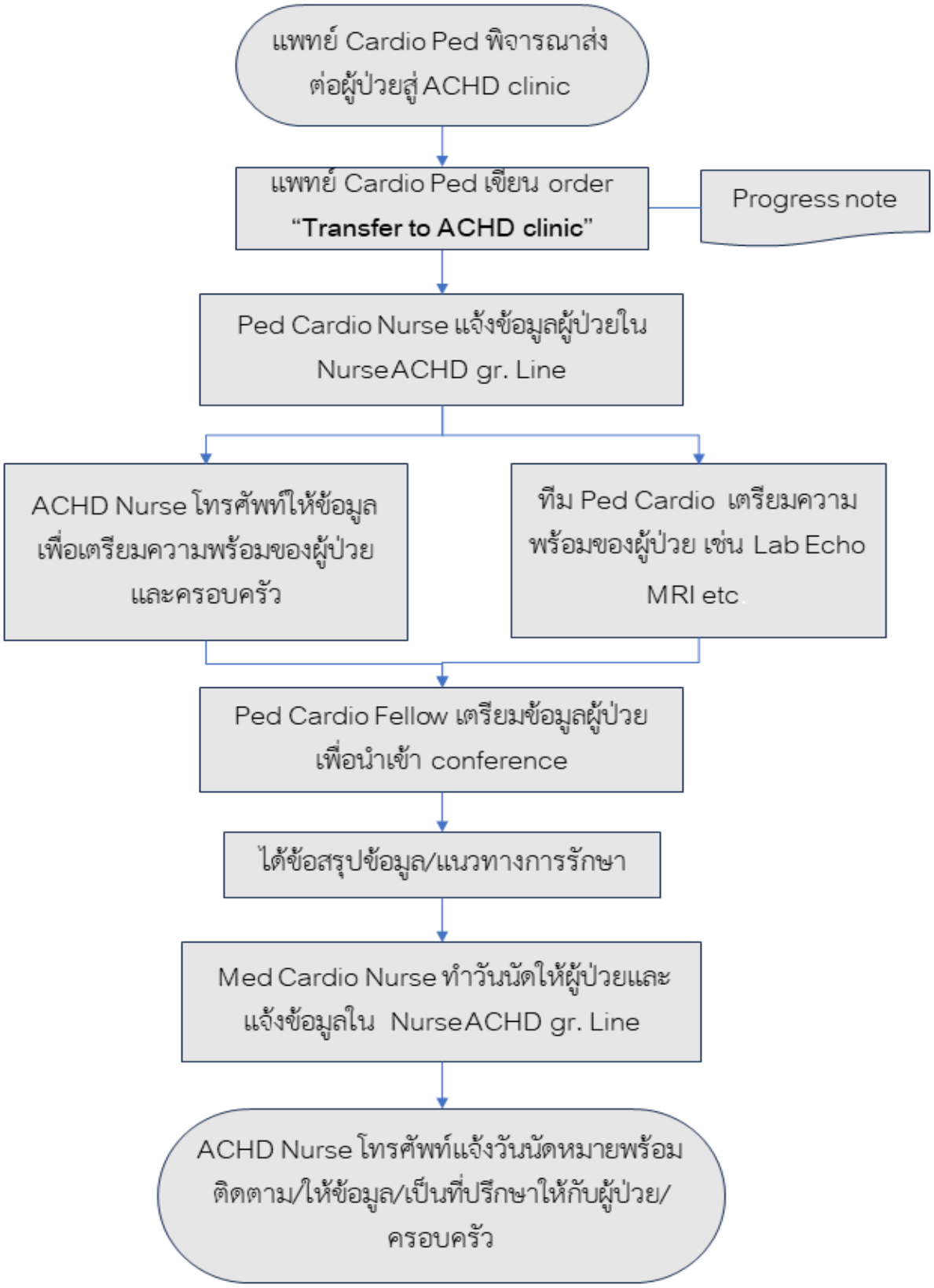
*การส่งผู้ป่วย ACHD จาก Ped สู่ ACHD clinic



