Cardiac Murmur - Quick Reference Guide

Cardiac murmur identified

Arrange:
- Immediate pulse oximetry (post-ductal)
- Clinical exam, incl. femoral pulses
- Paed consultant / SR review

**Symptomatic:**
- Cyanosis
- SaO₂ <95%
- Shocked
- Evidence cardiac failure
- Weak/absent femorals

**Any of:**
- Loud/Harsh murmur >2/6
- SaO₂ <95%
- Abnormal heart sounds
- Dysmorphic features
- Heave / Thrill

**All of:**
- Soft murmur ≤ 2/6
- CVS exam otherwise normal
- SaO₂ ≥ 95%
- No tachypnoea (RR<60)
- Well, feeding, appropriate weight gain

**URGENT SCN ADMISSION**
- IMMEDIATE review by Paed consultant / SR
- Consider and Treat for differential diagnoses (e.g. sepsis)
- Continuous SaO₂ monitor
- View to:
  - Transfer to SCN
  - Cardiology referral
  - Formal echo in SCN

**EARLY REVIEW**
- SAME DAY review by Paed consultant / SR
- Consider and Treat for differential diagnoses (e.g. sepsis)
- Paed consultant / SR to discuss with Cardiology
- To consider:
  - Pre-discharge Echo
  - Transfer to SCN
  - CXR / ECG

**ROUTINE FOLLOW-UP**
- PreDISCHARGE review by Paed consultant / SR
- To consider
  - Need for Cardiology referral
  - Need/ timing of Echo
  - Need for Murmur Clinic referral
- If Rural patient, discuss with Cardiology pre-discharge