

Clinical Standard Operating Procedure (SOP)

ASSESSMENT OF PATIENTS WITH CONGENITAL HEART DISEASE (CHD) REQUIRING ANAESTHESIA

SETTING	Paediatric Cardiac Services, Bristol Royal Hospital for Children
FOR STAFF	Anaesthetic and Medical staff in CHD Network
PATIENTS	Patients with congenital heart disease presenting for general anaesthesia

1. Children may present for cardiac surgery or cardiac catheterisation, or for non-cardiac surgery
2. CHD is recognised to confer an additional risk for children undergoing non-cardiac surgery. This additional risk is likely to reflect the underlying complexity and severity of the congenital cardiac defect. For children with CHD attending for non-cardiac surgery, either at the Level 1 centre or at hospitals within the network, the significance of the CHD and the implications for general anaesthesia must be assessed.
3. There are two cardiac pre-operative assessment clinics (POACs) per week at Bristol Royal Hospital Children (BRHC). On a Thursday morning, patients for cardiac surgery/catheterisation are assessed, and this POAC is attended by a consultant paediatric cardiac anaesthetist. The Monday afternoon POAC is generally reserved for patients coming in for electrophysiology procedures. Occasionally a patient undergoing non-cardiac surgery at BRHC may undergo face-to-face assessment in one of these two POACs. The paediatric pre-assessment service for the majority of patients attending BRHC for any procedure under anaesthesia has recently undergone significant development and potentially offers additional capacity and expertise to ensure higher-risk or more complex CHD patients are correctly assessed before admission to BRHC.
4. The attached document, entitled '[The Red Flag Document](#)' serves as a tool to assess the likely expertise necessary to offer optimal perioperative anaesthetic management for children with CHD undergoing non-cardiac surgery. Patients who have a CHD lesion which is 'amber' or 'red' will generally be referred into the Level 1 Centre and a congenital cardiac anaesthetist will be involved in, or deliver, perioperative anaesthetic management. The list is not absolute, nor is the guideline perfect. It may be advisable to have a relatively low threshold for obtaining an opinion from a Level 1 Centre congenital cardiac anaesthetist, and strong links are being developed between the departments of anaesthesia in the Level 1 Centre and all other hospitals in the Network.
5. If there are any questions relating to congenital cardiac anaesthesia or perioperative management of the child with CHD, the team of paediatric cardiac anaesthetists would be delighted to help; in the first instance the consultant anaesthetist on call for paediatric cardiac anaesthesia (as appropriate) may be contacted via the hospital switchboard. In emergency situations there will also be a role for contacting the on call cardiac anaesthetist.

Table A

RELATED DOCUMENTS AND PAGES	Red flag system to determine risk for children with congenital heart disease undergoing any procedure under general anaesthesia http://nwww.avon.nhs.uk/dms/download.aspx?did=18160
AUTHORISING BODY	Cardiac Services Clinical Governance Group
SAFETY	No specific additional concerns
QUERIES AND CONTACT	Dr Tim Murphy, Consultant paediatric cardiac anaesthetist, BRHC