

Prenatal Detection of CONGENITAL HEART DISEASE

Abnormal Mid Trimester Screening Scan
(Sonographer/Obstetrician/Fetal Medicine Specialist)

- Abnormal cardiac screening views (FASP views)
- Abnormal cardiac rhythm e.g. bradycardia/tachycardia

Abnormal Cardiac Views Any Gestation
(Sonographer/Obstetrician/Fetal Medicine Specialist)

- Abnormal cardiac screening views (FASP views)
- Abnormal cardiac rhythm e.g. bradycardia/tachycardia

Refer to National Fetal Cardiology Service for Detailed Fetal Echocardiography Assessment & Counselling

Confirmed Congenital Heart Disease (CHD)

- Counselling by fetal cardiology/fetal medicine team & specialist fetal medicine midwives
- Genetic testing offered where appropriate
- Detailed echocardiography report available on Maternity Badger™
- Patients provided with written information and contact details of specialist cardiac centre
- Formal letter to referring centre; GP and patient detailing outcome of the fetal echo; counselling session; prognosis & postnatal management plan
- F/u appointment confirmed
- Appointment to meet with Cardiac Nurse Specialists in the 3rd trimester

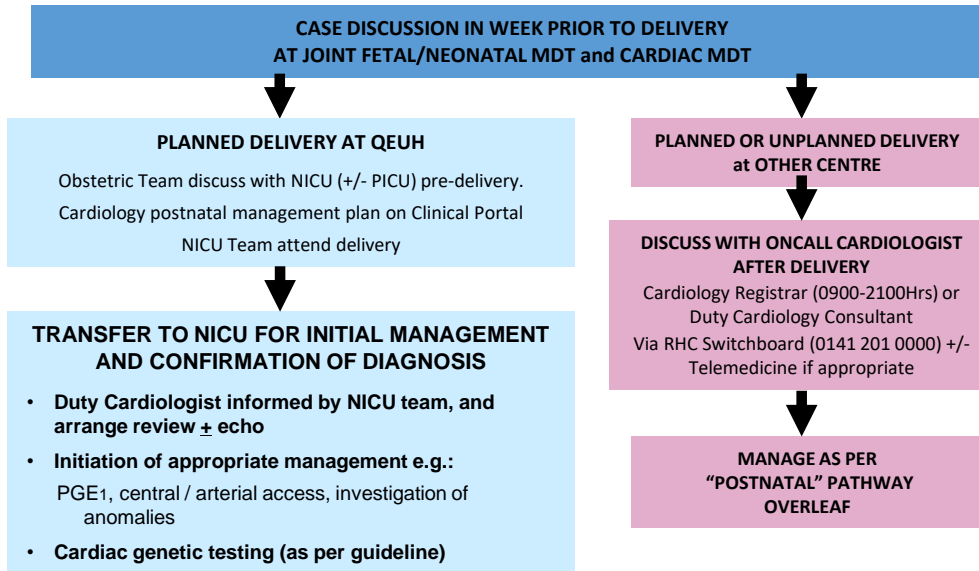
Planned Delivery in Specialist Cardiac Centre

- Case presentation at combined weekly fetal medicine/neonatal meeting
- Case presentation at Cardiac MDT
- Postnatal management plan available electronically

