**NCCC/PICU Guidelines for Transfer & Consultation: Critical Congenital Heart Disease**

- Patients ELIGIBLE for cardiac unit (PICU) consultation/transfer have had initial cardiology consult & echo confirm the need for surgery during the current hospitalization
- Single ventricle patients (as well as other patients with pulmonary over circulation or possible need for ECMO) are highest priority for transfer to PICU for balanced circulation management including NIRS monitoring
- Patients who are not surgical candidates should remain in NCCC unless transfer to PICU is indicated for other clinical needs

<table>
<thead>
<tr>
<th>GA</th>
<th>Early Pre-term (&lt;33 6/7 weeks)</th>
<th>Late Pre-term (34-36 6/7 weeks)</th>
<th>Term (≥37 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Patient stays in NCC until timing before surgery as <em>per CT surgery request</em></td>
<td>Transfer based on PICU consult recommendations or <em>per CT surgery request</em></td>
<td>Transfer based on PICU consult recommendations for preoperative cardiac management within <strong>36 hours</strong></td>
</tr>
<tr>
<td>NCCC Team</td>
<td>If possible and patient meets criteria, place lower extremity PICC prior to transfer to PICU, other access and start of Prostin as indicated</td>
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<tr>
<td>Labs</td>
<td>Type &amp; Screen Rule out sepsis HUS/Renal US Genetic testing if indicated</td>
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</tr>
<tr>
<td>NCCC Consults</td>
<td>NCCC team continues to follow patients in PICU as needed for early preterm infant management recommendations</td>
<td>PICU team obtains NCCC consult for patients transferred from outside hospital directly to PICU for late preterm infant management recommendations</td>
<td>PICU team obtains NCCC consult for patients transferred from outside hospital directly to PICU for Routine Newborn care recommendations (e.g. nutrition, access, immunization)</td>
</tr>
<tr>
<td>PICU Consults</td>
<td>NCCC consults PICU for preoperative cardiac management recommendations as soon as above eligibility (bullets at top of page) is met</td>
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*Version 6, Revised 4/28/2017*
NCCC to Cardiac Unit (PICU) Transfer Process

- Patient born with congenital heart defect
  - Initial cardiology consult & echo confirm the need for CT surgery during the current hospitalization
  - NCCC fellow phone (984-974-6281) calls PICU fellow phone (984-974-5488) with heads up about patient
  - PICU fellow has patient placed on white board as consult patient
  - NCCC resident or NNP places order for “INPATIENT CONSULT TO INTENSIVIST”
  - CAPP rounds include patient discussion
  - Monday-Friday Cardiac Rounds include patient discussion
  - Saturday/Sunday discussion held between CTS/Cards/PICU includes patient
  - NCCC Charge RN phone (984-974-6493) PICU Charge RN phone (984-974-5493) to notify of transfer next day
  - PICU charge RN puts name on admission board for next morning brief at 0730

- Anesthesiology requests limited pre-surgical radial artery sticks

- Utilize TICKER Transfer Guidelines in discussion

- Evening prior to transfer
- Day of Transfer - After NCCC brief at 0815
- One hour prior to transfer
- At time of transfer

- Patient Intubated??
  - YES
    - NCCC physician/practitioner travels with patient for face-to-face handoff
    - NCCC bedside RN hands off patient to PICU bedside RN
  - NO
    - NCCC physician/practitioner calls PICU physician for phone handoff
    - Note any changes since phone report

- Key:
  - Patient
  - NCCC Medicine
  - NCCC Nursing
  - PICU Medicine
  - PICU Nursing