PHILIPPINE HEART CENTER INCIDENT COMMAND POST	Document Type **GUIDELINES**	Document Code: GL-ICP-018
		Effective Date: May 18, 2020
	Document Title **INTERIM GUIDELINES ON ADMISSIONS AND PERFORMANCE OF PROCEDURES DURING THE COVID-19 PANDEMIC**	Revision Number: 2
		Page: 1 of 29

REVISION HISTORY

Rev No.	Review Date	Description of Change	Date of Next Review
1	May 20, 2020	Deletion of IV. Emergency Procedure pg. 2	May 25, 2020
		Addition of IV. Screening, pg. 2	
		Addition of Algorithm on the screening and Classification and management of pediatric patients with suspected COVID-19 (Version 2)	
2	May 30, 2020	Change the Questionnaire Pg 4-5	July 2020 or prior to Phase II
		Added Pediatric Echocardiography Service	
		Added Training	
		Added Pediatric and Congenital Cardiac Catheterization	
		Added Out Patient Division	

Reviewed by:	**GERARDO S. MANZO, MD** Incident Commander	Approved by:	**JOEL M. ABANILLA, MD** Executive Director

The Corona virus disease-2019 (COVID-19) caused by the 2019 novel Corona virus or SARS-CoV-2 has been declared a pandemic and has gravely affected the conduct of healthcare services in our institution. Since the virus has high transmission property and a relatively high mortality and morbidity risk, an interim guideline shall promote protection and safety to the healthcare providers and our patients.

I. **OBJECTIVE**

Interim guidelines for Healthcare Provider on admission of patients and the performance of procedures during the COVID 19 crisis.

II. PEDIATRIC MEDICAL TEAM

A. The Pediatric Medical Team was established and is composed of the following:
- 2.1 Department Chairman: Dr. Aurora Muriel S. Gamponia
- 2.2 Division Head of Clinical Cardiology: Dr. Magdalena J. Lagamayo;
- 2.3 Division Head of Pediatric Non-invasive Cardiology: Dr. Pacita Jay L. Ballelos
- 2.4 Division Head of the Pediatric Invasive Cardiology: Dr. Juan G. Reganion

B. The objectives of the pediatric medical team
- 2.5 Review the cases for admission and emergency procedure and evaluate if such cases are classified as emergency/urgent as included in the set criteria
- 2.6 Refer these cases to the ICP and HICO for further instruction
- 2.7 Draft the interim guidelines and policies

III. ADMISSION

Patients with the following conditions may be admitted upon the approval of the Pediatric Medical Team:
- 3.1. Severe heart failure or cardiac decompensation
- 3.2 Referrals from other hospitals with life-threatening cardiac disease provided they have no co-morbidities
- 3.3. Other cardiac emergency cases such as hyper cyanotic spells, cardiac tamponade
- 3.4 Non-cardiac cases with unstable hemodynamic and who cannot be transferred to another hospital
- 3.5 Tachyarrhythmia (supraventricular or ventricular tachycardia) and Brady arrhythmia
- 3.6 Heart diseases with an emergency/urgent indication for intervention/surgery

IV. Emergency/Urgent Procedures:

The following are the emergency/urgent cases for procedures:
- 4.1. PDA dependent cyanotic heart disease ie pulmonary valve atresia + VSD for PDA stenting or Modified BTS
- 4.2. Symptomatic neonates with TAPVR, D-TGA with intact ventricular septum TVA for balloon a trial septostomy
- 4.3 Critical PS or Pulmonary Valve atresia with IVS and tripartite RV for OPV
- 4.4 Symptomatic patients with Severe Mitral Stenosis for PMBV

4.5. Symptomatic patients with Complete Heart Block for temporary pacemaker or permanent pacemaker insertion or pulse generator replacement in a patient with pacemaker at end of life
4.6 Symptomatic patients with tachyarrhythmia needing termination by cardio version
4.7. Patients with Hyper cyanotic or Hypoxic Spell, ie TOF, single ventricle with PS, d-TGA with PS refractory to medical management for emergency BTS
4.8. Large shunt anomalies with intractable heart failure for urgent surgery

All patients for procedures must be cleared by the Pediatric Medical Team and referred to specific subspecialist when needed:

1. Dr. Josefina C. Carlos / Dr. Fatime Gimenez - Infectious Specialist
2. Dr. Paula Pilar Evangelista - Pediatric Critical Care
3. Dr. Dulce Requiron - Pediatric Pulmonary Specialist

Final approval for admission/procedure will be given by the Head of the Incident Command Post

IV. SCREENING

A. Triage all patient at the ER/OPD
1.1. temperature check
1.2. take patient's history (use COVID 19 screening form – refer to page 4) to include the accompanying person

B. If a probable/suspect/ +COVID patient;
1.3. refer to COVID ER
1.4. patient is referred to fellow
1.5. follow the COVID management guidelines (ICP/HICO)
1.5.1.initial tests: CBC, CXR, Rapid antibody tests (IgG/IgM)
1.5.2.Chest CT scan if indicated
1.5.3.RT-PCR if indicated
1.6. if with cardiac disease, assess status (stable or unstable)
1.6.1 if unstable with +IgM/IgG and/or + RT-PCR, admit at COVID designated ICU
1.6.2 if unstable and -IgM/IgG and/or - RT-PCR, admit to non-COVID ICU
1.7 if stable and +IgM/IgG, refer to COVID center or quarantine at home

*one companion or caregiver is allowed with protective equipment or mask as advised if tested COVID NEGATIVE

C. All other patients for admission will have a basic tests (CBC, Chest X-ray and Rapid antibody test
See guidelines for admission of emergency cardiac patients below

PHILIPPINE HEART CENTER
IN/OUT PATIENT' HEALTH CONDITION DECLARATION FORM FOR COVID-19

Pursuant to **Republic Act 11332**, you are required to provide truthful information about your health condition and possible exposure. Thank you

Name *Last name* *First Name* *MI*		Age	Sex	Date
☐ IN-PATIENT Hospital Number: Unit/Room:	☐ OUT-PATIENT Physician to be Visited: Clinic Room:	Chief Complaint		

Dear Patients,
Your health is important to us. To provide continuing and quality health care, and to ensure your utmost safety and protection during this COVID pandemic, please fill up the following questionnaire

	Patient		Companion	
	YES	NO	YES	NO
A. SIGNS AND SYMPTOMS: Have *you experienced any of the following in the last 14* days? (Please check)				
Chills/ Fever (T> 38 °C) (lagnat)				
Sore throat (masakit na lalamunan)				
Cough and colds (ubo at sipon)				
Shortness of breath or difficulty of breathing (hirap huminga)				
Headaches (masakit ang ulo)				
Muscle pains (pananakit ng katawan)				
Diarrhea (pagtatae)				
B. TRAVEL AND EXPOSURE HISTORY				
Do you have a history of travel within the last 14 days? If yes, where _____, and when _____?				
Have you travelled to or is living in local areas where there are reported cases of COVID-19? If yes, Where? _____				
Do you have contact or exposure to someone who travelled in areas with local transmission of COVID 19?				
Have you been exposed to a suspected or confirmed COVID-19 patient?				
Do you or anyone in the household have any of the above-mentioned symptoms or pending COVID-19 test results?				

I hereby certify that the information given above are true, correct, and complete. I understand that I will be held criminally liable for failure to give right information or intentionally providing misinformation.

_____
Patient/Parent's Signature over Printed Name/Date

DISPOSITION: To be filled up for OPD patient only by Screening Area/ MAB Central Triage

If you answered NO to all the questions ☐ Proceed to MAB Concierge	*If you answered at least one (1) YES in Table A* ☐ Proceed to DAPA Hall for Pulmonary consult *If you answered at least 1 YES both in Table A&B* ☐ Proceed to COVID ER for Evaluation

Reminder
Non-cooperation of any individual to disclose truthful information and exposure shall be penalized in accordance with R.A. 1132, R.A 1146 and other applicable laws.

