

Okay, so what now?



Nursing Assessment

- ◉ Breathing
- ◉ Circulation/Perfusion
 - › Capillary refill
- ◉ Color
 - › Central cyanosis vs. Acrocyanosis (expected)
- ◉ Vital Signs
 - › 4 extremity blood pressure
 - › Saturation
 - Pre-ductal vs. Post-ductal
 - › Heart Rate
- ◉ Auscultation- presence of murmur
- ◉ Tone



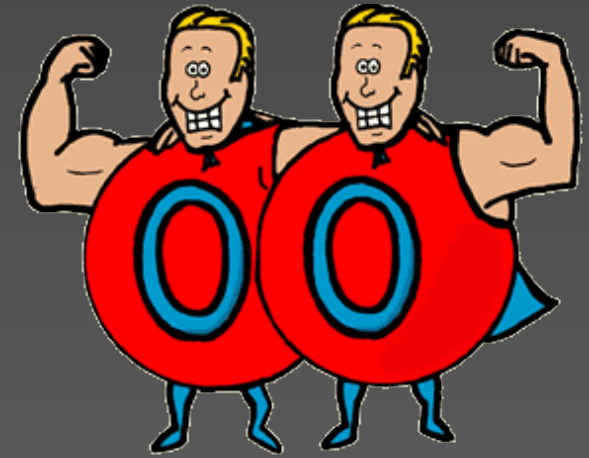
Ok, so what now?

- ◉ Do we need to transfer to another facility?
 - > Suspect Congenital Heart Disease (CHD)
 - > Arrhythmias
 - > Congestive Heart Failure
 - > Critical care treatment unable to be provided by current facility
 - > Respiratory distress
 - > Known CHD (fetal diagnosis)



Aortic arch in fetus

The nurse's role



- ◉ Monitor airway and breathing
 - > Do they need ventilatory support?
 - > Chest X-Ray
 - Cardiomegaly, "Egg on string", "Boot"
 - > Hyperoxia test
 - Will see minimal improvement in saturation with brief hyperoxygenation in cyanotic heart disease and no improvement in PaO₂.
 - > Blood Gas- Arterial vs. Venous vs. Capillary
 - pH, PaO₂, CO₂, Lactate, etc.
 - > Oxygen?
 - Does it improve saturations?
 - Often not in CHD
 - Can it harm?
 - Think how will O₂ affect their physiology

The nurse's role

● Access!

- > UVC
- > UAC
- > PICC line
- > PIV



*Monitor lines closely

The nurse's role

- Prostaglandin E (PGE, "Prostin", Alprostadil)
 - What does it do?
 - Maintains patency of the Ductus Arteriosus
 - Can be used for 2 reasons!
 - To provide pulmonary blood flow (Critical PS, PA, TA, TGA) or to provide systemic blood flow (HLHS, Critical AS, AA, COA, IAA)
 - What do we need to look for?
 - **Apnea**, peripheral vasodilation, hyperthermia, hypotension
 - Acute Decompensation- always check to make sure PGE infusion is getting to the patient!
 - Dosage- **keep LOWEST effective dose**
 - Initial: 0.05-0.1mcg/kg/min to open IF NEEDED
 - 0.01-.04mcg/kg/min to maintain

Does Prostaglandin require intubation for transfer?

- ◉ Not necessarily

- > Why?

- At the appropriate low dosing, apnea is possible but rare.
 - Transport teams are better equipped to intervene en route than in the past.
 - Elective intubation can set the patient up for further complications (accidental extubation/dislodgement)
 - Depends on comfort of transport team and preference of referring hospital.

Don't forget the parents!



Don't forget the parents

- ◉ Mom and Dad just entered a tornado!
- ◉ Explain
 - › What you are doing and why the baby may need transfer.
- ◉ Listen
 - › Their world is being turned upside down.
- ◉ PREPARE
 - › Echocardiogram (Heart Ultrasound)
 - › PGE (Medicine, IV access)
 - › Respiratory Support (Breathing tube, O2)

Their Future



Thank you

- Rachael Faustino (Steuer), CPNP
 - > Pediatric Cardiology Nurse Practitioner
 - > Maria Fareri Children's Hospital

