

S.T.A.B.L.E. – Cardiac Module: Recognition and Stabilization of Neonates with Suspected CHD

Course Description

Each year, approximately 36,000 infants, or just under 1% of all babies born in the U.S. will have some form of congenital heart disease (CHD). As many as one-fourth of these infants will have the most severe forms of CHD and will require neonatal intensive care. Many of these infants are born in community hospitals or tertiary hospitals without cardiac subspecialty care. Once CHD is recognized, these infants often require transport to a tertiary center that provides cardiac subspecialty care. Delayed recognition and treatment of CHD may result in worsened neonatal and infant outcomes.

The S.T.A.B.L.E. - Cardiac Module provides general guidelines for the assessment and stabilization of neonates with suspected, severe forms of CHD. Prompt, effective, and appropriate care of neonates with severe CHD can reduce secondary organ damage, improve short and long-term outcomes, and reduce morbidity and mortality. The 2nd edition S.T.A.B.L.E. – Cardiac Module program also includes palliative and surgical repair options that are available to treat severe forms of CHD. Presented in a highly visual format with MP4 videos of the patterns of blood flow seen with the heart defects, and using an animated slide presentation, this module is divided into three sections:

Part 1: History and physical exam of neonates with suspected CHD.

Part 2: Review of the anatomic features, clinical presentation and initial stabilization of neonates with severe forms of CHD. Palliative and surgical repair options are also explained.

Part 3: Modifications to the six S.T.A.B.L.E. assessment components that are necessary when caring for neonates with CHD.

Course Faculty

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Agenda *This course is pending approval for 8.4 contact hours of nursing continuing education credit by CA BRN provider # 15417*

- 08:00** Registration and Continental breakfast (provided)
- 08:30** Course begins. Vital signs and exam findings that may indicate presence of CHO.
- 10:00** BREAK (15 minutes)
- 10:15 Physical exam for possible CHD (continued)
- 11:45** LUNCH (provided)
- 12:45 Continue course presentation
- 14:15** BREAK (15 minutes)
- 14:30 Continue course presentation
- 17:00** Complete evaluation and Adjourn

Course Objectives. *Upon completion of this course, participants should be able to:*

1. Describe at least five components of the physical examination in neonates, including changes in vital signs, that may indicate the presence of CHD.
 2. Discuss the clinical presentation of infants with critical, ductal dependent left-side heart obstruction CHD.
 3. Differentiate between the clinical presentation of right-side obstruction and left-side obstruction CHD.
 4. Explain the pattern of blood flow that is established when a prostaglandin E1 (PGE) infusion is initiated to promote a right-to-left versus a left-to-right ductal shunt.
 5. Discuss the clinical presentation of infants with non-ductal dependent and ductal-dependent cyanotic CHD and when a PGE infusion should be considered.
 6. Explain at least two palliative procedures that may be indicated, based on the infants clinical state, age, and opportunity for future surgical repair.
 7. Discuss the most common surgical repair options for the lesions discussed in this module.
 8. Apply the S.T.A.B.L.E. mnemonic to the necessary and prompt stabilization care necessary when infants have CHD.
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