PHILIPPINE HEART CENTER
East Avenue, Quezon City

OUTPATIENT DIVISION SCREENING FORM

Version 4, Adapted from DOH-PSMID COVID-19 Task Force:
Algorithm for Triage of Patients with Possible COVID-19 Infection. March 9, 2020

Name _____ Hospital No. _____
Age _____ Sex _____ Occupation _____
Address _____ Phone No. _____
_____
Category ☐ New Patient Temperature _____
☐ Old Patient Clinic Room _____

CRITERIA	PATIENT		COMPANION	
1. Place in the Philippines stayed for the past 14 days: *Lugar sa Pilipinas kung saan naglagi sa nakaraang 14 araw:* • _____	YES	NO	YES	NO
2. Exposure to a suspected or confirmed COVID-19 patient? *Nakahalubilo na suspected/confirmed COVID-19 na pasyente?*	☐	☐	☐	☐
3. Test for COVID-19	(+)	(-)	(+)	(-)
☐ PCR Swab Test When / *Kailan?* _____	☐	☐	☐	☐
☐ Serologic Antibody Test When / *Kailan?* _____	☐	☐	☐	☐
CLINICAL AREA	**YES**	**NO**	**YES**	**NO**
Did you have the following symptoms within the past 14 days? *Nagkaroon ka ba ng mga sumusunod na sintomas sa nakaraang 14 araw?*				
1. Fever / *Lagnat* (≥38°C)	☐	☐	☐	☐
2. Cough and colds / *Ubo at sipon*	☐	☐	☐	☐
3. Sore throat / *Sakit ng lalamunan*	☐	☐	☐	☐
4. Shortness of breath / *Hirap sa paghinga*	☐	☐	☐	☐
5. Diarrhea / *Pagtatae*	☐	☐	☐	☐

Reminder: **R.A.11332** You are required to provide **TRUTHFUL INFORMATION** about your health condition. Otherwise you will be **PENALIZED**:

Paalala: ***R.A.11332*** *Kinakailangan maglahad ng* ***KATOTOHANAN*** *tungkol sa kalagayan ng inyong kalusugan. Kung hindi, ang* ***KAPARUSAHAN****:*

- Fine of Php20,000.00 to Php50,000.00 / *Multa mula Php20,000 – Php50,000*
- Imprisonment of (1) month to (6) months / *Pagkakulong ng (1) to (6) months*

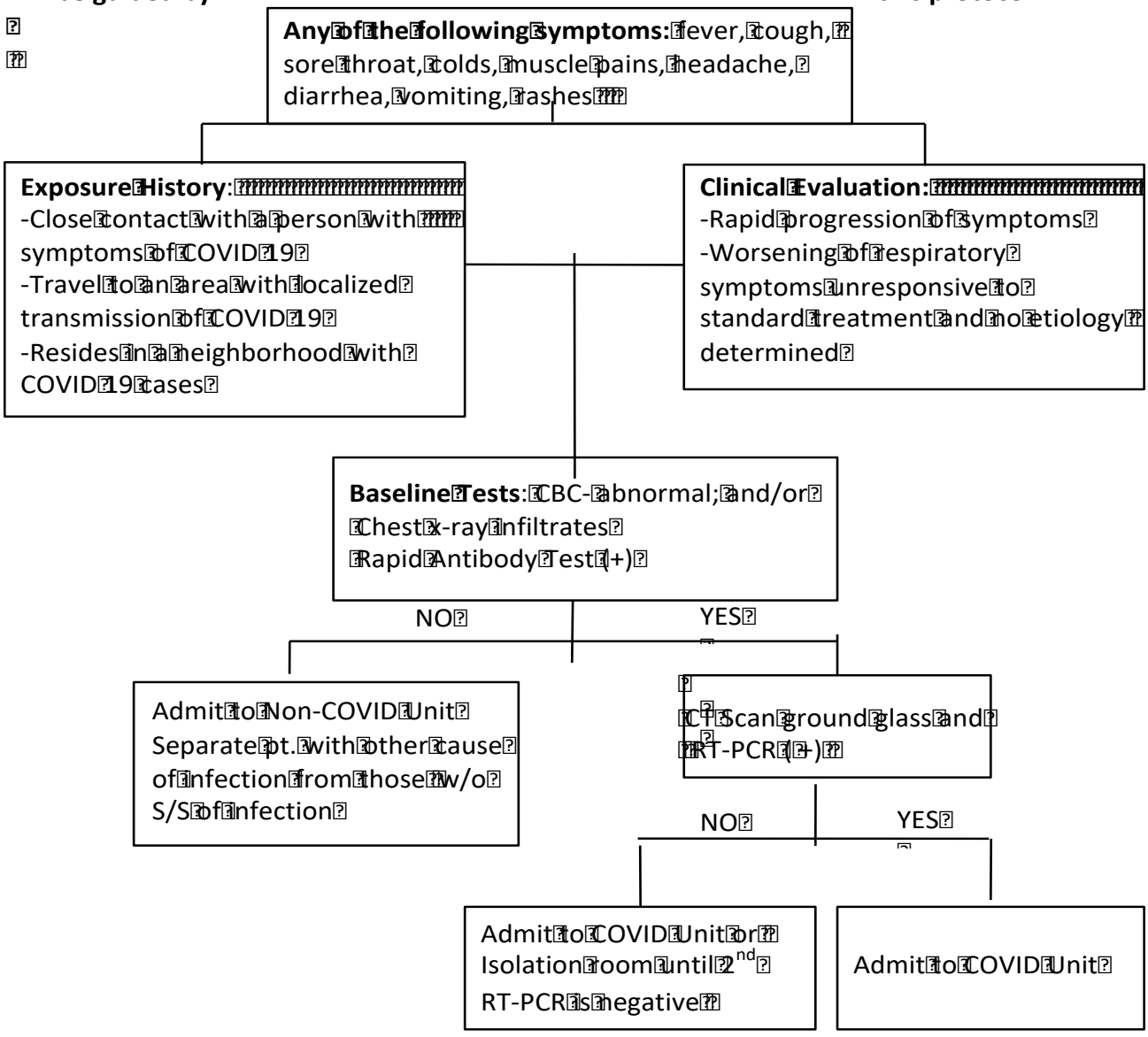
_____
Full Name/Signature of Patient OR Parent/Guardian

RECOMMENDATION:
☐ **OPD Consult** ☐ **Pharmacy**
☐ **ER Consult** ☐ **SSD**
☐ **Diagnostic** ☐ **Others:**_____

_____
NURSE ON DUTY / DATE & TIME

INTERIM GUIDELINE FOR ADMISSION OF EMERGENCY CARDIAC PATIENTS IN THE COVID-19 PANDEMIC:

Patients without symptoms of COVID-19 and negative history of exposure will undergo baseline tests (CBC, CXR and Rapid Antibody Test). Those with symptoms, will be guided by this protocol



V. NON-INVASIVE SERVICES (ECHOCARDIOGRAM)

With the significant number of COVID cases, the performance of transthoracic echocardiograms will be scaled down in number given the risk of infection. This measure is being done to protect the health and welfare of the healthcare workers (pediatric cardiologists, trainees, sonographers and nurses) and the paramedical personnel (secretarial staff and aides).

Given this, only transthoracic echocardiogram (TEE) shall be done for emergency cases and those with definite indications and benefit in the management.

