Institut Jantung Negara
National Heart Institute
145, Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia.
Tel: (03) 26178200 Fax: (03) 26982824

Tarikh : 17/12/2011

Unit Taksiran Khas
HKL/Kementerian Kesihatan Malaysia
Di Institut Jantung Negara

Tuan/Puan,

RUJUKAN UNTUK PERMOHONAN BANTUAN SUBSIDI BAGI RAWATAN DI IJN

Nama Pesakit	**:MUHAMMAD AQIEL ASYRAAF BIN ZAMRI**
No. MRN	**:275971**
Rujukan Hospital/Klinik	**:hospital sultanah aminah, jb, johor**
Jenis rawatan	**:Pesakit Dalam**
Tarikh rawatan/kemasukan	**:15/12/2011**
Jenis pembedahan/prosedur	**:pda/vsd**
Anggaran kos	**:RM 50,000.00**

Dari perbincangan pihak kami dengan pesakit/waris, kami mendapati pesakit/waris tidak dapat menjelaskan sepenuhnya kos rawatan yang akan dikenakan. Sehubungan dengan itu, sukacita sekiranya pihak tuan/puan dapat membuat taksiran dan pertimbangan subsidi yang sewajarnya ke atas pesakit dan memaklumkan keputusan permohonan ini kepada kami untuk tindakan selanjutnya.

Sekian, terima kasih.

Yang benar,

Nama:

Untuk digunakan oleh Unit Taksiran Khas sahaja. **MUHAMMAD AQIEL ASYRAAF BIN ZAMRI** **(2759**
Ulasan:

Nama & tandatangan:

INSTITUT JANTUNG NEGARA
National Heart Institute

DISCHARGE SUMMARY

[ ] CARDIOLOGY [ ] CARDIOTHORACIC [x] PAEDIATRIC CARDIOLOGY

PATIENT NAME: MUHAMMAD AQIEL ASYRAAF BIN ZAMRI	**MRN NO: 275971**
ADMISSION DATE: 15/12/2011	**DOB: 06/09/2011**
DISCHARGE DATE: 05/01/2012	**IC NO: 110906011273**
CONSULTANT NAME: MR. SIVAKUMAR SIVALINGAM/ DR. GEETHA KANDAVELLO	

Reason for admission:
For surgery

Principal diagnosis:
- Large Perimembraneous Ventricular Septal Defect (PMVSD) and Patent Ductus Arteriosus (PDA)
- Heart failure (Pre-Operative Ventilated)

Secondary diagnosis:
Gastro-oesophageal reflux disease (GORD)

Previous Surgery: NIL

Relevant physical finding:
On arrival he was:
- On ventilator support. Cardiovascular dual heart sounds present with PSM grade 2/6 heard at left lower sternal edge.
- SPO_2 85-95%,
- HR 140-150, BP 96/55
- P/A: Liver 3cm

Principal procedure(s) & findings:
Closure of VSD and Ligation of PDA was done on 30/12/2011 by Mr. Sivakumar and his team. Intraoperatively was uneventful.

Brief hospital course:
1. Chronic lung disease: prolonged ventilation
   - Currently, he is ventilated with SIMV mode Pressure 12, PEEP 8, Rate 30, FiO_2 55%. His oxygen saturation is 100%. Latest ABG today pH 7.38, pCO_2 49, PO_2 203, BE 3.2, HCO_3 28.8.
   - His latest CXR on 05/01/2012 showed mild right lung collapse. Compared to previous CXR, latest CXR showed marked improvement.

2. Presumed sepsis – Pseudomonas aeruginosa on Tracheal aspirate
   - He had Pseudomonas aeruginosa in Tracheal aspirate on 27/12/2011 (Sensitive to Ceftazidime, Gentamicin, Ciprofloxacin and Pip Tazocin). We started him on IV Ciprofloxacin and Amikacin on 30/12/2011. Previously he completed 15 days of IV Vancomycin. Noted Suspect Pseudo. Aeruginosa on eye discharge swab C/S. Initial preliminary result for blood C&S was no grown but tracheal aspirate C&S result was done on 04/01/2012 still pending.

3. Pulmonary hypertension
   - Pulmonary hypertension post-op was noted. Currently, patient was stable on Syr Sildenafil

4. Small residual PDA
   - Small residual PDA with insignificant hemodynamic was noted. This residual ~~VSD~~ PDA will on regular follow-up and may be spontaneous closed in future.

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5. Feeding:
    - He was started on feeding 40ml/3hourly and he is tolerating his feeds.

Condition of patient upon discharge:
Post op echocardiography on 03/01/2012 showed:

- No pleural effusion. No pericardial effusion
- Mild TR with PG of 32mmHg
- Mild AR – No MR
- No residual VSD
- Mild PR with PG of 19mmHg
- Small residual of PDA seen with left to right shunt – PG 43mmHg
- Good LV function EF 62%.
- Both diaphragms moving well.
- No LPA or arch obstruction.

*(*Pleural and pericardial effusion are common complications following cardiac surgery. They should be suspected if the patient presents with cardiac-respiratory symptoms)*

Medications:

1.	Neb Combivent	½ 4 hourly
2.	MDI Budesomide	200mcg bd
3.	IV inf. Dormicum	15mg/50ml 1.4ml/hourly
4.	IV Amikacin	50mg od (Day 7)
5.	IV Ciprofloxacin	35mg bd (Day 7)
6.	IV Lasix	3mg tds
7.	IV Maxolon	0.5mg qid
8.	IV Ranitidine	4mg tds
9.	Syr Captopril	3mg tds
10.	Syr Sildenafil	2mg qid
11.	Mist KCl	2.5mg tds
12.	CMC ointment for LA	
13.	CMC eye drop 4 hourly	

Follow up care (clinic visit):
To be seen in cardiothoracic clinic and paediatric cardiology clinic in 6 weeks' time after discharge from Hospital Sultanah Aminah

Plan of management:

1. Continue ventilation – try to extubation if possible
2. To complete IV Ciprofloxacin and Amikacin for 2 weeks.
3. Start Prednisone if infection controlled.
4. Refer dietician to optimize calorie intake for weight gain.

Referring Doctor / Address:
Dr. Racine Tan
Paediatric Intensive Care Unit,
Hospital Sultanah Aminah,
80100 Johor Bahru

Clinical Specialist / Medical Officer:

PAEDIATRIC CLINICAL SPECIALIST
PAEDIATRIC CARDIOLOGY DEPARTMENT
PICU
INSTITUT JANTUNG NEGARA

Signature: .....

Name: .....**DR. VU NANG PHUC**..... Date: .....**05/01/2012**.....

This is a computer generated letter and this letter shall not be treated as valid and enforceable provided it Has been duly and properly signed by IJN's doctor at the place marked.
ANY ENQUIRIES : PLEASE CALL – MAIN LINE (03-26178200), EMERGENCY DEPT.(03-26178407/08), CALL CENTER (03-26178844)