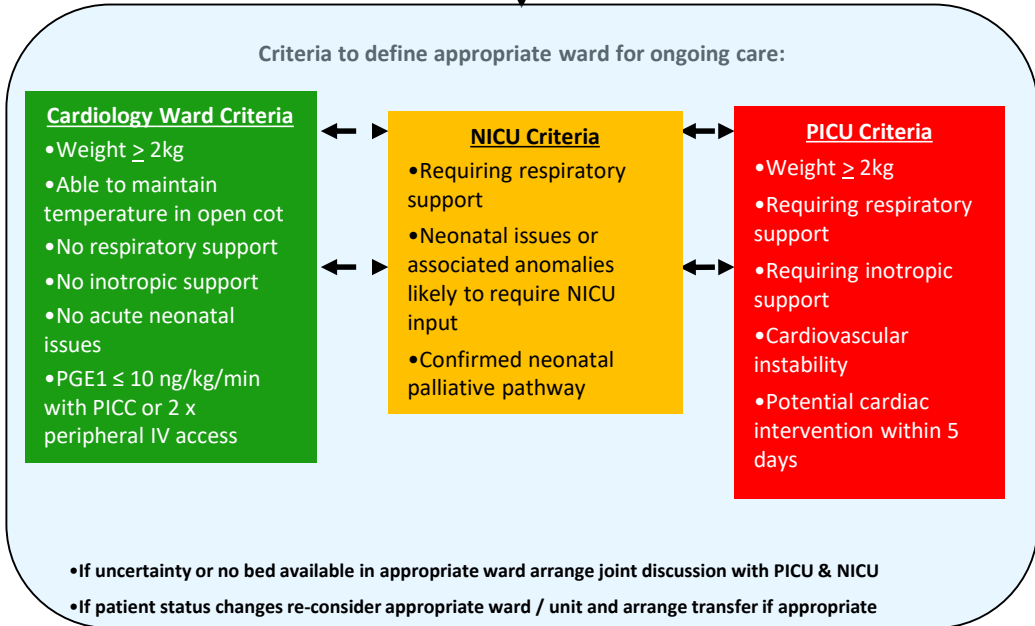
Planned Delivery in Local Hospital

- Local obstetric & neonatology team informed of the postnatal cardiac plan
- Paediatric cardiology team to be informed of delivery to ensure appropriate f/u arranged

NEONATE WITH ANTENATALLY DETECTED CONGENITAL HEART DISEASE



DETERMINE APPROPRIATE WARD FOR ONGOING MANAGEMENT



NEONATE WITH POSTNATAL SUSPECTED / DETECTED CONGENITAL HEART DISEASE

CARDIAC REFERRAL SOURCE
e.g. GP, Health visitor, Midwife, A&E, Neonatal, Postnatal or Paediatric Ward (Registrar or Consultant)

Discussion with Duty Cardiologist
Including clinical management plan e.g. need for prostaglandin E1
Cardiology Registrar (available 0900-2100Hrs), or contact Duty Cardiology Consultant
Via RHC Switchboard (0141 201 0000) +/- Telemedicine if appropriate

STABLE INFANT SUITABLE FOR OUTPATIENT REVIEW?

YES

Arrange cardiology rapid access clinic appointment or routine clinic referral

NO

REQUIRES IMMEDIATE TRANSFER FOR ASSESSMENT AND MANAGEMENT

IMMEDIATE RETRIEVAL AND ADMISSION PROCESS:

- Referrer ± Duty Cardiologist refer urgently to Emergency Transport Service (SCOTSTAR)
- Admission Unit guided by *Admission Criteria* below
- Conference Call with Referrer, Cardiologist, Transport Lead, and Duty NICU/PICU Consultant.

Admission Criteria to guide appropriate ward for admission:

Cardiology Ward Criteria

- Weight \geq 2kg
- Able to maintain temperature in open cot
- No respiratory support
- No inotropic support
- No acute neonatal issues
- PGE1 \leq 10 ng/kg/min with PICC or 2 x peripheral IV access

NICU Criteria

- Requiring respiratory support
- Neonatal issues or associated anomalies likely to require NICU input
- Confirmed neonatal palliative pathway

PICU Criteria

- Weight \geq 2kg
- Requiring respiratory support
- Requiring inotropic support
- Cardiovascular instability
- Potential cardiac intervention within 5 days

PHONE NUMBERS

Duty cardiologist, NICU consultant via RHC switchboard: 0141 201 0000
RHC PICU: 0141 452 4760 / 4761 RHC NICU: 0141 232 4710 / 4760
RHC PICU Intensivist: 0141 452 4718 SCOTSTAR: 03333 990222

NEONATE WITH CONGENITAL HEART DISEASE

Intra-hospital Transfer

DETERMINE APPROPRIATE WARD FOR ONGOING MANAGEMENT

Criteria to define appropriate ward for ongoing care:

Cardiology Ward Criteria

- Weight \geq 2kg
- Able to maintain temperature in open cot
- No respiratory support
- No inotropic support
- No acute neonatal issues
- PGE1 \leq 10 ng/kg/min with PICC or 2 x peripheral IV access

NICU Criteria

- Requiring respiratory support
- Neonatal issues or associated anomalies likely to require NICU input
- Confirmed neonatal palliative pathway

PICU Criteria

- Weight \geq 2kg
- Requiring respiratory support
- Requiring inotropic support
- Cardiovascular instability
- Potential cardiac intervention within 5 days

- Patient reviewed by cardiology team & accepted for ongoing care by duty cardiologist
 - Patient plan documented in patient notes \pm JCC Discussion
- Cardiology Consultant documented 'Accepted for transfer' in the medical notes
- Complete nursing SBAR – share with both teams
- Discussion at daily huddle – confirm bed availability
- Transfer to Ward 1E/PICU when bed available

Transfer to Ward 1E or PICU

RHC PICU: 0141 452 4760 / 4761

RHC Ward 1E: 0141 452 4438