

Introduction to Congenital Heart Disease (CHD)

PAEDIATRIC CHD Webinar (NENC-CHDN)

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19.05.2020

1. An infant is being prepared for surgical repair of Ventricular Septal Defect (VSD). Which of the following problems will be prevented by closing the defect?

a. Ventricular Arrhythmias

b. Heart Block

c. Failure to thrive

d. Respiratory Alkalosis



2. You are preparing to administer Ibuprofen to an infant with a persistent patent ductus arteriosus (PDA). The mother of the baby asks why the medication is being given to her baby. What is the best response?

a. Your baby needs help clearing the extra fluid from the lungs

b. Your baby needs this drug because it interferes with substances that keep the PDA open

c. This drug is a non-steroidal anti-inflammatory drug, so it will help control your baby's pain

d. This drug will the baby's heart contract with stronger force



3. The paediatric team is caring for a child with congenital heart disease. When planning care, monitoring for which of the following complications will be included in the plan of care?

a. Bradycardia and hepatomegaly

b. Pulmonary hypotension and cyanosis

c. Increased pulmonary compliance and cyanosis

d. Congestive heart failure and Hypoxemia



4. The paediatric team is planning the discharge for a child with Tetralogy of Fallot. Which of the following is a priority to include in the discharge instructions?

a. Provide instructions for a monthly immunoglobulin injection during RSV season

b. Advice family to provide low calorie feeding regime

c. Monitor the baby's blood pressure at home

d. Advice that heart condition is likely to spontaneously resolve



5. An infant has an atrial septal defect (ASD) and a systolic ejection murmur heard at the upper left sternal border. Which of the statement below is characteristic of this type of murmur?

a. Increased blood is flowing through the pulmonary valve

b. The murmur can be heard throughout systole

c. Increased blood flow through the atrioventricular valves

d. There is a thrill present





6. You are caring for a patient with a congenital heart defect and is reviewing fetal circulation. Which of the following statement most accurately explains the major difference between fetal circulation and the circulation established after birth?

- a. Deoxygenated blood flows from fetus to placenta through umbilical vein
- b. After umbilical cord is cut, foramen ovale opens to allow more blood flow to the lungs
- c. Systemic vascular resistance is lower than pulmonary vascular resistance in the fetus
- d. In fetus, the ductus arteriosus diverts most blood towards the lungs



7. During an examination of an infant with a patent ductus arteriosus (PDA), the healthcare provider should expect to observe:

a. Clubbing of fingers and toes

b. Widening pulse pressure

c. Diastolic murmur

d. Profound cyanosis



8. What heart condition is Turner's syndrome commonly associated with?

a. Tricuspid Atresia

b. Truncus Arteriosus

c. Coarctation of Aorta

d. Aortic root dilatation



9. What is the common cause of Mitral Stenosis from below diagnosis?

a. Infective endocarditis

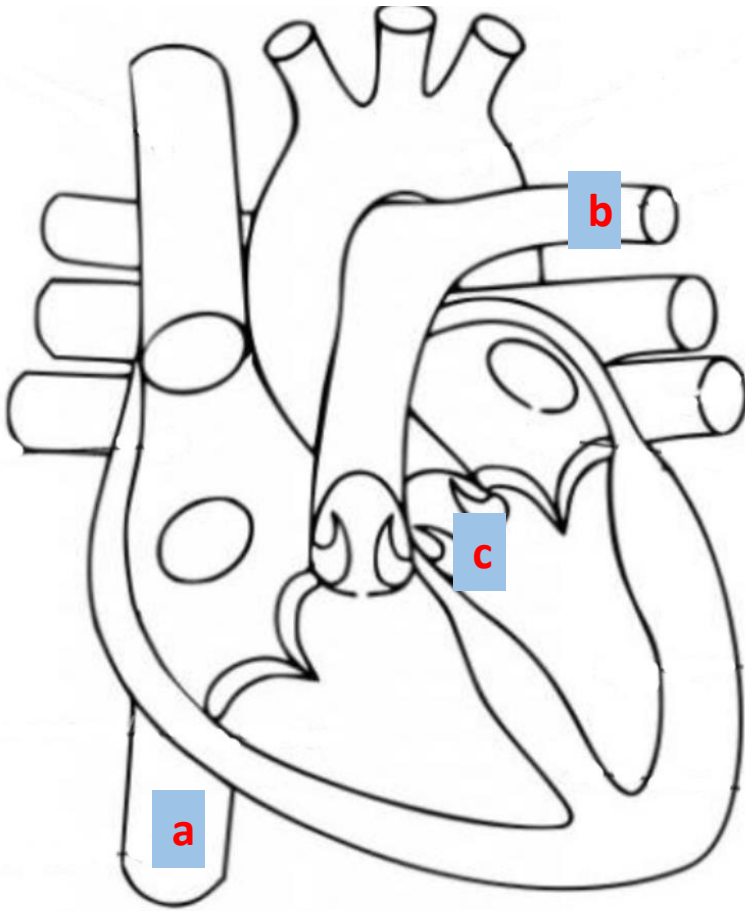
b. Dilated Cardiomyopathy

c. Acute rheumatic fever

d. Chronic rheumatic valve disease



10. Select the correct answer in order of the labelled structures of the heart:



a. Superior vena cava b. Innominate artery c. Mitral valve

a. Inferior vena cava b. Left pulmonary artery c. Aortic valve



a. Inferior vena cava b. Aorta c. Right pulmonary artery

a. Azygos vein b. Main pulmonary artery c. Pulmonary valve

Thank You