanical ventilation, H3FNC. 10/04/23 – 06/06/23: admitted in AIIMS Bhubaneswar treated as PIBO – Given 2 doses Methylprednisolone pulse therapy and 1 dose of IVIg at 1g/kg
For similar reason of hurried breathing patient was admitted to AIIMS Kalyani 5 days back
Antenatal history- Uneventful
Natal history: Term/ LSCS(OLIGO)/2.2 kg/ CIAB
Postnatal history: No h/o NICU admission, no neonatal seizure or respiratory distress. 3 days after birth NNJ phototherapy for 3 days.
Developmental history: Normal
Immunization: Immunized as per NIS. BCG scar mark present. Taken influenza vaccine on last 9/7/23.
Nutritional history: Complementary feeding going on
Family history: Non-consanguineous marriage present.
No H/o similar illness in family. No h/o TB contact.
SES: Lower middle socioeconomic status.

EXAMINATION ON ADMISSION: Child is alert, active, on NP.
PR -110/min,RR-54/min, SPO2-98% under 0.5L/min O2. Temp. F
Pallor, Icterus, cyanosis, clubbing, edema, lymphadenopathy absent.
ANTHROPOMETRY:

Wt	8 kg	0and -2SD
Length	80cm	-2SD and -3SD
hc	47cm	b/w 0and -1SD

Abdomen: Inspection: No redness/ dilated veins/ scar marks. Umbilicus: normal
Palpation: fluid thrill absent. Tenderness absent. Percussion: tympanic.

INVESTIGATIONS:

1.CBC

Parameter Name	08/07/23
Haemoglobin	12.7
White Blood Cell	14.39
Neutrophils	50.2
Lymphocytes	39.8
Platelet Count	386

	08/07/23
C Reactive Protein	0.73

2.LFT and KFT

Parameters	08/07/2023
Urea/creatinine	29/0.39
Na+/K+	133/4.9
TP/ albumin	7.1/4.21
TB/DB	0.4/0.1
AST/ALT/ALP	44/42/208

Hospital Course: The child who is a known case of Post-Adenovirus Bronchiolitis Obliterans was admitted with complaints of vomiting and cough with no worsening of respiratory distress or fever. Upon admission respiratory rates were 45-46/min and O2 requirement was 0.5L/min – not increased from baseline. Influenza vaccination was pending – 2nd dose – given after 28days gap from previous vaccine.

Condition at discharge: HR- 122/min, RR-52/min, No nasal flaring or retractions, SpO2- 86% in Room Air, 93-94% with 0.5L/min by nasal prongs when active, Chest: BAE equal, Crepts+ in B/L infraaxillary and infrascapular area, Wt- 8.9 Kg

Advice on discharge – Diet as advised

Continue oxygen inhalation via nasal prongs at 0.5L/min to maintain SpO2 90-94%

1) Neb Budecort (2mL/500mcg) 2 mL + 1mL NS twice daily to continue.
2) Neb Asthalin (1mL/5mg) 0.5mL + 2mL SOS
3) MDI Tiotropium (9mcg/puff) 1 puff with spacer and mask once daily.
4) Syp Omnacortil forte (15 mg/5 ml) 1 ml PO OD X 7 days till 17/07/23 and then stop
5) Syp Azithromycin (5ml/100mg) 2ml orally once daily (@5mg/kg/day)
6) Tab Azathioprine (50mg) 1/4th tab mix in 5ml water and give 4ml orally once daily (@1mg/kg/day)
7) Tab HCQ (200mg) ½ tab mix in 5ml water, give 2ml orally once daily (@5mg/kg/day)
8) Tab Montelukast (4mg) 1 tab orally once daily
9) Tab Lanzol (15mg) ½ tab orally once daily 30mins before breakfast
10) Susp Domstal (1ml/1mg) 3ml orally thrice daily 15mins before food
11) Syp Calcium (5ml/250mg) 5ml orally once daily
12) Syp Multivitamin 5ml orally once daily

Review after 4 weeks in Pediatrics chest clinic on Thursday at 2PM in Paediatrics OPD in ground floor (10/8/2023)

Can be followed up at AIIMS Kalyani every 2-4 weeks (Dr. Rohit Bhowmik, Dr. Niranjan Mishra)

Ramakrishna
SR – Dr Ramakrishna

JR – Dr Srijan

अखिल भारतीय आयुर्विज्ञान संस्थान / ଅଖିଳ ଭାରତୀୟ ଆୟୁର୍ବିଜ୍ଞାନ ସଂସ୍ଥାନ
DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING SCIENCES

Name: Priyanka Dey Age/Sex: 2y/Female Date: 18/04/2023
ID No.: 5783

CECT – THORAX

Clinical History: Post-infectious Bronchiolitis Obliterans

Findings:

Bilateral areas of patchy mosaic attenuation seen in left > right pulmonary parenchyma.
Bilateral streak-like lucencies seen in central pulmonary interstitial spaces.
No focal/ mass noted.
No evidence of pleural/pericardial effusion seen.
No significant mediastinal lymphadenopathy noted.
No lytic or sclerotic lesions in bones.

