

# CARDIAC PATIENTS POST SURGERY PRESENTING TO ED – CHW

## PRACTICE GUIDELINE<sup>®</sup>

### DOCUMENT SUMMARY/KEY POINTS

**This document provides guidelines for the care of children presenting to the Emergency Department (ED) following cardiac surgery.**

- This document is intended as a brief summary of the management of the child presenting to the Emergency Department (ED) following cardiac surgery:
  - It is intended for children presenting within 30 days of discharge post cardiac surgery
  - These children are high risk and may be difficult to assess
  - Senior medical staff are required in the management of these children
  - All children will be allocated Category 3 status or higher, ensuring placement in a monitored bed and medical review within 30 minutes

### CHANGE SUMMARY

- Due for mandatory review. No change in practice.
- Change to the title of document as it was difficult to locate under previous title. Cardiac now appears at the beginning of the document to aide in searching.

### READ ACKNOWLEDGEMENT

- All ED clinical staff: nurses and medical officers need to understand and acknowledge this document

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> June 2019	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Department Head	<b>Area/Dept:</b> Emergency Department

## Guideline

### Background

- These guidelines are for children presenting to ED within 30 days of discharge following cardiac surgery.
- It is recognised that these children are a high risk group and may be difficult to assess.
- They require early involvement of senior medical staff in their management.
- Specific complications such as cardiac tamponade, sepsis, subacute bacterial endocarditis (SBE), wound infection, mediastinitis, shunt blockage, Dressler's Syndrome, emboli and fluid overload need to be considered.

### Triage

- All children will be allocated Category 3 status or higher, ensuring placement in a monitored bed and medical review within 30 minutes.
- A weight should also be obtained.

### Monitoring

- Blood pressure, heart rate, oxygen saturations should be continuously monitored and should be recorded regularly. The frequency of recording these will depend on the child's clinical status.

### Medical assessment

- After an initial medical assessment, the treating ED doctor will advise the Cardiology Fellow on-call and the Cardiac Surgery Registrar of the patient's condition and the plan for their care in ED.
- They will in turn notify the Cardiology and Cardiac Surgery Consultants concerned.
- In hours, the cardiothoracic nurse practitioner (page 7096) may be able to assist in the liaison with the cardiac surgical team.

### Investigations

- FBC, UEC are mandatory.
- Chest X-Ray is mandatory – erect if possible (depending on age and condition). If medically suitable, this may be done in the Radiology Department, with cardiac monitoring and a nurse escort.
- Blood cultures should be taken if there is a suspicion of sepsis. COAGs should be done if patient is on anticoagulants.

### Admission

**NOTE: When presenting after hours, all patients will be admitted.**

- Admission is made under the cardiologist or cardiac surgeon.
- In hours, all patients MUST be reviewed by a Cardiology or Cardiac Surgery Consultant prior to discharge.

## Other measures

- Cardiology / Cardiac Surgery staff may consider an ECHO necessary in selected patients as part of the early evaluation. An ECHO may be required to exclude cardiac tamponade, evaluate ventricular function, or explore other potential cardiac causes contributing to the ED presentation.
- A program of notification will be considered to facilitate availability of accurate and timely information regarding the child's cardiac status. For those patients considered 'high-risk' a note will be entered into the 'Problems and Alerts' section of Powerchart by the Cardiac CNC at time of discharge. This information will automatically be displayed in the alerts tab in Health-e-care. This brief note would have their pathology / operation and any important issues outlined, allowing quick recognition of problems.
- Discharge summaries on these patients should be electronically produced at the time of discharge. This information, together with echocardiography reports will then be available on PowerChart.
- All complex post-operative cardiac patients will have information about their condition, their surgery and their post-op period added to their Blue Book on discharge. Other post-op cardiac patients will have the "I had my surgery on \_\_\_\_\_" sticker applied to their blue books.
- All post-op cardiac patients should have a copy of their discharge summary in their 'blue' book and ED staff should review this information.

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