NEONATAL TIME CRITICAL CARDIAC TRANSFERS IN THE YORKSHIRE & HUMBER REGION.

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Introduction: Embrace, Yorkshire & Humber Infant & Childrens Transport Service, combined neonatal and paediatric team is ideally placed to evaluate all transfers into our regional paediatric cardiac centre¹.

Aim: Service evaluation/ involvement in cardiac transfers.

Methods: Retrospective case review April 2010 - April 2011. Cases were identified from our database by searching for referral category "cardiac /congenital heart disease".

Subgroup analysis was done for time critical transfers defined as patients on prostaglandin infusion in the absence of previous cardiac diagnosis.

Results: 2323 referrals resulted in transfer. 198 (8.5%) were cardiac (74 paediatric, 124 neonatal). Of the neonatal transfers, 121(98%) were carried out by Embrace, 3(2%) by other teams/referring hospitals.

There were 31 time critical transfers done by Embrace equating to approximately 0.5 time critical neonatal cardiac transfers / 1000 live births in our region.

Details: 20 male (65%) 11 female Sex Gestation at birth (Weeks) 27 – 36 5 (16%) 36 – term 26 (84%) Median age at referral (range) 1day (0 - 49) Ventilated 12 (39%) CPAP 1 (3%) No respiratory support 18 (58%) Antenatal diagnosis of complex cardiac anomaly 2 (4.5%)

Median mobilisation time (referral call to departing base) 46 minutes (13 - 342) Median stabilisation time 80 minutes (30 - 205).

Time from referral call to arrival at cardiac centre 265 minutes (104 – 477)

Conclusion: Cardiac transfers constitute a significant proportion of our workload and this needs to be recognised in future service reconfiguration². Only 4.5% babies with an antenatal cardiac diagnosis were born in centres without cardiac services.

More work needs to be done to improve mobilisation time in this population.³

References

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