FRIENDS OF LITTLE HEARTS

PAEDIATRIC CARDIOLOGY HDU

DR RUTH K.M. PFAU CIVIL HOSPITAL KARACHI

NEWSLETTER

APRIL TO JUNE 2024

THE IMPERATIVE OF PATIENT-CENTRED CARE IN PAEDIATRIC PRACTICE

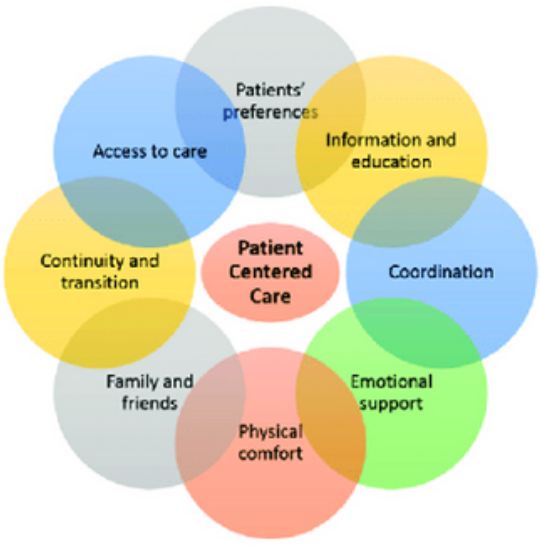


Implementing patient-centred care requires a cultural shift in healthcare, promoting teamwork and training for effective communication and empathy. It also involves redesigning care delivery systems for continuous, coordinated care.

In conclusion, patient-centred care is not only compassionate but also practical and effective, especially in paediatrics. It leads to better health outcomes, increased patient satisfaction, and more efficient use of resources. Recognising its importance, we embrace patient-centred care to serve the needs of our underprivileged patients with heart diseases and their families.

In paediatric healthcare, patient-centred care is crucial. By focusing on the unique needs and values of young patients and their families, this approach enhances health outcomes and creates a supportive environment. Involving children and their families in decision-making leads to better treatment adherence and management of chronic conditions.

Patient-centred care improves the patient experience by building trust and rapport, making it easier for healthcare providers to communicate effectively with children. This reduces healthcare costs in the long term by emphasising preventive care and early intervention, thus minimising the need for costly treatments and hospitalisations.



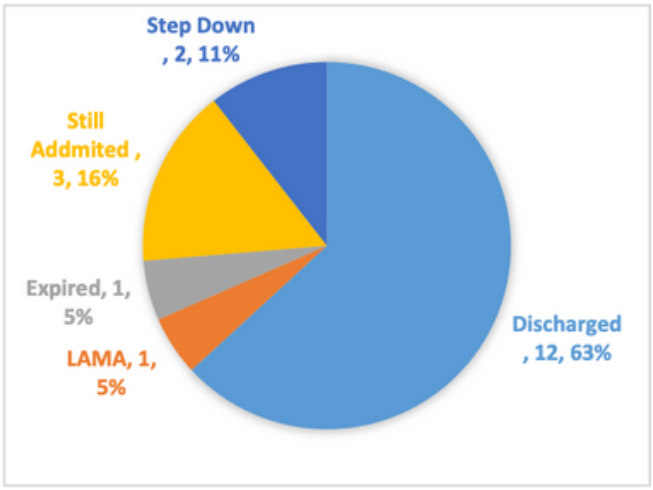
Our Performance

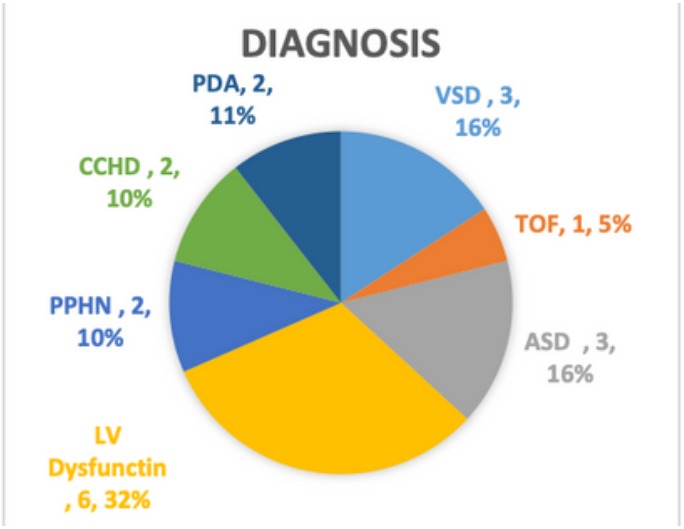
April to June 2024

Data of Admitted Patients

During the second quarter of 2024, a total of 19 children were admitted to the Paediatric Cardiology High Dependency Unit (HDU).
Below is a breakdown ofthe admissions and outcomes

