

Standard Operating Procedure

PATHWAY FOR PAEDIATRIC ELECTROPHYSIOLOGY PROCEDURES

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

Standard Operating Procedure (SOP)

Patients can be referred for a diagnostic and/or interventional electrophysiology procedure in the following ways:

- If the patient is on a planned treatment pathway (i.e. pacemaker revision or battery end of life), or the intervention proposed is considered best practice (i.e. ablation for supraventricular tachycardia) then the patient can be referred to the electrophysiologist directly in writing.
- If the diagnostic electrophysiology study or pacemaker intervention is urgent or of uncertain clinical benefit, and the interventional procedure is complex, high risk, or additional support is required, the case needs to be discussed in the Joint Cardiac Conference (JCC) by the

- On agreement that the diagnostic or interventional electrophysiology procedure is the best investigation or treatment option, the family will receive an update of the discussion and decision made.
- The accepting electrophysiologist should write a letter to the family/ patient offering them an OP appointment to discuss the indications and need for the study or intervention, 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 electrophysiology procedure, the cardiologist should inform the catheter coordinator to add the patient to 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 procedure.
- They will then arrange attendance at the preadmission clinic within 2 weeks of the proposed procedure date
- This will be documented on the waiting list on Medway.

At Pre-admission clinic the family will:-

- Be reviewed by a CNS.
- 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, parents' request)
- The relevant information should be completed 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 reviewed up by the junior doctor and documented in the patients' records.
- Abnormal results or issues which may lead to postponing/cancelling the procedure should be discussed ASAP with the responsible electrophysiologist, 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, the patient needs to be rediscussed with the paediatric electrophysiologist in charge to plan the procedure accordingly.

Admission to Dolphin Ward

- Following the electrophysiology procedure 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 procedure (diagnostic or intervention).
- Investigations required post procedure i.e. TTE, CX ray, ECG should be documented in the catheter booklet by the operator for every case. These should be performed prior to discharge, reviewed by the ward trainee and results discussed with the responsible electrophysiology 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, recorded and communicated to the parents prior to 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	

AUTHORISING BODY	Cardiac Services Clinical Governance Group
SAFETY	If there are unusual or unexpected safety concerns (to staff or patients) which you would wish to draw users' attention to, add them here.
QUERIES AND CONTACT	M Cecilia Gonzalez Corcia, Lead for Cardiac Catheterisation