

October 7, 2022

Dear Dr. (pediatrician and cardiologist),

You will be caring for xxxxxxxxxxxx (BB/BG xxxxxxxx, DOB:). She/he is now a _-week-old boy born at ___ weeks gestation via _____ at _____ with a prenatal diagnosis of congenital heart disease. Postnatal diagnosis confirmed _____. She/ee was transferred to us for further treatment and management.

She/he is s/p Norwood with a 3 mm central shunt done on 07/18/2022. Post-operative course was complicated by bleeding, chest re-exploration and delayed sternal closure of POD #2. She also developed blood specs in the stool and was diagnosed with milk protein allergy and silent aspiration with all consistencies documented on videofluoroscopy swallow study. She was evaluated by ENT and was found to have normal bilateral vocal cord movement. Decision was made to discharge _____ home on NG feedings and repeat swallow study outpatient. She/he has progressed well and was discharged home on 08/24/2022 with interstage home monitoring care. Please see attached discharge summary for her detailed hospitalization course.

Name:	
Date of Birth:	
Cardiologist:	
Phone:	
Cardiac Surgeon:	
Pediatrician:	
Phone:	
Cardiac Defect:	
Surgical Repair:	
Date of Surgery:	
Baseline oxygen saturations:	75-90%
Oxygen Administration:	Consult a Cardiologist if you will administer Oxygen (if saturations are < 75%)
Needs Infectious Endocarditis Prophylaxis:	Yes

We have asked the family to see you within 1 week of going home. She/he will have home surveillance monitoring with daily recording of arterial oxygen saturation, heart rate, weight and oral intake.

Please monitor for the following **"RED FLAG" symptoms of concern** and call the primary Cardiologist, the Nicklaus Children's Hospital High Risk Clinic Cardiac Team or our CICU if:

*Poor feeding: Expressed breast milk plus Neocate Infant 24 kcal/oz, 55 ml **NG** every 3 hours to run over 1 hour

Nutrition goals at 2.91 kg, 155 ml/kg/day, 115 kcal/kg/day

Desired weight gain of 20-30 grams/day

* Respiratory illness or increase in work of breathing/respiratory rate (baseline 25-63 br/min)

* Decrease in arterial oxygen saturations (>75%; baseline saturations: 79-93%)

* Vomiting, diarrhea, sweating

* Weight- lack of gains or any weight loss (_____ kg at discharge)

* Temperature of > 100.4 F

* If re-hospitalization is required for the child

ADDITIONAL CARE NEEDS:

- **DEHYDRATION RISKS:** There is a high risk for hemodynamic instability if they have decreased feeding, diarrhea, vomiting, weight loss, gastroenteritis and/or fevers. They must be kept well hydrated. Please contact the Cardiology team with any concerns.

- **SYNAGIS:** Monthly Synagis injections during season are needed. She/he should follow up with NCH Pulmonology for monthly Synagis during season. Parents must call to make an appointment. First dose given on _____.
- **IMMUNIZATIONS:** We ask that other immunizations not be administered for the 4 weeks following discharge home. You may resume immunizations in consultation with the Primary Cardiologist.
- **DEVELOPMENTAL SCREENING:** There is risk for developmental delay and the baby will require future monitoring/therapies. _____ will be referred to Early Steps. She/hr was evaluated by Neurology while inpatient and will be seen by the NeuroCardiac and Development team in October 2022.
- **LOW OXYGEN SATURATIONS RISK:** Home care will include oxygen saturation monitor for daily assessments. Expected saturations are 75% or above.
- **WEIGHT GAINS:** Nutrition and weight gains are of concern. The family will have a home scale to record daily weights. The family must call in if there is no weight gain in 3 days or if any weight is lost.
- **FUTURE CARE:**
 - Follow up with Pediatrician, Dr.
 - Follow up with Cardiology, Dr.
 - Follow up with Pulmonology, Dr.
 - Follow up with NeuroCardiac and Development, Dr.
 - Follow up with Gastroenterology, Dr.
 - Follow up with Genetics, Dr.

Medications:

aspirin, 40 mg, NG, q24hr (shunt anticoagulation)
+ list of medications at discharge

A 24 HOUR CONTACT: Nicklaus Children's Hospital Cardiac ICU – 305 669 6500 or 1 800 666 4278

Nicklaus Children's Hospital High Risk Clinic: cell 786-414-0751

Please do not hesitate to contact any of us if questions arise. Attached please find her discharge summary and operative notes.

Sincerely,

Stefania Sarno, APRN

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