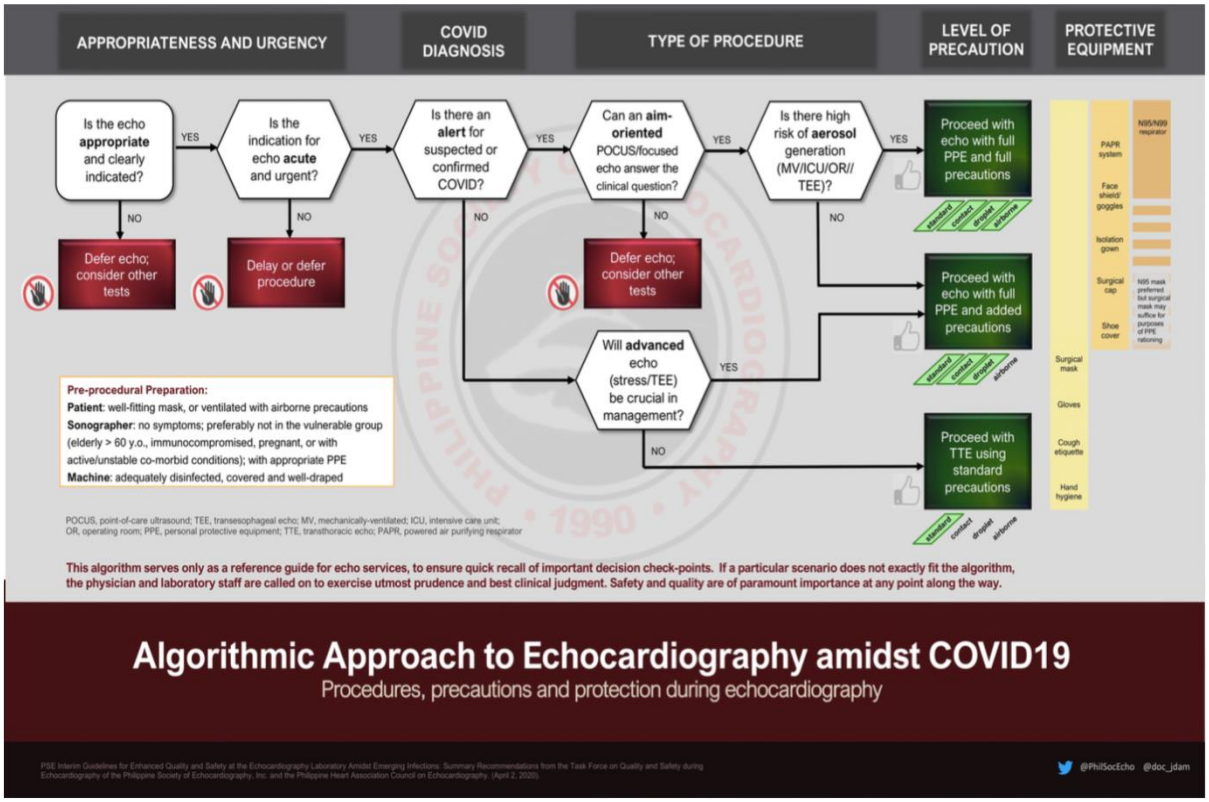
5.1. Patients for priority TTE
- 5.1.1. Cyanotic newborns
- 5.1.2. First time patients who come in, either for admission at our institution or for transfer to other centers for establishment of diagnosis
- 5.1.3. Symptomatic cardiac patients seen in the ER or OPD
- 5.1.4. Patients who are admitted, either as ancillary for continuing management or those who underwent surgery/intervention and are for discharge.
- 5.1.5 Cardiac patients with change in clinical status/ progression of signs and symptoms

5.2. A full comprehensive TTE is preferred or as appropriate

5.3. Sedation maybe an option if patient cannot be calmed down (with special precaution for aerosol generation) The availability of the drug should be assured at the echo lab such as Diphenhydramine, Midazolam or Chloral Hydrate

5.4 Echocardiographer and Sonographer performing echo procedures must wear PPE (level 3- cap, surgical or N95 mask, goggles/faceshield, gown, and gloves/ hand sanitizer

5.5. TEE and Fetal echocardiography if deemed necessary, refer to the suggested algorithm.


APPROPRIATENESS AND URGENCY
COVID DIAGNOSIS
TYPE OF PROCEDURE
LEVEL OF PRECAUTION
PROTECTIVE EQUIPMENT
Is the echo appropriate and clearly indicated?
YES
Is the indication for echo acute and urgent?
YES
Is there an alert for suspected or confirmed COVID?
YES
Can an aim-oriented POCUS/focused echo answer the clinical question?
YES
Is there high risk of aerosol generation (MV/ICU/OR// TEE)?
YES
Proceed with echo with full PPE and full precautions
NO
Defer echo; consider other tests
NO
Delay or defer procedure
NO
Defer echo; consider other tests
NO
Will advanced echo (stress/TEE) be crucial in management?
YES
Proceed with echo with full PPE and added precautions
NO
Proceed with TTE using standard precautions
Pre-procedural Preparation:
Patient: well-fitting mask, or ventilated with airborne precautions
Sonographer: no symptoms; preferably not in the vulnerable group (elderly > 60 y.o., immunocompromised, pregnant, or with active/unstable co-morbid conditions); with appropriate PPE
Machine: adequately disinfected, covered and well-draped
POCUS, point-of-care ultrasound; TEE, transesophageal echo; MV, mechanically-ventilated; ICU, intensive care unit; OR, operating room; PPE, personal protective equipment; TTE, transthoracic echo; PAPR, powered air purifying respirator
This algorithm serves only as a reference guide for echo services, to ensure quick recall of important decision check-points. If a particular scenario does not exactly fit the algorithm, the physician and laboratory staff are called on to exercise utmost prudence and best clinical judgment. Safety and quality are of paramount importance at any point along the way.
Algorithmic Approach to Echocardiography amidst COVID19
Procedures, precautions and protection during echocardiography
@PhilSocEcho @doc_jdam

General Algorithmic Approach to Echo amidst COVID infection

Guide to interpretation of the algorithm

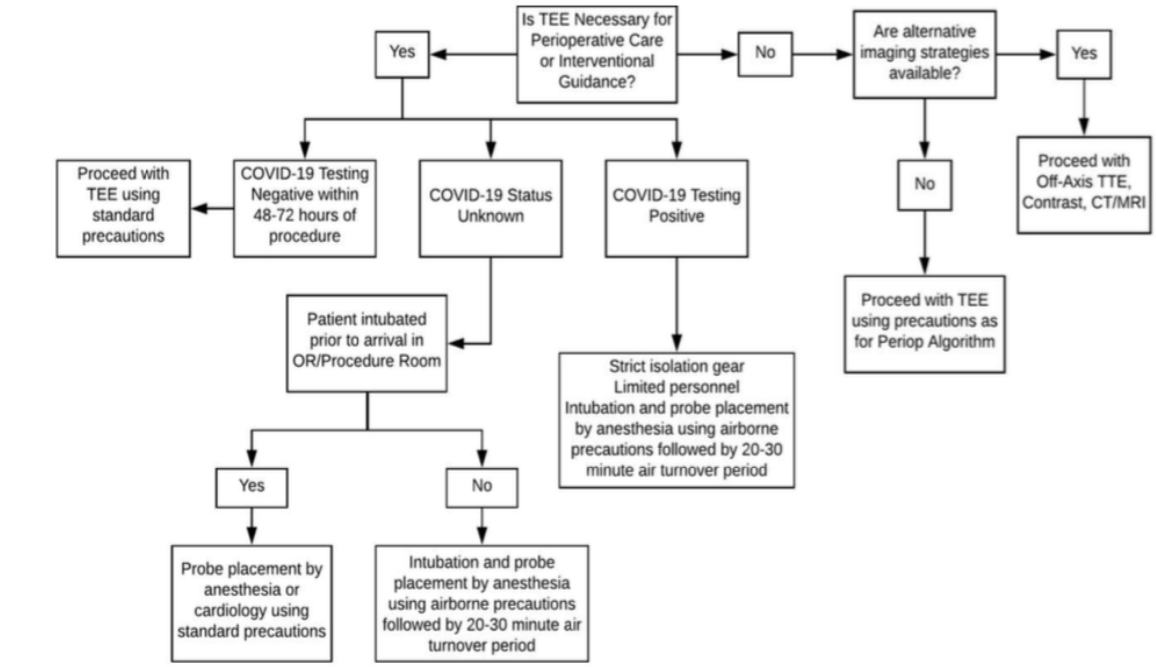
- **Appropriateness and urgency.** All echo requests must first be appropriate to be considered. As a matter of enhanced screening, those with urgent indications will be prioritized and performed. Elective procedures can be delayed or re-scheduled.
- **COVID diagnosis.** If there is any doubt as to COVID diagnosis, the staff are encouraged to handle as COVID and utilized full PPE.
- **Type of procedure.** Stress and transesophageal echocardiography are generally discouraged at this time. However, the decision to perform such advanced tests for patients with NO COVID will be left to the discretion and best judgment of the clinician.
- **Level of precaution.** Standard precautions are universal for any healthcare-related encounter. Added precautions considers possibility of contact and droplet transmission. Full precautions entail consideration of all possible modes of transmission (contact, droplet, airborne).
- **Protective equipment.** The ideal PPE set must conform to DOH/CDC/WHO quality standards. The type and extent of protective gear will depend on the level of precaution required by the situation.

