**Thames Valley & Wessex Neonatal PDA Ligation Referral Form**

Email a copy to:

UHS Paediatric Cardiology Team – On Call Paediatric Cardiology Registrar/Consultant

\*Congenital Cardiac Co-ordinators (congenitalcoordinators@uhs.nhs.uk)

\*Neonatal Consultant in PAH Southampton and PAH Neonatal coordinator (neonatalcoordinator@uhs.nhs.uk)

(\*Following discussion at Southampton Cardiac MDT on Teams – Mon/Tues/Wed mornings - and acceptance of referral)

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| --- |
| **Referral Details**  |
| Referral Hospital | Referral Date |
| Referring Hospital Neonatal Consultant |
| Name | Telephone |
| Email |
| UHS Paediatric Cardiology Registrar/Consultant for Referral |
| Name | Telephone |
| Email |
| **Patient details**  |
| Patient Name  |  | Date of birth |  |
| NHS Number  |  | Sex  |  |
| Birth Gestation |  | Corrected Gestational age  |  |
| Birth Weight  |  | Current Weight  |  |
| Reason for PDA Ligation Referral  |
|  |
| Active Medical Problems  |
|  |
| **Respiratory**  |
| Mechanical ventilation | Y/N | Mode |  |
| Non-invasive respiratory support | BIPAP/CPAP/high flow/nasal prong oxygen |
| Settings - MAP, FiO2  |  |
| Relevant history (i.e. previous extubation attempts, antenatal or postnatal steroids)  |
|  |
| Latest CXR findings/report | Date  |
|  |
| **Cardiovascular**  |
| Clinical signs of PDA |
| Inotropic support Y/N  | Details |  |
| Diuretics Y/N  | Details  |  |
| PDA medical therapy Y/N  | Number of courses  |  |
| 1st medical course – drug, dosage, duration, complications | Dates |  |
|  |
| 2nd medical course – drug, dosage, duration, complications | Dates |  |
|  |
| 3rd and subsequent medical course (s) – drug, dosage, duration, complications | Dates |  |
|  |
| **Echocardiogram Findings** |
| Latest echocardiogram date |
| Images transferred to UHS for cardiology review on Change Healthcare or PACs | Y/N  |
| PDA assessment findings (size, ductal shunt direction and velocity in systole/diastole) |  |
| Evidence of left sided volume loading  | Y/N |
| Systemic aortic end diastolic flow | Positive/Absent/Reversed |
| Duct dependent congenital structural heart disease excluded  | Y/N  |
| Other relevant echo findings (PFO/ASD, pulmonary pressures) |  |
| **Fluids & Feeds**  |
| Total daily fluid volume (mls/kg/day) | TPN Y/N  |
| Enteral volume  |  | Enteral feed type(MBM/DBM/formula) |  |
| Feed intolerance or abdominal concerns  | Y/N |
|  |
| **Sepsis & Other Relevant Clinical** |
| Sepsis - any positive cultures/serology /latest infection markers |
|  |
| Renal Impairment  | Y/N |
|  |
| Neurology (e.g. IVH /PVL scan details)  | Date of scan |
|  |
| Vascular access details (i.e. peripheral/central, venous/arterial, position) |
|  |
| Social (any concerns or safeguarding) | Y/N  |
|  |
| **Parent details**  |  |
| Mother’s name | Contact number |
| Parent information leaflet & explanation for assessment and possible ligation  | Y/N  |