

Document Control

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Superseded Documents:			
Version 2			
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October 2024		October 2027	3 years
Stakeholders Consulted (list all)			
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Approved By: Paediatric RT+FG On behalf of the CHD Network Board			
Date: 4th November 2024			
Disclaimer:			
<p>This clinical pathway was produced after careful consideration of available evidence in conjunction with clinical expertise and experience. It is intended that Trusts within the region will adopt this pathway after review through their own clinical governance structures. This pathway does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient</p>			
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Acute Postnatal Cardiac Pathway for Neonates and Infants

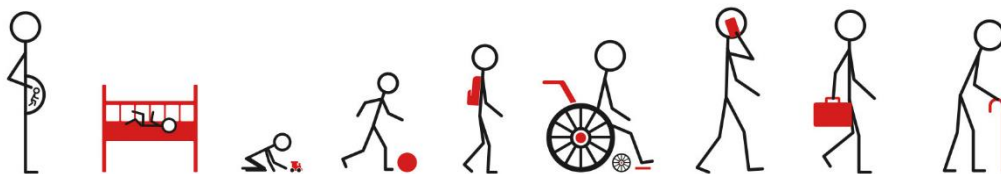
Date: 11th November 2024

Stakeholders:

North West Neonatal Operational Delivery Network
North West and North Wales Paediatric Transport Service (NWTS)
Connect North West (Neonatal Transport Service)
North West Paediatric Critical Care Network

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Acute Postnatal Cardiac Pathway for Neonates and Infants

Purpose

The purpose of this Acute Postnatal Cardiac pathway is to ensure all infants born in the North West of England, North Wales and the Isle of Man with a confirmed or suspected cardiac anomaly receive equitable, high quality cardiac care. It is important that specialist cardiac resources and services are utilised efficiently and appropriately.

Please contact Connect North West or NWTs (numbers below) as appropriate in the first instance. They will set up a conference call with the relevant cardiology team to develop a specific management plan.

Useful Contact Numbers:

Transport Teams

Connect North West (Neonatal transport team)

➤ **0300 330 9299**

North West and North Wales Transport Team – NWTs (Paediatric transport team)

➤ **08000 848 382**

Acknowledgement

The North West Neonatal Operational Delivery Network (NWNODN) and The North West, North Wales and the Isle of Man Congenital Heart Disease (CHD) Specialised Services Clinical Network (SSCN) who reviewed and developed this document would like to acknowledge and thank all those individuals and organisations who have contributed to the development of this acute cardiac pathway. This guideline builds upon previous work undertaken across the region.

CYANOSED OR POORLY PERFUSED NEONATE/INFANT WITH SUSPECTED CARDIAC DISEASE
following resuscitation with ABC measures

Antenatal diagnosis

Unplanned/ preterm delivery outside cardiac centre
****read fetal report and follow management plan****

No antenatal diagnosis

Cardiac disease / anomaly clinically suspected

***common CHD requiring urgent surgery or intervention**

- TGA
- TAPVD
- Unstable Fallots
- CoA (no Duct)
- Univentricular Anatomy

Continue stabilisation and investigations
Assess with echocardiography if available

Neonatal Units contact – Connect North West 0300 330 9299 **Infants or neonates *outside* of neonatal units contact –NWTS 08000 848 382**
Transport team will set up a **conference call** to include the referring hospital, cardiology and the appropriate transport team (Connect NW or NWTS). The call will allow a management plan to be developed regarding management and support (**including the potential of initiating Prostin/iNO**).

Cardiac diagnosis

confirmed on local echocardiogram

Cardiac diagnosis suspected clinically

Echo not available

Diagnosis unknown

Echo not available

Lesion likely to require surgery, intervention within 2 weeks
*Refer to info box**

Lesion unlikely to require early intervention

SpO₂ < 75% (ventilation optimised)
Poor response to iNO, prostin, ongoing cardiovascular compromise, inotropic requirement, arrhythmia

SpO₂ ≥ 75%
Good response to initiating prostin

Good response to iNO/intensive care Rx
Pre term infant < 34 weeks

Transfer to Alder Hey

Transfer to nearest cardiac centre
AHCH or SMH/RMCH

Transfer to Alder Hey

Transfer to nearest cardiac centre
AHCH or SMH/RMCH

Conference call to discuss NICU transfer/ assessment

IF NO APPROPRIATE BED IN CARDIAC CENTRE

Transport team should conference call cardiology at AHCH and/or RMCH to discuss management if diagnosis unclear. **Every effort should be made to provide a definitive diagnosis within the NWNODN** prior to bed re-evaluation and consideration of transfer to another cardiac centre outside of the North West CHD Network