Impression:

Bilateral mosaic attenuation with pulmonary interstitial emphysema as described – post viral sequelae with ventilation barotrauma.

Dr. Aryamon
Junior Resident

DEPARTMENT OF PEDIATRICS
All India Institute of Medical Sciences, Bhubaneswar
DISCHARGE SUMMARY

Name: PIYUNTIKA DEY	**AGE: 2 years**	**Gender: FEMALE**
CR:219172300815783 IP:219172023019240	**Date of admission: 08/07/23**	**Date of Discharge: 10/07/23**
Father: SOMANTH DEY **ADDRESS:** MADHYAM GRAM, WEST BENGAL		**Consultant:** **Dr Bhagirathi Dwibedi** **Dr Rashmi Ranjan Das** **Dr Krishna Mohan Gulla** **Dr Ketan Kumar**
DIAGNOSIS: Post Infectious Bronchiolitis Obliterans (Post Adenoviral infectious sequelae)/URTI		

C/O: Cough x 3 days. Vomiting x 3 days.

HOPI: Patient was in her usual health 3 days back when she developed cough, insidious in onset, non-progressive, associated with post tussive vomiting and nasal discharge, no aggravating or relieving factors. No h/o increase in distress from baseline. No h/o loose motion. No h/o ear discharge. No h/o bluish discolouration. No h/o poor feeding. No h/o abnormal movements. No h/o burning micturition. No h/o rash over skin.

Past history: k/C/O Severe pneumonia with Adenovirus infection 3 months ago, 07/03/23 – 04/04/23 : Admitted at a Private hospital with c/o insidious onset of intermittent fever with nearly 103 degrees reduced with medication. received mechanical ventilation, H3FNC. 10/04/23 – 06/06/23: admitted in AIIMS Bhubaneswar – Given 2 doses Methylprednisolone pulse therapy and 1 dose of IVIg at 1g/kg

Antenatal history: Regular ANC visits, took IFA tablets, no h/o APH, GDM, GHTN

Birth history: Term/LSCS (elective)/B. wt-2.2kgs/cried immediately after birth

Postnatal: No NICU admission, after 3 days child had jaundice, total bilirubin 8.4, given phototherapy for 3 days and discharged

Developmental history: Developmentally normal for age

Family history – non-consanguineous marriage. no similar complaints.

Immunization: Immunised as per NIS, no AEFI, BCG scar seen, PCV and influenza vaccine first dose received in the last visit. Second dose of influenza vaccine given on 09/07/23.

EXAMINATION ON ADMISSION:

General: Child is alert, active, tachypnoeic

RR- 45/min, HR-130 bpm, Spo2-94% on 0.5L O2, BP -90/60 mmHg.

Pallor/Icterus/cyanosis/clubbing/Lymphadenopathy/edema: absent

ANTHROPOMETRY:

		Centiles
Weight	8.9 kgs	-2 to -3 SD
Height	81 cm	-2 to -3 SD
Head circumference	46 cm	-1 to -2 SD
MUAC	11.5 cm	

CNS: HMF intact, cranial nerve examination normal, no focal deficits. Motor-normal B/L symmetrical, Tone – Normal, Power-5/5, Reflex – present. No sensory deficit

Chest: Shape and symmetry normal, No scar, sinuses or dilated veins.

Trachea central, percussion resonant.

Severe ICR and SCR present.

B/L Air entry present and equal, B/L crepitations present, B/L wheeze present

CVS: precordium normal, no visible pulsations, S1 S2 heard, no murmur.

Chest: shape and symmetry normal, no scar, sinuses or dilated veins. trachea central, percussion resonant. Severe ICR and SCR present. Axillary muscles prominent.
B/L Air entry present, expiration>inspiration, B/L coarse crepitations present, diffuse Crepts present R>l along with wheeze (Inspiratory + Expiratory)
CVS: precordium normal, no visible pulsations, S1 S2 heard, no murmurs.
Abdomen: Inspection: No redness/ dilated veins/ scar marks. Umbilicus: normal
Palpation: fluid thrill absent. Tenderness absent. Percussion: tympanic.

