



S.T.A.B.L.E. – Cardiac Module: Recognition and Stabilization of Neonates with Suspected CHD

The S.T.A.B.L.E. - Cardiac Module 2nd ed. (beta) program provides general guidelines for the assessment and stabilization of neonates with suspected, severe forms of congenital heart disease (CHD). Prompt, effective, and appropriate care of neonates with severe CHD can reduce secondary organ damage, improve short and long-term outcomes, and reduce morbidity and mortality. Common palliative and surgical treatment options will also be explained.

This information is presented in a highly visual format using an animated slide presentation, and is divided into three sections:

Part 1: Physical exam of neonates with suspected CHD.

Part 2: Review of the anatomic features, clinical presentation and initial stabilization of neonates with severe forms of CHD.

Part 3: Modifications to the six S.T.A.B.L.E. assessment components that are necessary when caring for neonates with CHD.

Course Faculty

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Author, The S.T.A.B.L.E. – Cardiac Module, The S.T.A.B.L.E. Program post-resuscitation course, The Neonatal Stabilization Scenarios Learning resource materials, and the Physical Exam/Gestational Age Assessment Learning resource.

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Agenda *This course is approved for 9 contact hours of nursing continuing education credit by CA BRN provider # 15417*

- 07:30** Registration and Continental breakfast (provided)
- 08:00** Course begins. Vital signs and exam findings that may indicate presence of CHD.
- 09:30** BREAK (15 minutes)
- 09:45 Physical exam for possible CHD (continued)
- 11:45** LUNCH (provided)
- 12:45 Continue course presentation
- 14:15** BREAK (15 minutes)
- 14:30 Continue course presentation. Please note, another break will be provided before the end of the class.
- 17:00** Complete evaluations and Adjourn

Course Objectives. *Upon completion of this course, participants should be able to:*

1. Describe at least five components of physical examination in neonates, including changes in vital signs that may indicate the presence of congenital heart disease.
 2. Discuss the clinical presentation of infants with non-ductal dependent and ductal dependent cyanotic congenital heart disease.
 3. Explain the pattern of blood flow that is established when prostaglandin E₁ is initiated to promote a right-to-left versus a left-to-right ductal shunt.
 4. Differentiate between the clinical presentation of cyanotic congenital heart disease versus left outflow tract obstructed congenital heart disease.
 5. Explain at least two palliative procedures that may be indicated, based on the infants clinical state, age, and opportunity for future surgical repair.
 6. Discuss the most common surgical repair options for the lesions discussed in this module.
 7. List the necessary and prompt stabilization care when infants have severe and/or life threatening heart defects using the S.T.A.B.L.E. mnemonic system.
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