

Red Flags for Community Nurses

**Assessment of the paediatric patient with
congenital heart disease in the community**

Hope Lacy 2019

Respiratory and Circulatory symptoms

Respiratory rate (Rate, rhythm, depth, work of breathing)

Red flag symptoms: Nasal flaring, tracheal tug, inter-costal and sub-costal recession, sternal recession, grunting, head bobbing, audible wheeze, cyanosis.

Oxygen saturations - SpO₂ % (Perfusion to organs – should be done on right hand for pre-ductal saturations)

Red flag symptoms: Persistently low below adjusted parameters

Heart Rate – Rate, Rhythm and Regularity of heart rate (Cardiac output)

Red flag symptoms: Persistently high or low heart rate outside of adjusted parameters when settled, irregular fluctuating heart rate.

Central capillary refill time – Central perfusion

Red flag symptoms: CCRT >2 seconds

Disability and Exposure symptoms

Pallor (perfusion, cardiac function, oxygenation)

Red flag symptoms: change in colour – blue/grey/pale

Actions: Contact CNS or direct to emergency department.

Weight (cardiac function/weight monitoring/fluid retention)

Red flag symptoms: No weight gain, fluid overload, fluid retention. Signs of poor or no weight gain, large amount of weight gain.

Actions: Contact dietician, contact CNS.

Urination/stools (cardiac output and kidney function/ gut function)

Red flag symptoms: Oligouria, persistent vomiting in babies, vomiting in toddlers and children, dehydration.

Actions: Contact CNS or direct to emergency department.

Other

Temperature (infection/sepsis/increased cardiac output)

Red flag symptoms: Temperature $>38.0^{\circ}\text{C}$, visible signs of infection from healing wounds.

Action: Contact CNS or direct to emergency department

Sweating (cardiac function)

Red flag: Sweating during feeding and excessive sweating

Action: Contact CNS for advice.

Anticoagulation medicines e.g Clexane – subcutaneous technique or clarification of correct dosing

Red flag symptoms: bruising

Action : Contact CNS for advice.

Feeding – adequate weight gain/appropriate weaning and milk selections. Under care of dieticians

Action : Contact dietician.

Actions

- CNS advice **0117 342 8286** using SBAR tool (Situation, Background, Assessment, Recommendation)
- Dolphin ward at Bristol Royal Hospital for Children **0117 3428332**
- Send to local hospital emergency department
- Call 999 for immediate life threatening conditions

Our website can be found on

<http://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/bristol-royal-hospital-for-children/what-we-do/community-children%27s-nursing-team/>

References:

Cockram, E. and Hicks, S. (2012) **Clinical decision making in Advanced Practice in Healthcare, Skills for Nurses and Allied Health Professionals.** London: Taylor and Francis.

Engel, J.K. (2006) **Mosby's Pocket Guide to Paediatric Assessment.** St. Louis: Mosby Elsevier.

Fergusson, D. (2008) **Clinical Assessment and Monitoring in Children** Oxford: Blackwell Publishing.

Glasper, E., McEwing, G. and Richardson, J. (2007). **Oxford handbook of children's and young people's nursing.** Oxford: Oxford University press.