INVESTIGATIONS:

1.CBC

Parameter Name	10/04/23	15/04/23	19/5/23	27/5/23	29/5/23
Hemoglobin	9.9	12.6	12.3	11.8	11.5
White Blood Cell	18620	13230	19.62	20.11	17.00
Neutrophils	47	60	56.1	70.8	69.7
Lymphocytes	46	34	36.7	20.2	24.4
Platelet Count	711	681	566	550	483

2.LFT and KFT

Parameters	10/04/2023	29/04/2023	27/5/23
Urea/creatinine	29/0.4	16/0.4	21/0.42
Na+/K+	130/5.9	133/5.1	132/4.2
TP/ albumin	7.5/3.83	6.9/3.7	6.8/4.4
TB/DB	0.6/0.1	0.2/0	0.2/0.1
AST/ALT/ALP	38/32/142	40/44/106	30/27/39

	11/4/23	24/4/23	27/4/23	29/4/23	19/5/23	27/5/23
Procalcitonin(ng/mL)	0.26	<0.05	<0.05	<0.05	<0.05	<0.05

		Age based cut off
IgG	10.36 g/L	4.2 – 10.51 g/L
IgM	1.74 g/L	0.48 – 2.07 g/L
IgA	1.71 g/L	0.14 – 1.23 g/L
IgE	262.09 IU/ml	0.31 – 29.5 IU/ml

CRP (27/5/23) - 0.90mg/L

2D ECHO: Normal valves and chambers. No TR/PAH, intact IAS/IVS, No PDA/no CoA.

	27-Apr-2023	29-Apr-2023
Blood Cultures	No growth after five days of aerobic incubation	No growth after five days of aerobic incubation

Hospital Course: *The child was admitted with the history of severe viral pneumonia (Adenovirus positive) followed by recurrent episodes of respiratory distress and history of nebulisations, and based on the imaging findings the possibility of Post Infectious Bronchiolitis Obliterans was kept. So, as the child had respiratory distress at admission in the form of tachypnea and intercostal retractions, so Oxygen by Nasal Prongs at 1L/min was given, and after ruling out active infection the child was given pulse dose of methylprednisolone for 3 days (First dose on 19/4/23) , along with oral HCQ, Azithromycin (@5mg/kg/day immunomodulatory dose), Azathioprine and Montelukast.*

On 29.4.23 the child developed increased respiratory distress and wheeze so was shifted to PICU and started on HHHFNC (Initially with fio2 of 70 % and Flow 12L/min). The possibilities kept were acute exacerbation of PIBO or any superadded infection were kept. Neb Asthalin, Ipratropium and Budecort were continued and child was given Hydrocortisone @ 100 mg/m2 and started on empirical antibiotics (Septran, Levofloxacin and Teicoplanin) as child had prolonged hospital stay.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Bhubaneswar-751019

CR No 2191723008157B3

CASUALTY PATIENT CARD - REPRINTED

Patient Name: PIYUNTIKA DEY
D/O. SOMANTH DEY
Address: N N Madhya Gram North Twenty Four Parganas,West Bengal India Mobile:9874650698
Category: General
Department : T E M-Gz
Counter Operator: Swarnakanti

Age/Sex : 2 Yr/F
Last Visit Date & Time : 09-Sep-2023 03:53
Fees: ₹0.00/-
Card Print Fee: ₹0.00/-
OPD Days : Sun,Mon,Tue,Wed,Thu,Fri,Sat
Patient Type: Non MLC
Room / QueNo : Trauma / 17

EMERGENCY DEPARTMENT

Chief Complaints :

TRIAGE		
RED ZONE	YELLOW ZONE	GREEN ZONE

TIME :	
ESI SCORE	
GCS	
ISS	
HEART RATE	
SPO2	
RESPIRATORY RATE	
TEMPERATURE	
BLOOD PRESSURE	

Past History :

Mechanism of Injury : (For Trauma Patients)

Road Traffic Accident: Fall: Burns:

Physical Assault: Others :

Provisional Diagnosis :

Head to toe: No facial dysmorphism. No neurocutaneous markers. No signs of vitamin deficiency.

Systemic examination:

Respiratory system: nasal flaring present, SCR+, SSR+, ICR+, Scalene retractions +, Chest shape and symmetry normal, trachea central, bilateral chest moves equally with respiration, no dilated veins/scars/sinus
percussion resonant, B/L air entry present. B/L coarse crepts + all over lung fields (R>L).

CVS: shape of precordium normal, S1, S2+, No murmur

P/A: soft, umbilicus central and inverted, no organomegaly

CNS: Tone, posture-normal, cry, activity- Good.

Investigations:

CBC	9/9/23
Hb	12
TLC	12.06k
DC	56/32/6/4
PLT	3.43 L
MCV/MCH/MCHC	69/21/31

LFT/RFT	09/09/23
Urea/ S. Cr	30/0.36
Na/K/Cl	135/4.7
TBIL/DBIL	0.7/0.1
ALP	160
T Protein/ Albumin	7.7/4.8

Hospital Course The child is a known case of RIBO presented with the above-mentioned complaints. Possibility of acute exacerbation was kept . Nebulisation asthalin, budecort and ipratropium was started. Child was started on Pulse dose of Inj methylprednisolone @ 10 mg/kg/day in view of worsening of disease activity for 3 days. PRAM score-7 before pulse methyl prednisolone and PRAM score-5 after methyl prednisolone.

