

Standard Operating Procedure

# PATHWAY FOR INTERVENTIONAL PAEDIATRIC CARDIAC CATHETERISATION

<b>SETTING</b>	Division of Women's and Children's Services
<b>FOR STAFF</b>	Cardiologists, Anaesthetists, Cardiac Physiologists, Cardiac Laboratory Nurses, Cardiology Ward staff, Cardiac Surgeons, Cardiac Secretaries
<b>ISSUE</b>	To provide standardised approach to diagnostic and interventional cardiac catheterisation procedures.

## Standard Operating Procedure (SOP)

- Patients can be referred for a diagnostic and or and interventional catheter procedure in the following ways:
- If the patient is on a planned treatment pathway (i.e. single ventricle pathway), or the intervention proposed is considered best practice (PDA Closure, ASD Closure, PBV, AoBV) then the patient can be referred to the interventional cardiologist directly in writing.
- If the diagnostic cardiac catheter is urgent or of uncertain clinical benefit, and the interventional procedure is complex, high risk, or consideration for surgical ECLS or additional support is required, the case needs to be discussed in the JCC by the referring Consultant.

- On agreement that the diagnostic or interventional catheter is to the best investigation or treatment option the referring cardiologist should write to the family with an update of the discussion and decision made.
- The accepting interventional cardiologist should write a letter to the family/ patient offering them an OP appointment to discuss the indications and need for the catheter, and copy the letter to the GP and referring cardiologist.
- Once the child is seen in clinic or the carers/ parents agree to proceed with the catheter procedure, the cardiologist should inform the catheter coordinator to add the patient on the waiting list for the procedure.
- An OP letter should be sent to both the family and the GP outlining the clinic discussion.

The cath lab coordinator will:-

- Contact the family by phone to offer a date and time for the catheter.
- They will then arrange attendance to the preadmission clinic within 2 weeks of the proposed procedure date.
- This will be documented on the waiting list on Medway, Bluespier and on Heartsuite.

At Pre-admission clinic the family will:-

- Be reviewed by a CNS, and junior doctor.
- When deemed necessary, the patient will also be assessed by the cardiac anaesthetist (Complex cardiac or anaesthetic history, concerns raised by nurse or junior doctor, parent's request).
- The relevant information should be filled in in the cath lab booklet, and verbal and written information will be provided to the families.
- The relevant investigations should be performed in clinic and chased by the junior doctor and documented in the cath lab booklet.
- Abnormal results or issues which may lead to postponing/ cancelling the procedure should be discussed ASAP with the responsible Consultant, and or cardiac anaesthetist.
- The patients/Families will be given a confirmation date and admission time for the procedure, as well as an appropriate starving time regime.

Following the pre-admission clinic, if the clinical situation has changed, or complex cases require surgical or ECMO support, these need to be rediscussed at the preoperative JCC, to plan the procedure accordingly.

## Admission to Dolphin Ward

- Following the diagnostic cardiac catheter or intervention a decision will be taken in agreement with the parents on same day discharge or overnight stay. This will depend on the nature of the intervention.
- The post procedure required investigations i.e. TTE, CXray, ECG should be documented in the catheter booklet by the operator for every case. These should be performed prior to discharge and reviewed by the Interventional trainee and results discussed with the responsible consultant.
- A copy of the discharge summary should be given to the family and sent to the GP and referring doctor.
- Appropriate follow up arrangements should be made and communicated with the parents prior to the patient discharge.

### Monitoring standards

Process	Tool	Responsibility	Frequency	Review of results & development of action plan	Monitoring action plan	Sharing of results
Referral letter stating aims	HeartSuite JCC patient records	Cardiac Co-ordinator	6 randomly selected cases every 6 months	Cardiac Clinical Governance group	Cardiac Clinical Governance group	Cardiac Clinical Governance group Newsletters and emails
Patient attends Cardiology clinic	Proforma on Medway & outpatient outcome letter (Heartsuite)	Cardiac Co-ordinator	6 randomly selected cases every 6 months	Cardiac Clinical Governance group	Cardiac Clinical Governance group	
Pre- admission seen:-by Doctor & CNS.	EVOLVE documents:- (1)Medical clerking form MEDWAY – (2) CNS documentation of PAC discussion on clinical note	Cardiac Co-ordinator	6 randomly selected cases every 6 months	Cardiac Clinical Governance group	Cardiac Clinical Governance group	
Discussion at JCC for complex cases	HeartSuite JCC patient records	Cardiac Co-ordinator	6 randomly selected cases every 6 months	Cardiac Clinical Governance group	Cardiac Clinical Governance group	

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