

CASE SUMMARY

NAME: B/O PRIYANKA TANWAR TWIN II

AGE: 29 DAYS / MALE

UHID No.: RSHI.0000078130

IPD No. RSHIIPV36567

ADMISSION DATE: 23.01.2026

SUMMARY DATE : 21.02.2026

ADDRESS: WZ-58/3, TATAR UR TAGORE GARDEN

DIAGNOSIS: DADC TWIN II/ MODERATE PRETERM /32 WKS /AGA/1640
GMS/LBW/ SEVERE RDS/ SHOCK (R)/ PPHN/ BILATERAL GRADE 1 IVH/NNH/
EVOLVING BPD/ ANEMIA

MATERNAL DETAILS

AGE: 40 YEARS

PARITY: G4P1L1A2

GESTATION: 32 WEEKS

BLOOD GROUP: B POSITIVE

OBSTETRIC CONDITION: FGR, PPROM, IHCP

OBSTETRICIAN: DR. ARCHANA DHAWAN

BAJAJ

NEONATAL DETAILS

DOB: 23.01.2026

TOB: 12 : 53 PM

SEX: MALE

MOD: LSCS

APGAR SCORE: 6 at 1 min, 9 at 5 mins

BIRTH WEIGHT: 1640 GRAMS

Resuscitation details: Baby cried immediately after birth but had weak cry so PPV was given for 5 seconds. After that baby had respiratory distress (RD score 5), so delivery room CPAP was given. Baby was shifted to NICU in incubator.

PHYSICAL EXAMINATION

Cry- Good **Color-** Pink **Cord vessels-** 2 arteries, 1 vein **Eyes/Ears-** Normal

Spine- Normal **Anal opening-** Normal **Femoral-** Palpable bilaterally

SYSTEMIC EXAMINATION

RS- Bilateral air entry equal, Normal vesicular sounds

CVS- S1 S2 normal, no murmur appreciated.

P/A- Soft, Non distended, No organomegaly, BS+

CNS- AF at level, Tone normal, neonatal reflexes present

INVESTIGATIONS (Reports attached along with)

CHD Screening: Negative

Metabolic screen Due

VACCINATION:

BCG, Hepatitis B and Polio -Due

TREATMENT GIVEN

Mechanical ventilation, NIMV, CPAP, Surfactant, Inj Piptaz/ Amikacin- 8 days, Meropenem/vancomycin- 14 days, Inj. Vitamin K 1mg IM at birth, nutritional support, supportive care.

COURSE DURING HOSPITAL STAY:

SEVERE RDS WITH EVOLVING BPD: In NICU, Baby was started on CPAP (Fio2 30/ PEEP 6). But baby was not maintaining saturation, so baby was intubated and surfactant was given. Ivo persistent respiratory distress, mechanical ventilation was continued (SIMV+PS). Relevant investigations were sent ivo PPROM and started on iv antibiotics (inj piptaz/ amikacin). As baby was not maintaining saturations on higher settings (PIP-20/ Fio2-80% and PEEP 6), baby was shifted to HFO ventilation (Delta P -45/ MAP 16/f 9/ Vt 7/Fio2 30). ECHO was done showed severe PAH/ PPHN. Gradually respiratory distress improved and vent settings were reduced. Baby was then shifted to conventional mode followed by extubation on DOL 3 to NIMV (PIP 18/PEEP 6/40 % Fio2/RR 40). As blood culture was sterile, so antibiotics were stopped after 8 days. Gradually, respiratory distress improved. On DOL 10, baby was shifted to CPAP (30/6). Repeat ECHO was done on DOL 12, which showed moderate PAH. On DOL 14, baby had increased FIO2 requirement, so relevant investigation were sent and CXR was done which shows rt sided homogenous opacity. Inj meropenem and vancomycin was added and chest physiotherapy started. On DOL 20, baby was again shifted to NIMV ivo respiratory distress and fluctuating spo2. On DOL 21, inj dexa (DART regimen) was started as baby had persistent high fio2 requirement. As there was no response to inj dexa and baby was persistent requiring high Fio2, CT chest was planned. **CT chest** was done, which shows extensive interstitial thickening in bilateral lung along with mild interspersed GGOs and few fibrotic bands. Mild peribronchovascular thickening along with attenuated lumen of distal bronchioles. Possibility of underlying broncho pulmonary dysplasia. Inj dexa continued.

Currently baby is on NIMV (Fio2- 30/ PIP 18/ PEEP 6.5/Ti 0.35/ RR 40).

PPHN : On DOL 2, ECHO was done showed severe PAH/ PPHN. Baby had labile saturations. Repeat ECHO was done on DOL 12, which showed moderate PAH.

FEEDING: Baby was kept NPO on DOL 1 ivo shock and started on IVF. Minimal enteral feeds were

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started from Day 3 as baby was off inotropes and gradually feed built up and fluids stopped.

Currently baby is on full OG feeds.

SHOCK : Baby was started on Inj adr lvo low MAP on DOL 1. Further inotropes were added (dopamine/dobutamine). lvo suspected PPHN, milrinone was added but it was stopped because of fall in BP and vasopressin was added. lvo catecholamine resistant shock, inj hydrocort was given. On DOL 2, gradually baby was stabilized and was off inotropes on DOL 3.

NNH : Baby received phototherapy for 24 hr on DOL 7.

ANEMIA : Baby received blood transfusion 1 time on DOL 27 during the stay lvo Hb 8.4

USG CRANIUM : On DOL 6, USG was done which showed bilateral grade 1 IVH.

ROP SCREENING : planned at DOL 28.

CONDITION AT PRESENT

Baby is on NIMV (Fio2- 30/ PIP 18/ PEEP 6.5/TI 0.35/ RR 40), eutermic, active, alert, hemodynamically stable, accepting tube feeds well, passing urine and stools adequately.

WEIGHT: 2000 gms

PMA -36+ 1 WEEKS

For

CONSULTANT

prayan
TSC

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