Gradually the child improved clinically and oxygen was tapered. Hence child is being planned for discharge in hemodynamically stable state.

Condition at discharge: HR -110 pm, RR-32/min, SPO2-99% @ 0.5L O2/min, Temp. 98.6F
RS: B/L air entry+, equal, B/L coarse crepitations present

Plan:

- **Pulse Methylprednisolone monthly**

Advice on discharge:

1) Neb Budecort (2mL/500mcg) 2 mL + 1mL NS twice daily to continue.
2) Neb Asthalin (1mL/5mg) 0.5mL + 2mL SOS
3) MDI Tiotropium (9mcg/puff) 1 puff with spacer and mask once daily.
4) Syp Azithromycin (5ml/100mg) 2ml orally once daily (@5mg/kg/day)
5) Tab Azathioprine (50mg) 1/4th tab mix in 5ml water and give 4ml orally once daily (@1mg/kg/day)
6) Tab HCQ (200mg) ½ tab mix in 5ml water, give 2ml orally once daily (@5mg/kg/day)
7) Tab Montelukast (4mg) 1 tab orally once daily
8) Tab Lanzol (15mg) ½ tab orally once daily 30mins before breakfast
9) Susp Domstal (1ml/1mg) 3ml orally thrice daily 15mins before food
10) Syp Calcium (5ml/250mg) 5ml orally once daily
11) Syp Multivitamin 5ml orally once daily
12) Review after 4 weeks in Pediatric Chest clinic on Thursday at 2 pm/AIIMS Kalyani (Dr Rowhit Roymik) for pulse Methylprednisolone

gRamakrishna

Senior Resident- Dr. Ramakrishna

Junior Resident- Dr. Siddharth

DEPARTMENT OF PEDIATRICS
All India Institute of Medical Sciences, Bhubaneswar

Name: Piyuntika Dey	**Age:** 2 year	**Gender:** Female
CR No: 219172300815783 **IP No:** 219172023026254	**Date of admission:** 09/09/2023	
Father: Somnath Dey **Address:** Madhya gram, west Bengal, India		**Consultant:** Dr Bhagirathi Dwibedi Dr Rashmi Ranjan Das Dr Krishna M Gulla Dr Ketan Kumar
Diagnosis: PIBO on home oxygen therapy with acute exacerbation received Methylprednisolone from 10/9/23 to 12/9/23		

HOPI : Child is a f/u/c/o post infectious Bronchiolitis obliterans developed redness of eyes for 3 days 15days back and Hurried breathing for 15 days. Child is on Oxygen concentrator at 0.5L/min and increased requirements of oxygen for the last 15 days. No history of fever , cough, cyanosis, vomiting. For the same reason patient was admitted in AIIMS Kalyani and was discharged after 3 days and was given nebulization only.
History of weight loss of 1kg in 15 days. Last methylprednisolone on 20/05/23 to 22/5/23.
PAST HISTORY: k/C/O Severe pneumonia with Adenovirus infection 6 months ago, 07/03/23 – 04/04/23: Admitted at a Private hospital with c/o insidious onset of intermittent fever with nearly 103 degrees F, reduced with medication. received mechanical ventilation, H3FNC. 10/04/23 – 06/06/23: admitted in AIIMS Bhubaneswar treated as PIBO – Given 2 doses Methylprednisolone pulse therapy and 1 dose of IVIg at 1g/kg
For similar reason of hurried breathing patient was admitted to AIIMS Kalyani 5 days back
Antenatal history- Uneventful
Natal history: Term/ LSCS(OLIGO)/2.2 kg/ CIAB
Postnatal history: No h/o NICU admission, no neonatal seizure or respiratory distress. 3 days after birth NNJ phototherapy for 3 days.
Developmental history: Normal
Immunization: Immunized as per NIS. BCG scar mark present. Taken influenza vaccine on last 9/7/23.
Nutritional history: Complementary feeding going on
Family history: Non-consanguineous marriage present.
No H/o similar illness in family. No h/o TB contact.
SES: Lower middle socioeconomic status.