*Alert for

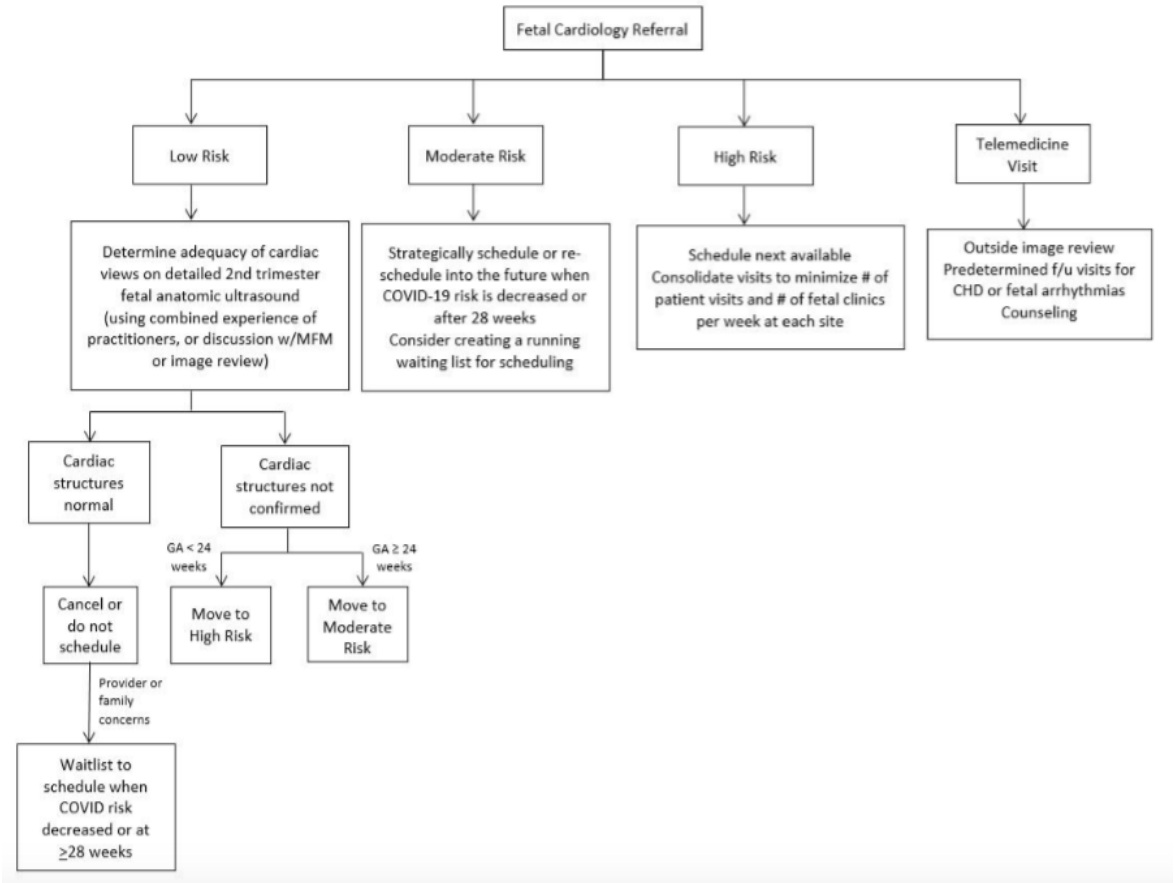
Suspected or confirmed COVID-19 : Positive IgG/IgM and/or RT-PCR; Clinical and CT scan findings suggestive of COVID-19

Negative for COVID-19 - Negative IgG/IgM and/or RT-PCR; No clinical and/or CT scan findings suggestive of COVID-19

Suggested algorithm for performing TEE during COVID-19 Outbreak



Fetal Cardiology Clinic Scheduling Algorithm during COVID-19 Outbreak



Summary of Recommendations for Policies/Procedures during COVID-19 Outbreak

- Defer/Reschedule Options
  - Identify and defer all elective exams
  - Identify and perform only urgent/emergency exams
  - Assess need for fetal echocardiogram and schedule using algorithm
- Assess patient COVID-19 status
  - Negative
  - Suspected
  - Unknown (for TEE, treat as suspected)
  - Positive/confirmed
- Provide for appropriate levels of patient and provider protection
- TEEs are considered high risk
  - Defer or use alternative imaging strategies if possible
  - Perform SARS-CoV-2 testing at preoperative visit, if possible
  - Proceed with TEE using precautions based on algorithm
- Institutional PPE conservation
  - Defer non-urgent exams in suspected/confirmed cases
- Limit exposure during exams
  - Problem-focused, limited examinations guided by prior studies
  - Match personnel skills to exam to minimize scan time
  - Consider use of dedicated machine for suspected/confirmed cases or high-risk units
  - Minimize both respiratory and fecal exposure during exam
- Reading room methods to reduce transmission
  - Facilitate remote report generation and echo consultation
  - Frequent disinfection of computer keyboard, mouse, surfaces, chairs, doorknobs
  - Discourage congregating in the echo lab reading room
- Identify and appropriately reassign special at-risk personnel (>60 years, chronic illness, immunocompromised, pregnancy, etc.)

VI. POLICY IN DOING ECHOCARDIOGRAM IN CONFIRMED COVID PATIENTS AND COVID SUSPECTS

6.1. All doctors and HCW involved in the echo procedure must wear full PPE (level 4- cap, goggles/faceshield, N95 or N99 respirator mask, PAPR – powered air purifying respirator, impermeable body gown, 2-layer gloves and shoe cover).
6.2 Patients should wear surgical masks except those <2 years old. A cloth/blanket can be use to cover baby carrier
6.3. The echocardiographic machine must be covered with plastic and undergo intensified disinfection
6.4. The echocardiographic study must be done within 3-5 minutes
6.5. No ECGs will be connected and used on the patient.
6.6 If a cardiac patient is a suspected/+ COVID or is in unclassified status, the procedure should be done in the isolation room of ER or patient's room-COVID 19 unit. The caregiver and/or parents should be screened accordingly.

6.7. The main views to be acquired are:
- 6.6.1. PLAX
- 6.6.2. SAX
- 6.6.3. Apical 4 and Apical 5-chmaber views

✴ 2D and color flow studies will be done simultaneously. Color flow compare will be turned on; taking note of any regurgitation or stenosis of the valves. If moderate to severe is noted, spectral doppler is done.

6.8 Determine the following:
- 6.7.1. LV systolic function
- 6.7.2. LA and LV size
- 6.7.3. RV fractional area change
- 6.7.4. Pericardial effusion

✴ Post measurements will be done at the echo lab and not in the patient's room.

6.9. Rapid review and reporting is advised and results are relayed promptly to the attending physician
6.10. Sedation is an option if the patient cannot be calmed down; The availability of the drug shall be assured at the echo lab /unit..

PROCESS FLOW A ND GUIDELINESFOR THE REOPENING OF THE PEDIATRIC ECHOCARDIOGRAPHY SERVICE: PHILIPPINE HEART CENTER AMIST THE COVID 19 PANDEMIC

The novel coronavirus (COVID 19) pandemic have affected conduct of the healthcare services in our institution. The decision for the reopening of the echocardiography outpatient service was based on the advisory of the ICP.

Phase I: Level II Response – Declining COVID19 case-admission in the institution and reported cases in Metro Manila.

