CHILDREN’S SERVICES

Indications for Urgent Echo for Inpatients - Ash ward/A&E

NB A Cardiological opinion is much easier to provide than an echo
Please discuss with Dr Otunla or Dr Groves before informing the family, there is no technician service here for children
Forms should be fully completed with ECG/CXR results and differential diagnosis describing the murmur, probable diagnosis and question to be answered.

Acquired disease is rare in the UK

1. ? Endocarditis
   Need appropriate history plus signs
   Microscopic haematuria
   Splinter haemorrhages
   Hepato/splenomegaly
   Change in murmur- AR/MR
   3 blood cultures are still the gold standard

2. Kawasaki's if there are signs of carditis/ ECG or X ray changes or there is significant doubt- see KD guidelines. Otherwise just treat and arrange follow up scans with Sarah Beadle ext 2397

3. Severely unwell children in whom fluid management is a significant problem.

4. Patients with pericarditis if there is an effusion which is affecting the circulation

5. ?Myocarditis- = significant unexplained tachycardia- probably with abnormal ecg +/- CXR

6. Rheumatic fever – even rarer than endocarditis in the UK population. Normally a classical history and ecg shows carditis.

Congenital Heart Disease

Incidence 6-8/1000. Serious 2-3/1000
Incidence of innocent murmurs 45-60%

1. A murmur- especially if in an infant- with cardiac symptoms and/or if the murmur is thought to be contributory to the cause of acute admission. If you have a child with significant signs and Dr Groves and Dr Otunla are out of the country the patient requires emergency referral to the Royal Brompton for evaluation. Phone no. 0207-352-8121 bleep cardiology reg on call.

2. A child who presents with an ALTE with first degree relatives with sudden death due to cardiac cause

Otherwise echoes can be organised quite quickly as an outpatient on request of the Consultant in charge of the case. Forms submitted by registrars without an individual explanation will not be considered.

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Presented to Paediatric Clinical Guidelines Forum on 6th August 2007
Ratified by Dr Diab Haddad on behalf of Children’s Services Clinical Governance Committee on:
28/08/2007
Review August 2010