EXAMINATION ON ADMISSION: Child is alert, active, on NP.
PR -110/min,RR-54/min, SPO2-98% under 0.5L/min O2. Temp. F
Pallor, Icterus, cyanosis, clubbing, edema, lymphadenopathy absent.
ANTHROPOMETRY:

Wt	8 kg	0and -2SD
Length	80cm	-2SD and -3SD
hc	47cm	b/w 0and -1SD

DEPARTMENT OF PEDIATRICS
All India Institute of Medical Sciences, Bhubaneswar
DISCHARGE SUMMARY

Name: PIYUNTIKA DEY	**AGE:** 2 year	**Gender:** FEMALE
CR:219172300815783 IP:219172023010041	**Date of admission:** 10/4/23	
Father: SOMANTH DEY **ADDRESS**: MADHYAM GRAM, WEST BENGAL		**Consultant:** Dr Krishna Mohan Gulla
DIAGNOSIS: Post Infectious Bronchiolitis Obliterans (Post Adenoviral infectious sequelae)		

C/O: Breathing Difficulty X 3 Days

HOPI: patient is a k/c/o severe pneumonia with adenovirus positive. Now referred from pvt hospital for the management of the same. To start with patient was aparently normal 1.5 months before, after which she developed fever which was insidious in onset intermittent, documented 103 F, relieved with medications. Following which child was admitted, and received antibiotics and nebulization for 7 days. Patient was then discharged on MDI. 2 days after being normal child developed respiratory distress, which required admission. 7/3/23; respiratory complaints- Chest Retractions, increased respiratory rate→Pvt hospital * 3 days, → ICU HHFNC → referred (Pneumonia Bio fire panel - Tested Positive for Adenovirus)

16/3/23; referred to Narayana hospital, 3 days? ventilation→ HFNC 3 days, oxygen nasal cannula for 1 day→discharged→reached home→(29/03) 2 days later developed respiratory distress(mild)→ admitted- 3 days observation, oxygen @1L→ discharged home, readmitted with respiratory distress on 4/4/23 → one day HFNC and 11 days on 2L O2 by nasal cannula, CT scan done and referred to AIIMS Bhubaneswar

Not associated with H/O skin abscess, recurrent ear infections, oily stools, loose stools, any choking episodes, feeding difficulty

Antenatal history: regular ANC visits, took IFA tablets, no h/o APH, GDM, GHTN

Birth history: 1st order/Term/LSCS (oligo)/B. wt-2.2kgs/cried immediately after birth

Postnatal: No NICU admission, after 3 days child had jaundice, total bilirubin 8.4, given phototherapy for 3 days and discharged

Developmental history: Developmentally normal for age

Family history – non-consanguineous marriage. no similar complaints.

Immunization: Immunised as per NIS, no AEFI, BCG scar seen, not received PCV

EXAMINATION ON ADMISSION:

General: Child is alert, active, tachypnoeic

RR- 44/min, HR-150 bpm, Spo2-95% on 1L O2.

Pallor/Icterus/cyanosis/clubbing/Lymphadenopathy/edema: absent

ANTHROPOMETRY:

		Z Score
Weight	7 kgs	-4.3
Height	80 cm	-2.8
Head circumference	45 cm	-1.73
MUAC	11 cm	-3.8

Suggestive of Severe Acute Malnutrition

CNS: HMF intact, cranial nerve examination normal. No focal deficits. Motor-normal B/L symmetrical, Tone – Normal, Power>3/5, Reflex – present. No sensory deficit

DEPARTMENT OF PEDIATRICS
All India Institute of Medical Sciences, Bhubaneswar
DISCHARGE SUMMARY

Name: PIYUNTIKA DEY	**AGE**: 2 years	**Gender:** FEMALE
CR:219172300815783 IP:219172023019240	**Date of admission:** 08/07/23	**Date of Discharge:** 10/07/23
Father: SOMANTH DEY **ADDRESS:** MADHYAM GRAM, WEST BENGAL		**Consultant:** Dr Bhagirathi Dwibedi Dr Rashmi Ranjan Das Dr Krishna Mohan Gulla Dr Ketan Kumar
DIAGNOSIS: Post Infectious Bronchiolitis Obliterans (Post Adenoviral infectious sequelae)/URTI		

C/O: Cough x 3 days. Vomiting x 3 days.
HOPI: Patient was in her usual health 3 days back when she developed cough, insidious in onset, non-progressive, associated with post tussive vomiting and nasal discharge, no aggravating or relieving factors. No h/o increase in distress from baseline.
No h/o loose motion. No h/o ear discharge. No h/o bluish discolouration. No h/o poor feeding. No h/o abnormal movements. No h/o burning micturition. No h/o rash over skin.
Past History: k/C/O Severe pneumonia with Adenovirus infection 3 months ago, 07/03/23 – 04/04/23 : Admitted at a Private hospital with c/o insidious onset of intermittent fever with nearly 103 degrees F, reduced with medication. received mechanical ventilation, H3FNC. 10/04/23 – 06/06/23: admitted in AIIMS Bhubaneswar – Given 2 doses Methylprednisolone pulse therapy and 1 dose of IVIg at 1g/kg
Antenatal history: Regular ANC visits, took IFA tablets, no h/o APH, GDM, GHTN
Birth history: Term/LSCS (oligo)/B. wt-2.2kgs/cried immediately after birth
Postnatal: No NICU admission, after 3 days child had jaundice, total bilirubin 8.4, given phototherapy for 3 days and discharged
Developmental history: Developmentally normal for age
Family history – non-consanguineous marriage. no similar complaints.
Immunization: Immunised as per NIS, no AEFI, BCG scar seen, PCV and influenza vaccine first dose received in the last visit. Second dose of influenza vaccine given on 09/07/23.
EXAMINATION ON ADMISSION:
General: Child is alert, active, tachypnoeic
RR- 45/min, HR-130 bpm, Spo2-94% on 0.5L O2, BP -90/60 mmHg.
Pallor/Icterus/cyanosis/clubbing/Lymphadenopathy/edema: absent
ANTHROPOMETRY:

		Centiles
Weight	8.9 kgs	-2 to -3 SD
Height	81 cm	-2 to -3 SD
Head circumference	46 cm	-1 to -2 SD
MUAC	11.5 cm	

CNS: HMF intact, cranial nerve examination normal. No focal deficits. Motor-normal B/L symmetrical, Tone – Normal, Power-5/5, Reflex – present. No sensory deficit
Chest: Shape and symmetry normal, No scar/sinuses or dilated veins.
Trachea central, percussion resonant.
Severe ICR and SCR present.
B/L Air entry present and equal, B/L crepitations present, B/L wheeze present
CVS: precordium normal, no visible pulsations, S1 S2 heard, no murmur

Abdomen: Inspection: No redness/ dilated veins/ scar marks. Umbilicus: normal
Palpation: fluid thrill absent. Tenderness absent. Percussion: tympanic.
INVESTIGATIONS:
1.CBC

Parameter Name	08/07/23
Haemoglobin	12.7
White Blood Cell	14.39
Neutrophils	50.2
Lymphocytes	39.8
Platelet Count	386

	08/07/23
C Reactive Protein	0.73

2.LFT and KFT

Parameters	08/07/2023
Urea/creatinine	29/0.39
Na+/K+	133/4.9
TP/ albumin	7.1/4.21
TB/DB	0.4/0.1
AST/ALT/ALP	44/42/208

Hospital Course: The child who is a known case of Post-Adenovirus Bronchiolitis Obliterans was admitted with complaints of vomiting and cough with no worsening of respiratory distress or fever. Upon admission respiratory rates were 45-46/min and O2 requirement was 0.5L/min – not increased from baseline. Influenza vaccination was pending – 2nd dose – given after 28days gap from previous vaccine.

Condition at discharge: HR- 122/min, RR-52/min, No nasal flaring or retractions, SpO2- 86% in Room Air, 93-94% with 0.5L/min by nasal prongs when active, Chest: BAE equal, Crepts+ in B/L infraaxillary and infrascapular area, Wt- 8.9 Kg

Advice on discharge – Diet as advised

Continue oxygen inhalation via nasal prongs at 0.5L/min to maintain SpO2 90-94%

1) Neb Budecort (2mL/500mcg) 2 mL + 1mL NS twice daily to continue.
2) Neb Asthalin (1mL/5mg) 0.5mL + 2mL SOS
3) MDI Tiotropium (9mcg/puff) 1 puff with spacer and mask once daily.
4) Syp Omnacortil forte (15 mg/5 ml) 1 ml PO OD X 7 days till 17/07/23 and then stop
5) Syp Azithromycin (5ml/100mg) 2ml orally once daily (@5mg/kg/day)
6) Tab Azathioprine (50mg) 1/4th tab mix in 5ml water and give 4ml orally once daily (@1mg/kg/day)
7) Tab HCQ (200mg) ½ tab mix in 5ml water, give 2ml orally once daily (@5mg/kg/day)
8) Tab Montelukast (4mg) 1 tab orally once daily
9) Tab Lanzol (15mg) ½ tab orally once daily 30mins before breakfast
10) Susp Domstal (1ml/1mg) 3ml orally thrice daily 15mins before food
11) Syp Calcium (5ml/250mg) 5ml orally once daily
12) Syp Multivitamin 5ml orally once daily

Review after 4 weeks in Pediatrics chest clinic on Thursday at 2PM in Paediatrics OPD in ground floor (10/8/2023)

Can be followed up at AIIMS Kalyani every 2-4 weeks (Dr. Rohit Bhowmik, Dr. Niranjan Mishra)

Ramakrishna
SR – Dr Ramakrishna

JR – Dr Srijan

Dexmedetomidine was added in view of increasing irritability and worsening distress. Flow and FiO2 were gradually tapered and child were orally allowed with improvement in distress. IVIG was given @ 1g/kg for disease exacerbation on 29.04.23. S. Procalcitonin was negative and Blood culture was negative so antibiotics were stopped on Day 7.

