**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](mailto:congenitalcoordinators@uhs.nhs.uk))

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 | | | |