

♥ *Children with Heart Conditions*

The majority of children with a heart problem have been born with it, ie. they have a **congenital heart condition**.

About 1 in 100 babies are born with a heart defect - one of the most common congenital conditions. In 20% of cases there is a genetic cause, but in the remaining 80% the cause is unknown.

About half the children who have heart conditions will require surgery to correct their problem. Some of the others may correct themselves with time, and others are so minor they do not require any treatment.

Some children may appear 'blue' (which is called cyanosed), as a result of a reduced oxygen level in the circulating blood. The lips, fingernails and skin have a purplish-blue appearance. Other children with heart conditions may not have this 'blue' appearance, but this is not an indication of the severity of their condition.

Some children's hearts have formed with structural problems such as faulty valves, or with holes in the wall between the pumping chambers, or between the upper collecting chambers, of the heart.

Another type of problem occurs when the heart has an abnormality of the special system of electrical pathways which controls the heart rate. Children with these conditions are at risk of very fast, very slow, or irregular heart rates. Some may require the insertion of a pacemaker to regulate the heart rate.

Some children have an **acquired heart condition** resulting from an illness or viral infection, which has caused a problem in their heart. The valves, blood vessels or heart muscle may be affected.

The treatment for any of these children may include medication and/or surgery.

♥ *Management and Outlook*

Children with heart conditions may tire more quickly than other children. They need to be allowed to rest when they feel like it, or if they become breathless.

The treatment for some children will require them to take medication while they are away from home during the day. Some may be taking anti-coagulant medicine, and they are more likely than other children to bruise or bleed. These children should not join in body-contact sports.

Children who are taking diuretic medications may need to go to the toilet more frequently than usual. Due to their condition or medication, some children may need to eat or drink more frequently, and may feel temperature extremes more than other children.

Most children with heart conditions can attend normal schools. Many will have had corrective surgery prior to starting school and, if this has been fully successful, the child may be able to participate in all or most aspects of school activities. In many cases, if restrictions are required, children with heart conditions will limit their own activity and there may be no need for restraint from an adult.

However, there are some children on whom vigorous exercise may have an adverse or even disastrous effect, even though these children may appear outwardly normal. The parents of these children will keep you informed of any necessary limitations.

Children with congenital heart defects, those whose heart has been damaged by an acquired condition, and those who have had an operation to correct a heart defect are all at risk of **endocarditis**. This is an infection in the heart lining caused by bacteria having entered the blood stream, usually via the mouth.

As it is a serious infection, requiring weeks of treatment in hospital with intravenous antibiotics, prevention is vitally

important. Any injury to the mouth resulting in bleeding must be reported to the parents, as should cuts and abrasions that bleed significantly. If emergency treatment is required, the dentist or doctor needs to be informed that the child has a heart condition and may require antibiotic cover. Heartkids Victoria has available a very informative brochure on endocarditis.

There is no medical reason why most children with heart conditions should not progress academically at the same pace as their classmates. However, the emotional effects associated with having a heart condition may be a very real problem for some children.

♥ *Sometimes A Stay in Hospital is Required*

To monitor their heart condition, some children will need to have a procedure, called a cardiac catheter. The child will be in hospital for one or two days and then rest at home for a few days. Sometimes it may be necessary for a child to have heart surgery. Most children recover quickly after a heart operation and on average, a stay in hospital of about one week is necessary, followed by a period of rest before returning to normal activities.

When a child is in hospital for a prolonged stay, it is a good idea for the child's usual teacher to provide some school work. If the child is in the Royal Children's Hospital, this would also help the hospital's teacher to set work at the appropriate level.

Most children will be very pleased to receive cards, letters or phone calls from their classmates and even a visit from a few of them at a suitable time. A child's recovery progresses more quickly if contact with people outside hospital life is maintained. This limits the feeling of isolation for the patient and helps family and friends to understand the child's experiences.

♥ **Emergencies**

The possibility of having a child collapse may cause great concern to a teacher or carer. In most children, the risk of sudden cardiac 'collapse' or death is extremely small, whether or not they have had surgery. However, there are some conditions where the risk is greater, and sometimes it is associated with vigorous exercise. The parents of these children will know the risks and tell the school or carer if vigorous exercise is to be avoided.

The most likely situation that the teacher or carer will have to cope with is when a child becomes breathless and/or purplish-blue in colour, usually with exercise. Very fast or very slow heart rates rarely result in the child fainting, but more commonly in dizziness, chest discomfort and pallor. The initial treatment is to allow the child to rest, either lying down or sitting up, whichever is more comfortable.

The school or carer should have contact phone numbers for the child's parents, general practitioner and cardiologist, should these people need to be contacted.

A good working relationship between parents and teachers/carers provides all concerned with a good knowledge regarding situations to avoid (eg vigorous exercise), symptoms to look for (eg breathlessness), and when to observe closely or to take action. It is of great help to count the pulse (beats per minute) and note the child's appearance (eg sweaty or pale) before contacting the parents or doctor. However, if in doubt, call a MICA ambulance.

Heartkids Victoria has information on a variety of topics relating to children with heart conditions, and also blank forms to assist parents with recording their child's medical history.

♥ **Kindergarten or School**

Some children may be embarrassed and sensitive about their operation scars and/or their physical limitations. It may be necessary to prepare the other children in the class and to talk about the reasons for any concerns. The child may wish to join in a class discussion and give an account of their experiences.

♥ **To keep yourself informed**

In many cases, the parents will have a very good knowledge of the child's medical history and current level of physical and emotional health. Ongoing communication between parents and teachers /carers should always be encouraged as the child's condition may be changing.

It is helpful to remember that every child is different and it is not possible to predict one child's symptoms, treatment or behaviour from the experience of another.

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**HEART
KIDS
VICTORIA**

www.heartkids.org.au

Heartkids Vic Inc
C/- Auxiliary Office
Royal Children's Hospital
Flemington Road
Parkville VIC 3052

ABN: 16 336 986 918
phone (03) 9513 9030

HEARTKIDS VICTORIA

INFORMATION FOR TEACHERS & CARERS

about children
with heart conditions

DATE:

CHILD'S NAME:

CONDITION:

MEDICATION:

ALLERGIES:

**PARENT/GUARDIAN
NAME & PHONE:**

Parents: It may be helpful to your child's teacher or carer if you highlight the information in this brochure that is particularly relevant for your child, and/or delete that which does not apply.

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