The child recovered, she was shifted back to the ward, and 2nd dose of monthly methyl prednisolone was given on 20/5/23 at 10mg/kg/dose for 3 days. On 27/5/23 she again developed features of acute exacerbation in the form of increased wheezing and work of breathing along with tachypnea, which was managed with IV magnesium sulphate, Asthalin nebulisations, as wheeze persisted she was given IV Aminophylline infusion which was tapered and stopped within 24 hours as she responded well, all infectious markers were negative.

As the child was having persistent O2 requirement of 0.5L/min by nasal prongs, she was planned to be discharged on home oxygen. Oxygen cylinder and concentrator were procured with help of an NGO. She is currently having oxygen requirement of 0.5L/min with nasal prongs and is being discharged on oral Omnacortil @1mg/kg/day, Azathioprine @1mg/kg/day, HCQ, Azithromycin, Montelukast, MDI Asthalin, Tiotropium and Budecort 400mcg/day.

Parents have been explained about the disease condition, prognosis and chronic nature and possibility of intermittent exacerbations.

Condition at discharge: HR- 122/min, RR-52/min, No nasal flaring or retractions, SpO2- 86% in Room Air, 93-94% with 0.5L/min by nasal prongs when active, 96-97% in Room Air during sleep. Chest: BAE equal, Crepts+ in B/L Infraaxillary and infrascapular area, Wt- 8.5 Kg

Advice on discharge – Diet as advised

Continue oxygen inhalation via nasal prongs at 0.5L/min to maintain SpO2 90-94%

1) MDI Budecort (100mcg/puff) 2 puffs 1 minute apart with mask and spacer twice daily to continue.
2) MDI Asthalin (100mcg/puff) 2 puff 1 minute apart with mask and spacer 6hrly
3) MDI Tiotropium (9mcg/puff) 1 puff with spacer and mask once daily.
4) Syp Omnacortil forte (5ml/15mg) 3 ml orally once daily after breakfast. (@1mg/kg/day) x 2 weeks followed by 1.5 ml PO OD to continue
5) Syp Azithromycin (5ml/100mg) 2ml orally once daily (@5mg/kg/day)
6) Tab Azathioprine (50mg) 1/4th tab mix in 5ml water and give 3ml orally once daily (@1mg/kg/day)
7) Tab HCQ (200mg) ½ tab mix in 5ml water, give 2ml orally once daily (@5mg/kg/day)
8) Tab Montelukast (4mg) 1 tab orally once daily
9) Tab Lanzol (15mg) ½ tab orally once daily 30mins before breakfast
10) Susp Domstal (1ml/1mg) 3ml orally thrice daily 15mins before food
11) Syp Calcium (5ml/250mg) 5ml orally once daily
12) Syp Multivitamin 5ml orally once daily

Review after 4 weeks in Pediatrics chest clinic on Thursday at 2PM in Paediatrics OPD in ground floor (6/7/2023)

Can be followed up at AIIMS Kalyani every 2-4 weeks (Dr. Rohit Bhowmik, Dr. Niranjan Mishra)

Plan: Echocardiography to be done after 4 weeks to look for PAH

SR – Dr Karthika

JR – Dr Harini J

Head to toe: No facial dysmorphism. No neurocutaneous markers. No signs of vitamin deficiency.

Systemic examination:

Respiratory system: nasal flaring present, SCR+, SSR+, ICR+, Scalene retractions +, Chest shape and symmetry normal, trachea central, bilateral chest moves equally with respiration, no dilated veins/scars/sinus

percussion resonant, B/L air entry present. B/L coarse crepts + all over lung fields (R>L).

CVS: shape of precordium normal, S1, S2+, No murmur

P/A: soft, umbilicus central and inverted, no organomegaly

CNS: Tone, posture-normal, cry, activity- Good.

Investigations:

CBC	9/9/23
Hb	12
TLC	12.06k
DC	56/32/6/4
PLT	3.43 L
MCV/MCH/MCHC	69/21/31

LFT/RFT	09/09/23
Urea/ S. Cr	30/0.36
Na/K/Cl	135/4.7
TBIL/DBIL	0.7/0.1
ALP	160
T Protein/ Albumin	7.7/4.8

Hospital Course The child is a known case of PIBO presented with the above-mentioned complaints. Possibility of acute exacerbation was kept . Nebulisation asthalin, budecort and ipratropium was started. Child was started on Pulse dose of Inj methylprednisolone @ 10 mg/kg/day in view of worsening of disease activity for 3 days. PRAM score-7 before pulse methyl prednisolone and PRAM score-5 after methyl prednisolone.

Gradually the child improved clinically and oxygen was tapered. Hence child is being planned for discharge in hemodynamically stable state.