A. BACKGROUND ON THE PEDIATRIC POPULATION:

1. Children are equally likely to be infected as adult; may have exposure to adults with COVID 19.
2. A big number of infected children are asymptomatic or with mild symptoms but may have high viral loads
3. There are high risk age groups (premature, neonates, and pre-school age) and at-risks groups (pre-existing chronic illness, immunocompromised Down's Syndrome, Di-George, Asplenia ; Multi-systemic Inflammatory Syndrome associated with Kawasaki Disease have been linked to COVID19
4. Children have limited capabilities to avoid droplet expression- sneezing, coughing and crying especially during 'conscious sedation'. Thereby considered aerosol generating
5. They are generally uncooperative refusing to wear mask. Hence have longer echo studies and longer patient-echocardiographer/sonographer interaction
6. Echo staff are therefore at higher risk for droplet and airborne transmission

B. PROCESS FLOW AND PROTOCOL

1. Entrance of the Pediatric Echo Reception Room:
   - 1.1. Assigned Nurse will screen patient/parent (nurse should be healthy with no acute/chronic illness)
   - 1.2. Make sure patient and companion wear their mask properly (except children < 2 years old)
   - 1.3. Check temperature
   - 1.4. Check appointment schedule
   - 1.5. Triage Using the Health Declaration Form
   - 1.6. Clearance for entry to Reception
   - 1.7. Sanitize hands of patient and parent
   - 1.8. Sick patient/ companion will be referred to ER or rescheduled

2. Reception room:
   - 2.1. Assign a clerk to receive the patient's request (clerk should be <60 years old, no chronic illness)
   - 2.2. Clerk to prepare the pay slip
   - 2.3. Payment made at the cashier
   - 2.4. Sanitize hands upon returning to the room
   - 2.5. Clerk records the patient's data
   - 2.6. Advised parent to read the policies posted: waiting time -15 to 20 mins, maintain physical distancing, cough etiquette (prepare tissue or handkerchief). Results may be sent thru viber, messenger, email or within 3 days to parent and attending cardiologist/OPD fellow

2.7. Patient is weighed
2.8. Oral medicine for sedation may be given to the patient if indicated by the Nurse

3. Echo room:
   3.1. One sonographer to advise patient/parent to sanitize hands; instruct the patient to wear gown and to go to the assigned cubicle
   3.2. Performance of echo study: 1 echo fellow and 1 sonographer; Consultant can perform echo on her patient
   3.3. An echo study is done approximately 15 to 20 mins, the next 10 to 15 minutes is allotted for measurements and accomplishing the report (after the patient has left) and for cleaning/sanitizing. Cleaning of the probes used and beds (without linens) must be done after each patient.
   3.4. Uncooperative patient despite sedation will be rescheduled
   3.5. No changing of diapers at the echo room
   3.6. Patient is directed to change to her/his clothes and go home (if no other concern)
   3.7. Patient/parent may use the comfort room beside the echo room

4. Scheduling of patients:
   4.1. All patients for echocardiogram should have an appointment.
   4.2. Scheduling will be based on the 'guideline for prioritizing patients' and will be screened by the assigned fellow. Fetal and TEE appointment will be referred to the division head for approval. COVID patients for echo will need a review of the indication.
   4.3. The number of echo cases will be scaled down to 30 per day (15 service and 15 private)
   4.4. Two patients/sonographer or fellow/hour. There will be 2 machines for regular OPD patients. The 3rd machine is assigned for suspected/+ COVID patient
   4.5. The performance of echo starts at 8 am and ends at 4 PM.
   4.6. At the initial call for an appointment, the clerk will advise the parent to give notice and request for another slot if the patient develops symptoms of COVID or is exposed to a suspected or +COVID patient within 2 weeks before the schedule or cannot come on the appointed time/date.
   4.7. Inform parent of the 'NO mask, No entry' policy and to come 30 minutes before the time slot
   4.8. The attending cardiologists or secretary may request for the schedule of her/his patient. Specify the reader (reader of the day or preferred reader) and type of study (complete or POCUS)
   4.9. Service patients should have a request form from the OPD fellow with the impression, indication and type of study
   4.10. The echocardiographer on deck or with a scheduled patient should come on time to perform or review the study and sign the report (unless properly endorsed to another consultant)
   4.11. Service patients will be decked to Dr. Ballelos, Dr. Gamponia and other echocardiographers who volunteers.

5. Staff Protection and Workflow

   5.1. Healthcare providers with 'face to face ' contact with a patient/parent for more that 4 hours (Nurse, Fellows/Echo Reader and Sonographer) shall be provided with a level 3 PPE (surgical mask or N95, cap, eye shield, gown, gloves)
   5.2. Clerks and Echo reader with minimal direct/ short contact with patients shall be provided with level 2 PPE (surgical mask, eye shield, alcohol/ hand sanitizer or hand washing with soap and water)
   5.3. Each room (reception, echo, office) shall be cleaned regularly at least twice a day

5.4. The echo office will be limited to only the division head, echo reader of the day and 1 clerk typist; the rest of the staff shall doff and sanitize before entering the office at different time schedule to avoid cross contamination and to maintain physical distancing. Patients are not allowed to enter the office.

5.5. An experienced sonographer or echocardiographer / senior fellow shall perform the study on suspected/COVID patient wearing full PPE

5.6. Regular training for PPE donning and doffing shall be conducted

5.7.The echo lab shall request for the appropriate PPE, sanitizing solutions, disinfecting agents and other safety equipment, medications for sedation, advisory posters, Health Declaration forms, cell phone with loads for the scheduling and reports, etc.

PHILIPPINE HEART CENTER
East Avenue, Quezon City

OUTPATIENT DIVISION SCREENING FORM

Version 4, Adapted from DOH-PSMID COVID-19 Task Force:
Algorithm for Triage of Patients with Possible COVID-19 Infection. March 9, 2020

Name _____ Hospital No. _____
Age _____ Sex _____ Occupation _____
Address _____ Phone No. _____
_____

Category ☐ New Patient Temperature _____
☐ Old Patient Clinic Room _____

CRITERIA	PATIENT		COMPANION	
1. Place in the Philippines stayed for the past 14 days: *Lugar sa Pilipinas kung saan naglagi sa nakaraang 14 araw:* • _____	YES	NO	YES	NO
2. Exposure to a suspected or confirmed COVID-19 patient? *Nakahalubilo na suspected/confirmed COVID-19 na pasyente?*	☐	☐	☐	☐
3. Test for COVID-19	(+)	(-)	(+)	(-)
☐ PCR Swab Test When / *Kailan?* _____	☐	☐	☐	☐
☐ Serologic Antibody Test When / *Kailan?* _____	☐	☐	☐	☐
CLINICAL AREA	**YES**	**NO**	**YES**	**NO**
Did you have the following symptoms within the past 14 days? *Nagkaroon ka ba ng mga sumusunod na sintomas sa nakaraang 14 araw?*				
1. Fever / *Lagnat* (≥38°C)	☐	☐	☐	☐
2. Cough and colds / *Ubo at sipon*	☐	☐	☐	☐
3. Sore throat / *Sakit ng lalamunan*	☐	☐	☐	☐
4. Shortness of breath / *Hirap sa paghinga*	☐	☐	☐	☐
5. Diarrhea / *Pagtatae*	☐	☐	☐	☐

Reminder: **R.A.11332** You are required to provide **TRUTHFUL INFORMATION** about your health condition. Otherwise you will be **PENALIZED**:

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- Imprisonment of (1) month to (6) months / *Pagkakulong ng (1) to (6) months*

_____
Full Name/Signature of Patient OR Parent/Guardian

RECOMMENDATION: ☐ **OPD Consult** ☐ **Pharmacy**
☐ **ER Consult** ☐ **SSD**
☐ **Diagnostic** ☐ **Others:**_____

_____
NURSE ON DUTY / DATE & TIME

C. CLASSIFICATION OF PATIENT : LEVEL OF INDICATION

PATIENTS FOR HIGH PRIORITY TRANSTHORACIC ECHOCARDIOGRAPHY:

1. Cyanotic newborn
2. First time patients who come in for admission or for transfer, for the establishment of the cardiac diagnosis
3. Symptomatic patients with seen at the ER/ OPD
4. Patients who are admitted, critical guide to the management and for perioperative/ periprocedural guide or monitoring (Pre and post-operative assessment, Post-device implantation arrhythmias or pericardial effusion)
5. Cardiac patients with acute change in the clinical status or progression of signs and symptoms (Dyspnea, chest pain, syncope, new arrhythmia, cyanosis)
6. Patients for safety monitoring of therapy (e.g. Chemotherapy, CHD with PAH therapy)
7. Recent procedure requiring urgent follow-up e.g. post-intervention or surgery with complication such as pericardial effusion
8. Cardiac complications associated with COVID19 such as myocarditis, acute heart failure in Multi-systemic Inflammatory Syndrome in Children

PATIENTS FOR MEDIUM PRIORITY TRANSTHORACIC ECHOCARDIOGRAPHY:

1. Asymptomatic patients but with chronic cardiac disease that requires monitoring for progression (e.g. Cardiomyopathy, Severe Valvular Disease, Pulmonary Hypertension, Arrhythmias, Pericardial Effusion, Progression of disease after intervention/surgery (recurrent coarctation, conduit stenosis, CHD with large shunts, moderate to severe valve obstruction,
2. Therapy that requires ongoing monitoring (e.g. Therapy for PAH, Treatment for Kawasaki disease
3. Prior to therapy (pre-operative but non-urgent)

PATIENTS FOR LOW PRIORITY TRANSTHORACIC ECHOCARDIOGRAPHY

1. Routine follow up for chronic disease (Hypertension, annual evaluation valve disease, CHD or prosthetic valve with normal function and no new symptoms)

Phase II : Level 0 to 1 Response- Fewer cases or no case of COVID19 admitted in the institution and lower prevalence in Metro Manila (ongoing COVID19) testing/surveillance and monitoring of PPE availability

1. Majority of elective cases shall be scheduled but prioritization of patients shall be based on indications (as a standard procedure)
2. Number of TTE will gradually be increased to about 40

There will be resumption of elective TTE and Fetal Echo

INTERIM GUIDELINES FOR TRAINING:

Phase 0-1: During the ECQ or GCQ, significant number of COVID19 cases in the PHC and/or Quezon City; Admissions limited to emergency/urgent cases.

A. Duties:
   1. Fellows
      1.1 Skeletal force – fellows go on every 2 to 4 day-duty and are off duty after the morning endorsement;
      1.2 If with a suspect/probable/+ COVID patient, fellow goes on 3 days duty, then off for 7 days.
   2. Consultants:
      2.1 consultants per day, 1 to make rounds, 1 on call; On-call consultant (senior and/or co-morbidities)
      2.2 If with COVID patient, activate Strike Team- cardiologist, intensivist, pulmonary specialist and infectious disease specialist

B. Lectures/Conference:
   1. Schedule of activities:
      Monday-1 lecture by fellow –Didactic lecture
      Tuesday-1 case conference
      Wednesday and Thursday-1 subspecialty conference/lecture
      -Non-invasive Division
      -Invasive Division
      -Clinical/Critical Care Division
      -EPS
   2. Schedule of Lectures/ conferences will be posted weekly- Date, Time, Topic
   3. All meetings/conferences/lectures thru virtual medium
   4. Lectures/Cases will be sent thru email to everyone for preliminary review and comments at least 1 day before the schedule
   5. All powerpoint presentation shall be submitted to the training officer for uploading in the google classroom.
   6. The training officers of each division are likewise required to submit the instructional design for every learning activity which shall be uploaded also in the google classroom.
   7. Evaluation of the trainee thru examination or consultant's grade

Phase 1: During the Reopening of the different services, with less COVID19 cases at PHC and Quezon City; Admissions limited to emergency cases and selected urgent cases

A. Duties
   1. Fellows (9)
      1.1 Daily Assignment/Post: Weekly rotation
      - 2 OPD non-infectious cases
      - 1 OPD/ER infectious cases/COVID pt.
      - 1 Ward
      - 1 PICU
      - 1 SICU
      - 1 ER non-infectious cases
      - 1 Echo
      - 1 Cath/EPS

      1.2 Night Duty Schedule – 1 PICU/SICU, 1Ward/ER (non-infectious cases), 1 (infectious cases/COVID) and at COVID isolation/ COVID units
      1.3 If with COVID in-patient – 3 days straight duty and 7 days off

2. Consultants (Plantilla)

2.1 Daily Assignments: 1 consultant assigned in the different units/day
OPD – Dr. Glenda Tubianosa; Dr. Emely Anupol
With Honorarium - Dr. Em Leon; Dr. Babie Causapin
Non-Invasive – Dr. Jing Ballelos, Dr. Aurora Gamponia
Invasive – Dr. John Reganion; Dr. Jean Villareal
SICU – Dr. Bernie Azcueta, Dr. Ghie Mapalla
PICU/Ward – Dr. Lyn Lagamayo, Dr. Rachel Ninalga
Lectures/ Conferences/Research – Dr. Martha Santiago, Dr. Mayette Rosqueta
ER- Dr. Bunyi, Dr. Glenda Tubianosa, Dr. Emely Anupol
ECG – Dr. Lyn Lagamayo/ Dr. Tubianosa

B. Lectures and Conferences: same as in Phase 0-1 plus

1. Schedule of Activities and guidelines:
-Institutional Conference and ETRS activities
-Research hour 2 hours once a week.
-Each fellow should have the initiative to follow his/her own research calendar which is provided by the Division of Research.
-On-line consultation with the research coordinator/co-author/mentor/training officer is highly encouraged.
2. Schedule of regular lectures and case conference – after OPD/Echo/Procedure at about 3 pm; subspecialty SGD (small group discussion) shall be scheduled by their training officer/head
3. Mode of meetings: Physical presence and/or virtual, small group discussions with physical distancing,
4. Frequent mentoring 1 on 1 meetings
5. Virtual reality or simulation training modules for skills training

C. General Policies:

1. Fellows assigned at OPD and Echo should start at 8 AM to avoid crowding of patients at waiting area
2. Wearing of the type of PPE will be defined by ICP/ HICO. Additional protection will be provided as necessary
3. All patients at ER/OPD shall be triaged (Use form for COVID screening)
4. Patients for admission will be referred to Medical Team and the ICP
5. OPD Clinic Infirmary MDs will assess health status of symptomatic fellows as well as give recommendations for diagnostic tests, treatment and quarantine.
6. Refer to guidelines on admissions, OPD/ER , Echo, and Cath protocols

GUIDELINES FOR THE RESUMPTION OF THE PEDIATRIC AND CONGENITAL CARDIAC CATHERIZATION AMIDST THE COVID19 PANDEMIC:

The Division of Pediatric Invasive Cardiology guidelines for resumption of the services were based on the status of the COVID19 cases in the institution and the community; and the institutional policies.

A. GENERAL CONCEPT:

1. The level of response was divided into 3 phases
2. Classification of Cases and Procedures:
   2.1 Emergency and Urgent Cases
   2.2 Semi-urgent diagnostic and therapeutic interventions
   2.3 Elective diagnostic and therapeutic Interventions
3. Teleconferencing- Pre-post cath and preop
4. Mandate physical presence of back-up cath-intervention consultants
5. Strict compliance to the COVID 19 protocols and phase advancement criteria
6. Follow the 'chain of command' orders in the decision making of the division: DOH-IATF, PHC-ICP, Pediatric Medical Team and Pediatric Invasive Cardiology Division Core Group.