Outcome of Admitted Patients



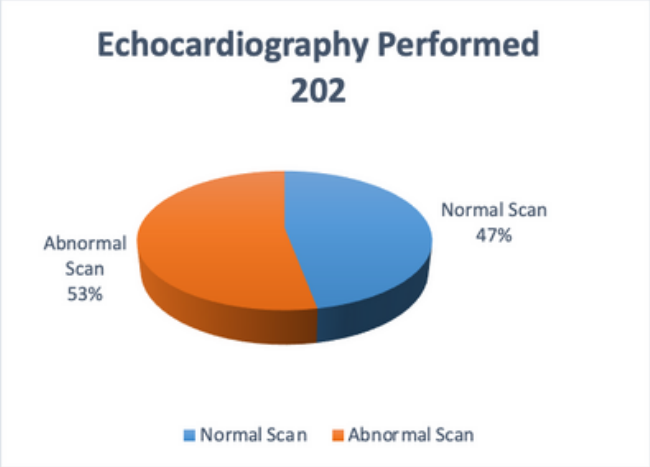


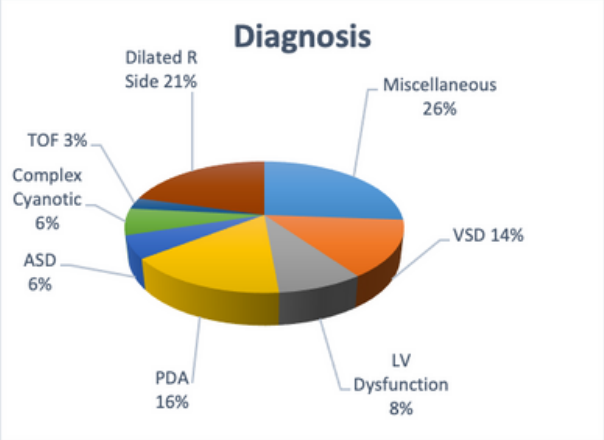
Length of Stay:
Patients admitted had an average stay of 8.31 days in the HDU, which provides an insight into patient turnover and resource allocation.

Average cost per patient
·The average cost per child is 40,000 PKR per day, helping to gauge the financial aspect of patient care.



Data of Echocardiograms Performed





Out of the total number of patients, 30% regularly attend follow-up appointments for evaluation, medication adjustments, and to seek health opinions.

Electrocardiograms (ECG) and Cardiac Fitness Assessment

In addition to ECGs on our own patients, we also perform ECGs requested by other specialties including for both admitted and out-patients. Additionally, we assess children for pre-surgical cardiac fitness who are undergoing surgeries at various surgical specialties or for monitoring of medication regimens. Below is a breakdown:

Total ECGs Performed: 185

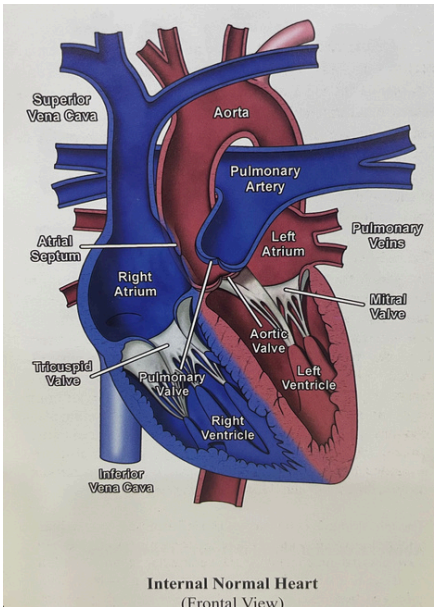
Total Cardiac Fitness Assessments: 37

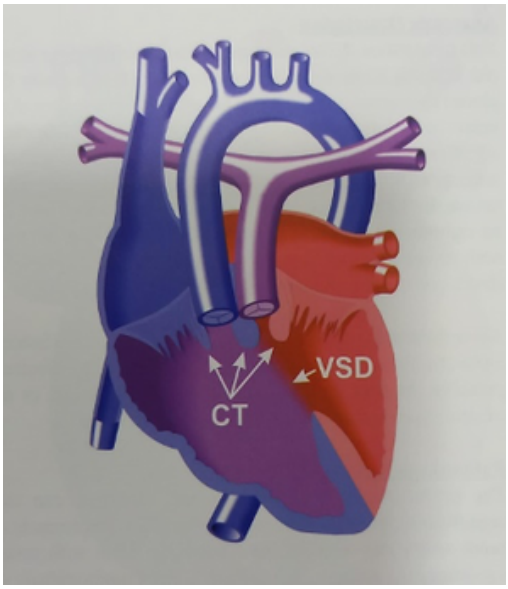
Brave Hearts...
Navigating Congenital Heart Disease in an Infant