Condition at discharge: HR -110 pm, RR-32/min, SPO2-99% @ 0.5L O2/min, Temp. 98.6F
RS: B/L air entry+, equal, B/L coarse crepitations present

Plan:

- **Pulse Methylprednisolone monthly**

Advice on discharge:

1) Neb Budecort (2mL/500mcg) 2 mL + 1mL NS twice daily to continue.
2) Neb Asthalin (1mL/5mg) 0.5mL + 2mL SOS
3) MDI Tiotropium (9mcg/puff) 1 puff with spacer and mask once daily.
4) Syp Azithromycin (5ml/100mg) 2ml orally once daily (@5mg/kg/day)
5) Tab Azathioprine (50mg) 1/4th tab mix in 5ml water and give 4ml orally once daily (@1mg/kg/day)
6) Tab HCQ (200mg) ½ tab mix in 5ml water, give 2ml orally once daily (@5mg/kg/day)
7) Tab Montelukast (4mg) 1 tab orally once daily
8) Tab Lanzol (15mg) ½ tab orally once daily 30mins before breakfast
9) Susp Domstal (1ml/1mg) 3ml orally thrice daily 15mins before food
10) Syp Calcium (5ml/250mg) 5ml orally once daily
11) Syp Multivitamin 5ml orally once daily
12) Review after 4 weeks in Pediatric Chest clinic on Thursday at 2 pm/AIIMS Kalyani (Dr Rowhit Bowmik) for pulse Methylprednisolone

Ramakrishna

Senior Resident- Dr. Ramakrishna

Junior Resident- Dr. Siddharth

Patient Name	Baby Priyontika Dey	**Requested By**	Dr. Shubhadeep Das
MRN	17650000233546	**Procedure DateTime**	2023-04-05 11:26:13
Age/Sex	1Y 11M / Female	**Hospital**	NH-NMH & NSH

HRCT THORAX

TECHNIQUE:

Plain CT images acquired through the chest in a 64 slice scanner.

OBSERVATION:

Extensive interfascial air is noted in neck spaces involving bilateral parotid fascia, carotid space, retropharyngeal space and posterior triangle extending over the anterior chest wall.

Mediastinal emphysema is noted.

Interstitial pulmonary emphysema is noted with air along peribronchovascular bundle in right upper and the lower lobe.

Patchy ground-glass haziness are noted in bilateral lungs are in keeping with atypical viral infection.

Cardiac size is not enlarged.

No significant pericardial effusion.

No significant pleural effusion.

IMPRESSION

Findings are suggestive of :

- **Soft tissue emphysema over the neck and anterior chest wall.**
- **Extensive mediastinal emphysema.**
- **Pulmonary interstitial emphysema in bilateral lungs.**
- **Patchy ground-glass haziness in bilateral lung suggest atypical viral pneumonia.**

Dr. [redacted]

Consultant Radiologist

This is a digitally signed valid document. Reported Date/Time: 2023-04-05 17:43:43

REQUEST LETTER

Ms. Piyuntika Dey, a 2 year girl from West Bengal, is admitted at AIIMS Bhubaneswar (IPNo. 219172023010041) and her clinical diagnosis is Post Infectious Bronchiolitis Obliterans (post adenovirus infection). The child needs home oxygen and requires the following medications regularly to treat her condition.

ONE TIME EXPENSES

NAME OF THE ITEM	APPROXIMATE PRICE
OXYGEN CONCENTRATOR	Rs.70,000/
OXYGEN CYLINDER	Rs.12,000/
PULSE OXIMETER	Rs.1,500/
NEBULIZATION MACHINE	Rs.2,000/
Total	**Rs.85,500/-**

PER MONTHLY EXPENSE OF THE MEDICINES REQUIRED

NAME OF THE ITEM	NOS/ MONTH	APPROXIMATE PRICE
T.HCQ 200MG/ TAB	1	Rs.100/
VIT D SACHET 60,000 IU/ sachet	1	Rs.40/
TAB AZATHIOPRINE 50MG/ TAB	1	Rs.230/
SYRUP CALCIMAX (250MG/5ML)	1	Rs.170/
SYRUP MVT	1	Rs.176/
SYP DOMSTAL (1MG/ML)	6	Rs.250/
TAB LANZOL JR (15MG/TAB)	2	Rs.300/
TAB MONTELUKAST (4MG/TAB)	3	Rs.360/
SYRUP AZITHROMYCIN (100MG/5ML)	2	Rs.160/
SYRUP OMNACORTIL FORTE (15MG/5ML)	2	Rs.100/
NEB ASTHALIN SOLUTION	2	Rs.20/
NEB BUDECORT RESPULES (500MCG/2ML)	60	Rs.2160/
MDI TIOTROPIUM 9MCG/PUFF	1	Rs.500/
Total		**Rs.4566/-**

The cost of above medications is an approximate estimate only. It is being issued on the request of parents for financial assistance

23/5/23