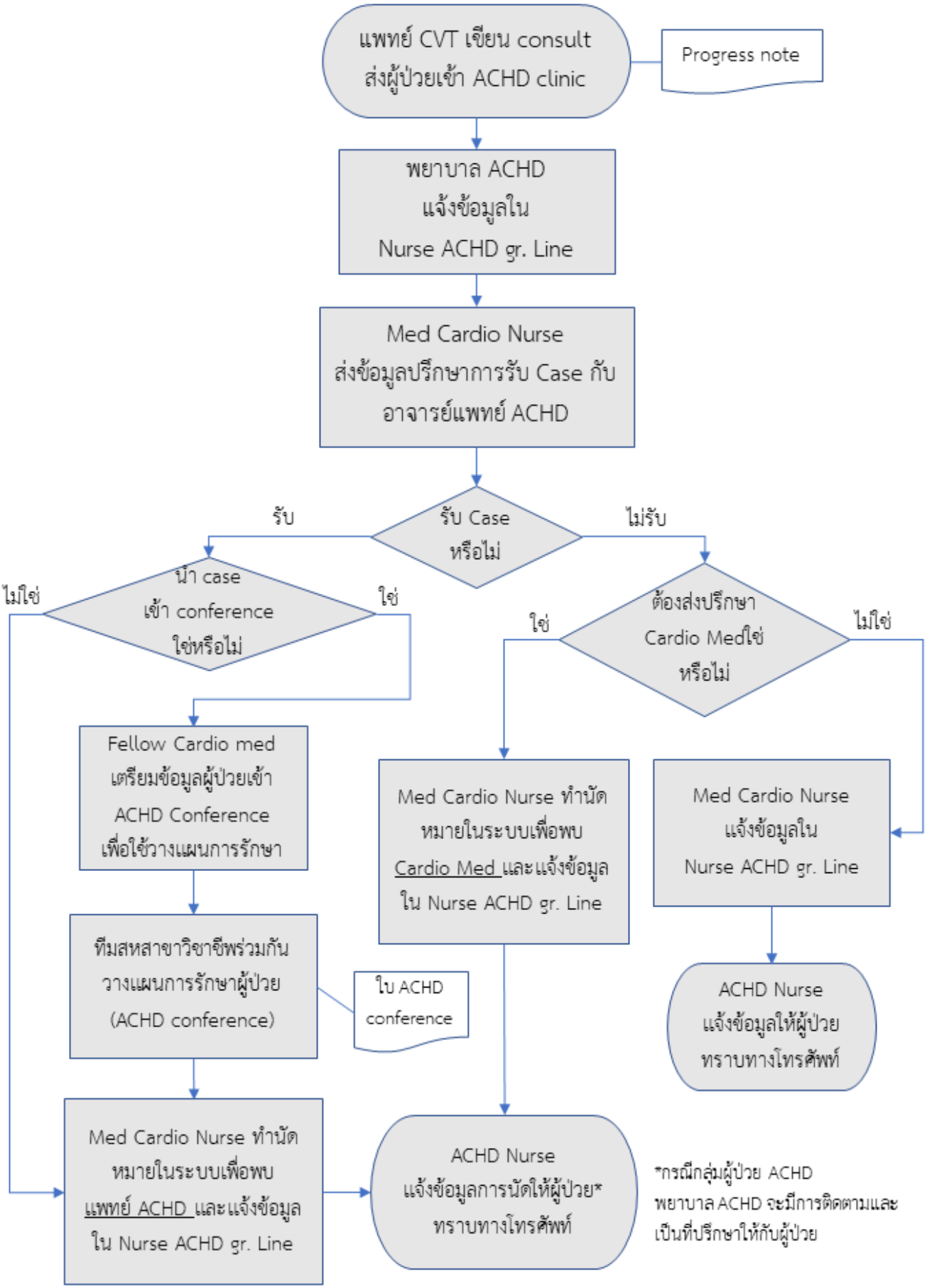
*<u>การส่งผู้ป่วย ACHD จาก Ped สู่ ACHD clinic</u>

1.เป็นผู้ป่วยโรคหัวใจแต่กำเนิดที่มีอายุมากกว่า 18 ปี

2.ขึ้นอยู่กับดุลยพินิจของอาจารย์แพทย์เจ้าของไข้

ACHD center 21 มีนาคม 2567

กระบวนการส่งต่อผู้ป่วย ACHD จาก CVT เข้าสู่ ACHD clinic



ACHD center 1 ธค 66

Criteria

Moderate complexity
Required or unrepaired conditions
Aorto-left ventricular fistula
Anomalous pulmonary venous connection, partial or total
Anomalous coronary artery arising from the pulmonary artery
Anomalous aortic origin of a coronary artery from the opposite sinus
AVSD (partial or complete, including primum ASD)
Congenital aortic valve disease
Congenital mitral valve disease
Coarctation of the aorta
Ebstein anomaly (disease spectrum includes mild, moderate and severe variations)
Infundibular right ventricular outflow obstruction
Ostium primum ASD
Moderate and large unrepaired secundum ASD
Moderate and large persistently patent ductus arteriosus
Pulmonary valve regurgitation (moderate or greater)
Pulmonary valve stenosis (moderate or greater)
Peripheral pulmonary stenosis
Sinus of Valsalva fistula/aneurysm
Sinus venosus defect
Subvalvar aortic stenosis (excluding HCM; HCM not addressed in these guidelines)
Supravalvar aortic stenosis
Stradding atrioventricular valve
Repaired tetralogy of Fallot
VSD with associated abnormality and/or moderated or greater shunt

Great complexity (or Complex)
Cyanotic congenital heart defect (unrepaired or palliated, all forms)
Double-outlet ventricle
Fontan procedure
Interrupted aortic arch
Mitral atresia
Single ventricle (including double inlet left ventricle, tricuspid atresia, hypoplastic left heart, any other anatomic abnormality with a functionally single ventricle
Pulmonary atresia (all forms)
TGA (classic or d-TGA, CCTGA or I-TGA)
Truncus arteriosus
Other abnormalities of atrioventricular and ventriculoarterial connection (i.e. crisscross heart, isomerism, heterotaxy syndromes, ventricular inversion)

Physiologic state C and D
C
NYHA FC III symptoms
Significant (moderate or greater) valvular disease; moderate or greater
ventricular dysfunction (systemic, pulmonic or both)
Moderate aortic enlargement
Venous or arterial stenosis
Mild or moderate hypoxemia/cyanosis
Hemodynamically significant shunt
Arrythmias controlled with treatment
Pulmonary hypertension (less than severe)
End-organ dysfunction responsive to therapy

D
NYHA FC IV symptoms
Severe aortic enlargement
Arrythmias refractory to treatment
Severe hypoxemia (almost always associated with cyanosis)
Severe pulmonary hypertension
Eisenmenger syndrome
Refractory end-organ dysfunction

ผู้ป่วยหัวใจพิการแต่กำเนิดที่ มีความซับซ้อน

ตั้งแต่ Moderate complexity และ Great complexity หรือ Physiologic state C และ D พิจารณาส่ง ACHD clinic และทำ conferences ก่อนส่งดูแลต่อ