

Cardiac assessment

The Royal Children's Hospital Melbourne

Children with cardiac conditions requiring ongoing daily cardiac assessment can be managed through Hospital in the Home (HITH). As with any other HITH admission, this requires a safe home environment and consent from caregivers.

HITH (Wallaby) admission criteria and protocol

Wallaby not appropriate

- Cardiac condition & requiring respiratory support
- Parents not competent with NGT/PEG/PEJ feeds (if relevant)

Remain in hospital

Wallaby possible

- VAD assist devices (Heartwear) need to be approved by VAD CNC & have stable bloods
- HLHS with BT shunt awaiting BCPC need to be staying within 30mins from RCH, stable & good parental understanding of hydration

Contact HITH fellow on 52784, or HITH AUM on 52598

Wallaby appropriate

- Requiring daily cardiac &/or hydration assessment & transition home support in the post-operative period
- Requiring allied health support &/or appropriate for NGT weaning
- Seizure management plan in place (if needed)
- IV access in situ (if needed)

Contact HITH AUM on 52598.

Complete EMR HITH referral

Prior to transfer to Wallaby:

- Referring team to contact HITH AUM to arrange appropriate day for planned admission
- HITH CNC/AUM will contact patient & family after referral accepted
- Referring team to complete HITH order set on EPIC:
 - Preselected: Adrenaline 1:1000 (1mg/ml) 10mcg/kg IM PRN
 Sodium chloride flush 0.5-2ml IV PRN
 Weak and strong heplocks IV PRN
 - o Referral to HITH via EMR
- Referring team to provide scripts to family for oral medications if required
- Referring team to register family with HEN (if relevant)
- Reportable parameters clearly documented (eg target O2 sats, altered obs)



HITH protocol - nursing and medical

Home team medical responsibilities

Prescription for oral medication (if required)

Clearly document, book and communicate plan (including reportable parameters) & follow-up Overall medical responsibility for patient

HITH medical team responsibilities

Troubleshoot line concerns

Bi-weekly case conference to review patient progress

Wallaby care requirements

Daily nursing review including cardiac & hydration assessment

Twice weekly weight unless otherwise specified

Collect pathology as per orders if required

Consider allied health involvement as required

Red flags for escalation



Clinical deterioration or signs of worsening cardiac failure (increased respiratory effort, increased sweatiness, not tolerating feeds, excessive weight gain) – discuss with home team

Other potential issues

Concerns re venous access – discuss with HITH medical team

Anaphylaxis – administer IM adrenaline and call ambulance (will need allergy referral)

Readmission

If clinical deterioration or requiring further intervention Home team to liaise with bed manager to facilitate ward transfer if stable, or ED AO if unstable

Discharge plan

Discharge once stable & clinically appropriate
Wallaby ward will arrange line removal if required
Follow up as per home team