

Pediatric Guideline: Defining the Fragile Pediatric In-Patient for Non-cardiac Surgery:

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| 1) RACHS score ≥ 3 | 2 points |
| 2) ASA score $\geq IV$ | 2 points |
| 3) Age < 6 months | 1 point |
| 4) Weight < 2.4 kg | 1 point |
| 5) In house stay > 10 days | 1 point |
| 6) Emergency surgery | 2 points |
| 7) CHD with pulmonary hypertension | 5 points |
| 8) CHD with congestive heart failure | 5 points |
| 9) CHD with cyanosis | 5 points |

Fragile patient would be defined as one with a score of ≥ 5 .

Process/Recommendations:

- 1) Identification of a pediatric patient coordinator/attending for management decisions of an identified fragile child.
 - a. For children on the CVOR service, the CVOR NP on 6552
 - b. For children not on the CVOR service, call the admitting hospitalist (3861 or pager 78938) who will be able to supply the attending hospitalist's name for the patient.
- 2) A recent (within 24 – 48 hours) evaluation (history and current status of any significant conditions) prior to scheduled surgery. For patients with significant cardiac history this should include a cardiology re-evaluation and /or additional imaging studies (EKG/Echo) that are immediately available in the medical record.
- 3) Notify Anesthesiology coordinator at 703-776-5745 (Gwen) regarding pending surgery on a fragile patient.
- 4) Pediatric anesthesiology to evaluate the child re anesthesia concerns and identify the appropriate anesthesiology personnel for the procedure. Recommendations can include:
 - a. Other preoperative consultation or testing as indicated
 - b. Central line and/or arterial line placed preoperatively in the PICU or in the OR
 - c. NIRS monitoring.
 - d. Post-operative admission to PICU/IMC
- 5) Location of postoperative care should be coordinated by the identified pediatric attending (in 1 above) prior to the procedure. Other consultants may request a postoperative PICU or IMC bed as indicated - these requests should be transmitted to the identified pediatric attending coordinator.

Fragile patients presenting as outpatient with a score $>$ or $= 5$ should have anesthesiology consultation $>$ 48 hours preoperatively – this can be arranged through the anesthesia coordinator (x5745).

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References:

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Baum VC et al, "Influence of Congenital Heart Disease on Mortality After Noncardiac Surgery in Hospitalized patients", *Pediatrics* 105(2): 332-5. 2000.

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