I. PURPOSE

Guidelines for triage and treatment of an adult congenital heart patient who present to the pediatric or adult emergency department and are at risk for Sudden Cardiac Death. Definition of most concerning symptoms for sudden death, treatment protocol and disposition of ACHI patient.

II. POLICY

N/A

III. DEFINITIONS/ABBREVIATIONS

CHD – Congenital Heart Defect
ESI – Emergency Severity Index
EKG – Electrocardiography
ACH – Adult Congenital Heart
SCD – Sudden Cardiac Death
ICD - Implantable Cardioverter Defibrillator
TGA – Transposition of Great Arteries
HLHS - Hypoplastic Left Heart Syndrome
TOF - Tetralogy of Fallot
COA – Coarctation of the Aorta
SV- Single Ventricle Heart Defects
  •  Hypoplastic left heart syndrome (HLHS)
  •  Hypoplastic right heart syndrome (HRHS)
  •  Tricuspid atresia
  •  Double outlet left ventricle (DOLV)
  •  Some heterotaxy defects
  •  Fontan

IV. PROCEDURE

A. If a patient present to the emergency department with any of the following high-risk categories indicated below A1-A4 the following management steps need to take place. High Risk categories based on symptoms and underlying CHD diagnosis.

1. Syncope
2. Chest Pain
3. Palpitations\textsuperscript{1,2}
4. Diagnosis of\textsuperscript{2}:
   a) Unrepaired CHD
   b) TOF
   c) TGA
   d) Aortic Stenosis
   e) COA
   f) Single Ventricle patient (including HLHS)
   g) Known arrhythmia\textsuperscript{3}
   h) ICD\textsuperscript{3}
   i) Pacemaker\textsuperscript{3}

B. Management
1. Emergency Department team will Triage per ESI guidelines
2. Emergency Department team will provide appropriate immediate care
3. Emergency Department team will complete a Mandatory STAT EKG.
4. Emergency Department team will order a Mandatory STAT Echocardiogram. Echo Depart will perform the echo between 7am-5pm, Fellow on call will perform 5pm-7am (page fellow to perform echo)
5. Mandatory STAT consultation/communication (phone or in-person) with Pediatric Cardiology
   a) If patient at ACMC/ACH-OL, patient to be seen and evaluated in the ED by a pediatric cardiology provider (attending, fellow, advanced practice clinician) to determine additional interventions and disposition of the patient
   b) If patient at another Advocate site, discussion with pediatric cardiology will determine additional interventions and disposition of the patient

C. Disposition (to be determined with pediatric cardiology input, as above)
1. Admission/observation period
   a) Treatment and care by Emergency Department and Pediatric Cardiology team: Cardiologist, Fellow and APN.
2. Discharge home
   a) Per Emergency Department and Pediatric Cardiology instructions
   b) Holter or Event monitor upon discharge as ordered/recommended by Pediatric Cardiologist. 4S department will receive the order and tech will install the Holter or event monitor on patient.
   c) Patient or discharge RN to setup a Follow up appointment with Pediatric Cardiologist or Adult Congenital Cardiologist within 2-3 days. Call ACHI scheduling department, 708-684-5580 Option #2, with the patient’s name, DOB, and appointment parameters.
V. CROSS REFERENCES

ESI Triage Guidelines

VI. REFERENCES


VII. RELATED DOCUMENTS/RECORDS