B. CLASSIFICATION OF PROCEDURE:

1. Class I: Emergency and Urgent Life-Saving Procedures in neonates, infants and special groups
   1.1 Balloon Atrial Septostomy
   1.2 PDA Stenting
   1.3 Percutaneous Pulmonary Balloon Valvuloplasty (PPBV) for duct-dependent cyanotic lesions e.g. Severe PS and Critical PS
   1.4 Pericardiocentesis for cardiac tamponade
   1.5 Temporary pacemaker insertion (TPI) for Complete Heart Block
   1.6 Percutaneous Transmitral Commissurotomy (PTMC)
   1.7 Diagnostic /Hemodynamic Cardiac Catheterization critical in the surgical decision making
2. Class II: Semi-Urgent diagnostic and therapeutic intervention for patients with symptoms and progression of their cardiac disease
   2.1 PDA device closure
   2.2 ASD device closure
   2.3 VSD device closure
   2.4 Coronary Artery Fistula closure
   2.5 MAPCA's closure/embolization
   2.6 PPBV for isolated PS
   2.7 PTMC
   2.8 Diagnostic/ Hemodynamic Cardiac Catheterization as indicated, for the surgical decision making

3. Class III: Elective diagnostic and therapeutic intervention
   3.1 Patients with CHD and AHD with stable condition and no progression of their cardiac disease based on clinical assessment and non-invasive tests

C. THREE PHASES:

Phase I: Level 2 Response- Declining COVID19 case-admission in the institution and reported cases in Metro Manila; Available institutional resources, facilities, staffing and equipment.

1. The cases for cardiac catheterization and procedures will be limited to :
   1.1 Emergency and Urgent cases for Life-saving Procedures (Class 1 Classification)

1.2 Selected cases with an urgent indication for cardiac catheterization prior to an intervention or surgery (e.g. TAPVR with obstruction and severe PAH)
1.3 Maximum of 1 patient a day

2. All patients shall be evaluated for the:
   2.1 Presence of significant co-morbidities such as presence of multiple anomalies, syndromes and complexity of cardiac lesions
   2.2 Presence of sepsis, pneumonia including COVID19
   2.3 Clinical status, if the benefit outweighs the risk of the procedure
3. Cath-intervention Consultant:
   3.1 Must be physically present during the procedure
   3.2 Consultants are scheduled weekly
   3.3 Two consultants maybe required in difficult cases
4. Cath Fellow/CRF:
   4.1 Only 1 fellow will assist in the performance of the procedure for conservation of PPE
   4.2 In difficult cases where only 1 consultant is present, a second fellow can assist
5. Training Activities:
   5.1 Hands-on skill training at the CV Lab
   5.2 Small group discussion
   5.3 Regular pre and post cath/intervention virtual conference - Wednesday
   5.4 Regular preop virtual conference - Thursday
   5.5 Regular review of the proper PPE donning and doffing
6. Staff Protection and Infection Control:
   6.1 All patients brought to the CV Lab shall have a mask except children less than 2 years old
   6.2 All patient must be evaluated/tested for COVID19 within 72 hours from the procedure unless delay of procedure will have adverse outcome
   6.3 All consultants, fellows, radiologic technologists, medical technologists, and nurses involve in the procedure shall be in full PPE
   6.4 The team involve in a procedure is composed of 8-!0 members.
      6.4.1 Pediatric cath/intervention consultant (1-2)
      6.4.2 Subspecialty Fellow/ Rotating Pediatric Cardiology Fellow (1-2)
      6.4.3 Nurse (1)
      6.4.4 Radiologic Technologist (1)
      6.4.5 Medical Technologists (2); 1 at the procedure room, 1 at the control room
      6.4.6 CV Anesthesia (2)
      6.4.7 Pediatric Echocardiographer or Fellow, or Sonographer: (1 - if intraprocedural echocardiogram is warranted (e.g. Balloon Atrial Septostomy, Percutaneous Mitral Valvotomy)
      6.4.8 Strict compliance to proper donning and doffing of PPE in a designated area of the CV Lab
   6.5 The nurse shall receive the patient and directly bring the patient to the procedure suite or to the intubation area if ordered
   6.6 No other staff from other units shall be allowed to enter the CV Lab premises to prevent cross-contamination
   6.7 Elective intubation maybe done at a designated room (negative pressure) at the CV Lab by an anesthesiologist in full PPE. No other personnel shall be in the room until after 30 minutes (air turnover period)
   6.8 All doors will be closed during the procedure including the main door and control room

6.9 During the procedure, make sure all needed materials (catheters, stents, balloons, wires etc.) and medications are in the procedure room to avoid unnecessary movement and avoid cross-contamination.
6.10 A designated cleaning aide/s should regularly disinfect the CV Lab in between cases and after all procedures are done as recommended by ICC
6.11No relatives shall be allowed inside the CV Lab

Phase II: Level 1 Response: Fewer COVID19 in the institution and lower COVID19 prevalence in the community

1. The cases for cardiac catheterization and intervention will be increased and indications expanded
   1.1 All urgent/emergency cases are 1st priority
   1.2 Selected cases for diagnostic cardiac catheterization and intervention with semi-urgent indications such as those patients with symptoms and progressive cardiac diseases (Class II will be 2nd priority)
   1.3 Diagnostic cardiac cath as requested by surgery department for critical decision making
   1.4 Maximum of 2 patients a day
   1.5 Elective cases of CHD or AHD who are stable and with no progression of their cardiac disease shall be scheduled at a later date (Level 0 Status)
2. Consultants and Fellows duties and schedules will remain the same as Level 2
3. Level of PPE may be changed by the ICC

Phase III: Level 0 Response: No cases of COVID19 in the institution (ongoing COVID19 testing/surveillance and monitoring of PPE availability)

1. Routine service for all cases to include elective cases

GUIDELINES FOR THE REOPENING OF THE PEDIATRIC CARDIOLOGY OUT PATIENT DIVISION
PHASE I: DECLINING CASES OF COVID19 PATIENTS ADMITTED AND REPORTED CASES IN METRO MANILA;

1. **PEDIATRIC CARDIOLOGY PATIENTS TRIAGE AND FLOW PROCESS**
   1.1 The inclusion criteria of patients to be seen at the Pediatric Cardiology OPD. (Annex 1)
   1.2 The institutional guideline of 'NO MASK NO ENTRY POLICY' will be followed with the exception of pediatric patients less than 2 years old as per guideline released by the Philippine Pediatric Society.
   1.3 The TRIAGE NURSE will screen the pediatric patients who will be seen at the Pediatric Cardiology OPD based on the questionnaire checklist. (Annex 2)
   1.4 Patients with symptoms suggestive of COVID19, positive for COVID19 test, exposed to a COVID19 patient will be referred to another designated area at the ER for further evaluation
   1.5 The Pediatric Cardiology OPD will be open for consultation from 8:00 AM to 3:00 PM, after which, the time will be dedicated for following up of lab results of the patients seen, didactics of the training fellows, as well as to attend the afternoon endorsement.
   1.6 The Pediatric Cardiology OPD will be able to accommodate a total of 40-50 patients daily (in order to maintain physical distancing) with the following breakdown: 30 FOLLOW UP OF 'OLD PATIENTS'; 10 SUBSPECIALTY PATIENTS; 10 NEW CASES FOR 'SCREENING'.
   1.7 The pediatric patient along with their companion will be segregated in one area of the OPD in the essence of physical distancing, patient safety, as well as ease of recall.

2. TELEHEALTH AND TELEMEDICINE WITH PROVINCIAL PEDIATRIC CARDIOLOGIST NETWORK SYSTEM

2.1 The Pediatric Cardiology Fellow in Training will call the patient a week before their scheduled OPD day to check the patient's well-being and cardiac status based on the 'TELEMEDICINE CHECKLIST'. (Annex 3)

2.2 Based on the nature of the correspondence between the doctor and the patient, these patients will be assessed as to who will be seen at the OPD or may be rescheduled on a later date.

2.3 If the patient contacted needs to be seen by a specialist but cannot come to the PHC OPD, he/she will be referred to a Pediatric Cardiologist in their locality

3. PERSONNEL ISSUES AND PERSONNEL SAFETY

3.1 A pediatric dedicated nurses is assigned to log patients, get vital signs, and provide a follow up schedule.

3.2 Likewise, the clerk assigned, preferably well versed in computer systems, will issue the charge slip, update the patient information in the hospital's data entry, among other things.

