







### Case 1

- You are called to a well baby nursery for a term infant who had meconium stained fluid. The baby required delivery room interventions of drying, stimulation, CPAP with PPV for stabilization. APGARs are 5/6/9. This baby did well and was transitioned to room air in the delivery room and sent to the well baby nursery. You head back to the call room to watch the Sporting KC match.
- About 20 minutes later the nurse calls you and tells you: "The baby is blue, like a blueberry but is happy and doesn't appear in any distress. She is not having tachypnea or anything. She's just blue." So you order a CXR





Children's Mercy

## Case 2

• You are called to the emergency department for a 5 day old baby that EMS has brought in from a PCPs office. According to the ED physician the baby was seeing their Pediatrician for their well baby follow up and was noted to be "not acting right". The baby has had problems feeding and is 15% below birth weight. You note on exam that the baby is mottled, listless, and has poor perfusion to the lower extremities. A quick review of the baby's birth history shows nothing abnormal, she passed her hearing screen and CCHD screens without issue.

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Dependent Lesion				
Summary of	CHD Lesions			
Righ	t Sided	Left Sided	Mixing	Parallel Circulation
↓ pulmonary inflow	$\downarrow$ pulmonary outflow	*****	*****	*****
TOF TOF + PA	Obstructed TAPVR	IAA <sup>#</sup>	AVC	D-TGA
TA → HRHS <sup>#</sup>	PVS	Coarctation#	Truncus	L-TGA
PS#		AS <sup>#</sup>	TAPVR	
PA + IVS#		HLHS#/ Shones	DILV	
PA + VSD PA + LSMAPCAs			PDA	
			VSD	
Ebstein's Anomaly			ASD	
TOF + PS = Tetralogy of Fallot with IVS = Intact ventricular septum, VS Stenosis, TAPVR = Total Anomalou: HLHS = Hypoplastic Left Heart Syn Septal Defect, D-TGA = Dextro Trar Bold = Traditionally Ductal Depend	Pulmonary Stenosis, TA = Tricuspid Atre = Ventricular Septal Defect , LSMAPCAs s Pulmonary Venous Return, PVS = Pulr drome, AVC – Atrioventricular Canal, DIL isposition of Great Arteries, L-TGA = Lev ence, # = Needs catheter or operative int	sia, HRHS = Hypoplastic Ri s = Long Segment Multiple A monary Vein Stenosis, IAA = V = Double Inlet Left Ventric vo Transposition of Great Art tervention as neonate.	ght Heart Syndro ortopulmonary C Interrupted Aorti de, PDA = Paten eries	me, PA = Pulmonary Atresia, Collaterals, PS = Pulmonary ic Arch, AS = Aortic Stenosis, t Ductus Arteriosus, ASD = Atrial Children's KANSAS CITY

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	PS#		AS#	TAPVR		
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	PA + VSD			PDA		
	PA + LSMAPCAs			VSD		
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Ductal Dependent Lesion Congenital Heart Disease – Left Sided Lesions • Hypoplastic Left Heart Syndrome • Start Prostins immediately • Allow permissive hypercapnea • Do not give oxygen or iNO • Can give blood (Het > 45%)

**Ductal Dependent Lesion Congenital Heart Disease – Left Sided Lesions**  Interrupted Aortic Arch and Coarctation of Aorta · Ends of a spectrum from obstruction to complete discontinuity. Coarctation **Interrupted Arch** Part of HLHS Occurs regularly with Truncus Arteriosus & DiGeorge syndrome Type B is most common Most common site is at the PDA insertion and origin of left subclavian Presentation • Not usually cyanotic or tachypneic at birth Symptoms develop with anatomic closure of the PDA Cyanosis, severe respiratory failure, acidosis, poor perfusion Exam findings: · Delay between upper and lower extremity pulses · Dorsalis pedis and posterior tibial are easier to feel, femoral are deep pulses and more challenging. · Blood pressure differences (right upper extremity and a lower extremity). Se Children's Mercy KANSAS CITY





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	Summory of				
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