A 5-day-old baby girl presented with complaints of breathing difficulty and cyanosis (blue discolouration of skin) , with an oxygen saturation of 80% (normal levels above 95 %). There was a family history of dextrocardia (heart on the right side of the body) in a sibling. An echocardiogram revealed a very complicated structure of heart including dextrocardia (right-sided heart) with situs ambiguous, D-Transposition of the Great Arteries (D-TGA), Double Outlet Right Ventricle (DORV), and a ventricular septal defect.

D-TGA is a rare disorder, accounting for approximately 5% of all congenital heart diseases. It is more common in males, with a male-to-female ratio of 3:1. The risk of D-TGA increases if the mother is diabetic or if there is a family history of congenital heart defects.

Double outlet right ventricle (DORV) with transposition of the great arteries (TGA) is a complex congenital heart defect where both major blood vessels, the aorta and the pulmonary artery, arise from the right ventricle instead of their normal positions. The only option for this baby is surgical correction. For this the baby has to be referred to one of the tertiary care cardiology centres. The outcomes of the surgery vary from centre to centre in our country. In general children with complex heart disease have better survival and quality of life in developed countries.





In a normal heart:

- The left ventricle pumps oxygen-rich blood through the aorta to the body.
- The right ventricle pumps oxygen-poor blood through the pulmonary artery to the lungs.

In DORV with TGA:

- Both the aorta and the pulmonary artery are connected to the right ventricle.
- Oxygen-rich blood from the left side of the heart is unable to easily reach the body because it is directed back to the right side of the heart.
- Oxygen-poor blood cannot easily reach the lungs for oxygenation.

by Dr Huma Muzzamil

A SUCCESS STORY

5-month-old Abdullah has been battling illness since he was 3 and a half months old. Initially diagnosed with dengue fever during his stay at a private hospital, his condition deteriorated despite treatment. Due to financial constraints, his parents sought care at the paediatric ER of CHK. There, he was promptly referred to the paediatric cardiac service after it was discovered that his heart was affected—a complication seen in half of dengue-infected children.

Abdullah's heart function was severely compromised, with an ejection fraction of 20% (normal is 70%). He received immediate admission and intensive treatment to support his heart and was closely monitored throughout. After two weeks of dedicated care, Abdullah showed significant improvement and was discharged home with his heart functioning properly once again.

ASPIRIN, A COMMONLY USED MEDICATION

Warning: This write-up is only for general information regarding Aspirin and does not entitle anyone to self-prescribe any medicine without Doctor's advice.

Aspirin is commonly prescribed to relieve headaches or other painful conditions such as osteoarthritis, juvenile or adult rheumatoid arthritis, systemic lupus erythromatosis withsymptoms of inflammation such as swelling, redness and high body temperature.

Due to its properties to prevent clot formation, it may be usedfor patients with heart problems or clot forming disorders like thrombocytosis.

Aspirin is usually not prescribed to children aged less than 16years unless the doctor weighs its benefits, specially in some of the pediatric cardiology disorders, against the risks of its side effects that may lead to unstoppable bleeding.

Before taking Aspirin, one must share the proper history of patient, specially that of any prolonged bleeding, allergies, other drugs that may cause interference with Aspirin causing its effects to reduce or increase, history of stomach ulcers and/or G6PD deficiency.

It is always important to keep all the medications out of reach of children, in a cool dry place. If any dose is missed do not give any extra dose if the time for the next dose is near.

Our Achievements

- We have an active website now. Please visit it to find out more information and how to support us
- Our Bank accounts are now active to receive zakat and donations
- Keeping up our tradition of teaching and training Dr Amber successfully conducted an ECG workshop, which was as usual very well received by all those who attended





Our prime mission is to offer state-of-the-art diagnostic and treatment facilities for children suffering from heart ailments. These services are currently being provided through the Paediatric Cardiology High Dependency Unit (HDU) located within Paeds Ward 2 at Dr. Ruth K. M. Pfau Civil Hospital Karachi. Together, we can make a significant difference in the lives of these children

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