3.3 There will be 2 Pediatric Cardiology fellows assigned as 'organic' at the OPD.

3.4 The daily case presentation with the consultant will be presented to DR. GLENDA TUBIANOSA, DR EMELY ANUPOL as OPD Plantilla consultants as well as with DR. MARIVIC LEON- BALA and DR. BABIE CAUSAPIN as visiting consultants.

3.5 Each fellow will examine approximately 4 patients per hour with 2 patients at a time inside the main pediatric cardiology clinic.

3.6 All personnel must wear a PPE which consist of face shield/goggles, n95 mask and gowns, with regular hand washing or sanitizing hands with alcohol every after a patient seen and maintain physical distancing

4. PHYSICAL SET UP AND CLINIC SAFETY

4.1 There will be provision of bottles of alcohol and hand sanitizer, box of gloves as well as soap for hand washing

4.2 Clinic ventilation and physical plant safety equipment will be provided by the Engineering department

4.3 Guards must be available to ensure proper distance among individuals and take care of proper patient queue.

ANNEX 1- PATIENT INCLUSION:

PEDIATRIC CARDIAC PATIENTS (NON-COVID IN REFERENCE TO THE COVID SCREENING) WHO ARE :

1. For schedule of surgery and/or intervention
2. With significant or concerning cardiac symptoms (CHF, cyanosis, palpitations, syncope) which are not acute and requiring immediate evaluation and possible modification of therapy
3. Referrals from far areas outside NCR
4. Immediate postoperative patients (within 6 months from surgery) for evaluation of cardiac status and update of prescriptions

ANNEX 2- PEDIATRIC QUESTIONNAIRE-

PHILIPPINE HEART CENTER
East Avenue, Quezon City

OUTPATIENT DIVISION SCREENING FORM

Version 4, Adapted from DOH-PSMID COVID-19 Task Force:
Algorithm for Triage of Patients with Possible COVID-19 Infection. March 9, 2020

Name _____ Hospital No. _____
Age _____ Sex _____ Occupation _____
Address _____ Phone No. _____
_____
Category ☐ New Patient Temperature _____
☐ Old Patient Clinic Room _____

CRITERIA	PATIENT		COMPANION	
1. Place in the Philippines stayed for the past 14 days: *Lugar sa Pilipinas kung saan naglagi sa nakaraang 14 araw:* • _____	YES	NO	YES	NO
2. Exposure to a suspected or confirmed COVID-19 patient? *Nakahalubilo na suspected/confirmed COVID-19 na pasyente?*	☐	☐	☐	☐
3. Test for COVID-19	(+)	(-)	(+)	(-)
☐ PCR Swab Test When / *Kailan?* _____	☐	☐	☐	☐
☐ Serologic Antibody Test When / *Kailan?* _____	☐	☐	☐	☐
CLINICAL AREA	**YES**	**NO**	**YES**	**NO**
Did you have the following symptoms within the past 14 days? *Nagkaroon ka ba ng mga sumusunod na sintomas sa nakaraang 14 araw?*				
1. Fever / *Lagnat* (≥38°C)	☐	☐	☐	☐
2. Cough and colds / *Ubo at sipon*	☐	☐	☐	☐
3. Sore throat / *Sakit ng lalamunan*	☐	☐	☐	☐
4. Shortness of breath / *Hirap sa paghinga*	☐	☐	☐	☐
5. Diarrhea / *Pagtatae*	☐	☐	☐	☐

Reminder: **R.A.11332** You are required to provide **TRUTHFUL INFORMATION** about your health condition. Otherwise you will be **PENALIZED**:

Paalala: ***R.A.11332*** *Kinakailangan maglahad ng* ***KATOTOHANAN*** *tungkol sa kalagayan ng inyong kalusugan. Kung hindi, ang* ***KAPARUSAHAN****:*

- Fine of Php20,000.00 to Php50,000.00 / *Multa mula Php20,000 – Php50,000*
- Imprisonment of (1) month to (6) months / *Pagkakulong ng (1) to (6) months*

_____
Full Name/Signature of Patient OR Parent/Guardian

RECOMMENDATION: ☐ **OPD Consult** ☐ **Pharmacy**
☐ **ER Consult** ☐ **SSD**
☐ **Diagnostic** ☐ **Others:**_____

_____
NURSE ON DUTY / DATE & TIME

ANNEX 3- TELEMEDICINE FOLLOW UP GUIDE

TABLE 1 – PATIENT DATA

NAME OF PATIENT	OPD FOLLOW UP DATE
AGE/SEX	DATE CALLED
LATEST ECHO- see MEDTRAK	
PROVINCE	
REGION	
REFERRED TO	LOCAL CARDIO, AS NECESSARY

TABLE 2- PRE OPERATIVE

PRE OPERATIVE	
ACYANOTIC	
	SYMPTOMS
	Well being/ Activity
	Appetite
	Weight gain or weight loss
	Cough/ illness
	Difficulty of breathing
	Edema
	If yes, please consult with local pedia cardio, otherwise schedule for follow up at PHC
	MEDICATIONS
	If maintenance medications, continue with meds
	If requiring new set of prescription, will send e- prescription
CYANOTIC	
	SYMPTOMS
	Well being/ activity
	Appetite
	Weight gain or weight loss
	Cough/ illness
	Difficulty of breathing
	Edema
	Syncope
	Deepening of cyanosis; if with pulse oximetry, get saturation
	Hyper cyanotic spells; ‘FITS’; ‘sumpong’ (if present, advise to get to the nearest hospital for O2 support; to the nearest pediatric cardiologist; then coordinate to PHC as needed)
	MEDICATIONS
	If maintenance medications, continue with meds
	If requiring new set of prescription, will send e- prescription

TABLE 2- POST OPERATIVE

POST	

OPERATIVE	
WITHIN ONE TO 3 MONTHS	Schedule for follow up at PHC for medicine revisions
AFTER 3 MONTHS	
SHUNT CLOSURE	Symptoms stable
	If on maintenance medications, continue meds
	If requires prescription, will send e- prescription
CORRECTIVE CYANOTIC- ASO, TAPVR, TOF, FONTAN	
	Well being/ activity
	Weight gain/ weight loss
	Cough/ illness
	DOB
	Cyanosis
	Edema
	Easy fatigability
	Chest pain
	Palpitation/ syncope
	If yes, schedule for follow up at PHC; if outside NCR, consult with local Pediatric cardiologist
	MEDICATIONS
	If on maintenance medications, continue meds
	If requires prescription, will send e- prescription
PALLIATIVE BTS/ GLENN	
	Well being/ activity
	Weight gain/ weight loss
	Cough/ illness
	DOB
	Cyanosis
	Edema
	Easy fatigability
	Chest pain
	Palpitation/ syncope
	MEDICATIONS
	If on maintenance medications, continue meds
	If requires prescription, will send e- prescription
VALVE SURGERY	
	Well being/ activity
	Weight gain/ weight loss
	Cough/ illness
	DOB
	Cyanosis
	Edema
	Easy fatigability
	Chest pain
	Palpitation/ syncope
	MEDICATIONS

	If on maintenance medications, continue meds
	If requires prescription, will send e- prescription
COUMADIN ADJUSTMENT	
	Easy bruising
	Spontaneous bleeding- nose bleeding, hematuria, gum bleed, heavy menstruation
	Last PT/ INR- please indicate result and date
	If with symptoms and abnormal result, schedule for follow up at PHC
	If outside NCR, follow up with local pediatric cardiologist; If no pediatric cardiologist, coordinate with local pediatrician and call PHC
OTHER CARDIAC SURGERIES	If stable, continue with medications otherwise schedule follow up with PHC OPD

TABLE 3- MEDICAL FOLLOW UP RF/RHD

RHEUMATIC FEVER/ RHEUMATIC HEART DISEASE	SYMPTOMS
	Sore throat
	Joint pains
	Fever
	Palpitations
	Fever
	Edema
	DOB
	Wellbeing/ activity
	Cough/ illness
MEDICATIONS	If with cardiac medications as maintenance meds, continue with it
	If require prescription, will send e- prescription
LAST INJECTION	Indicate date
	Advise injection by local pediatrician or local health center
	If require prescription, will send e- prescription
	Option only: oral prescription