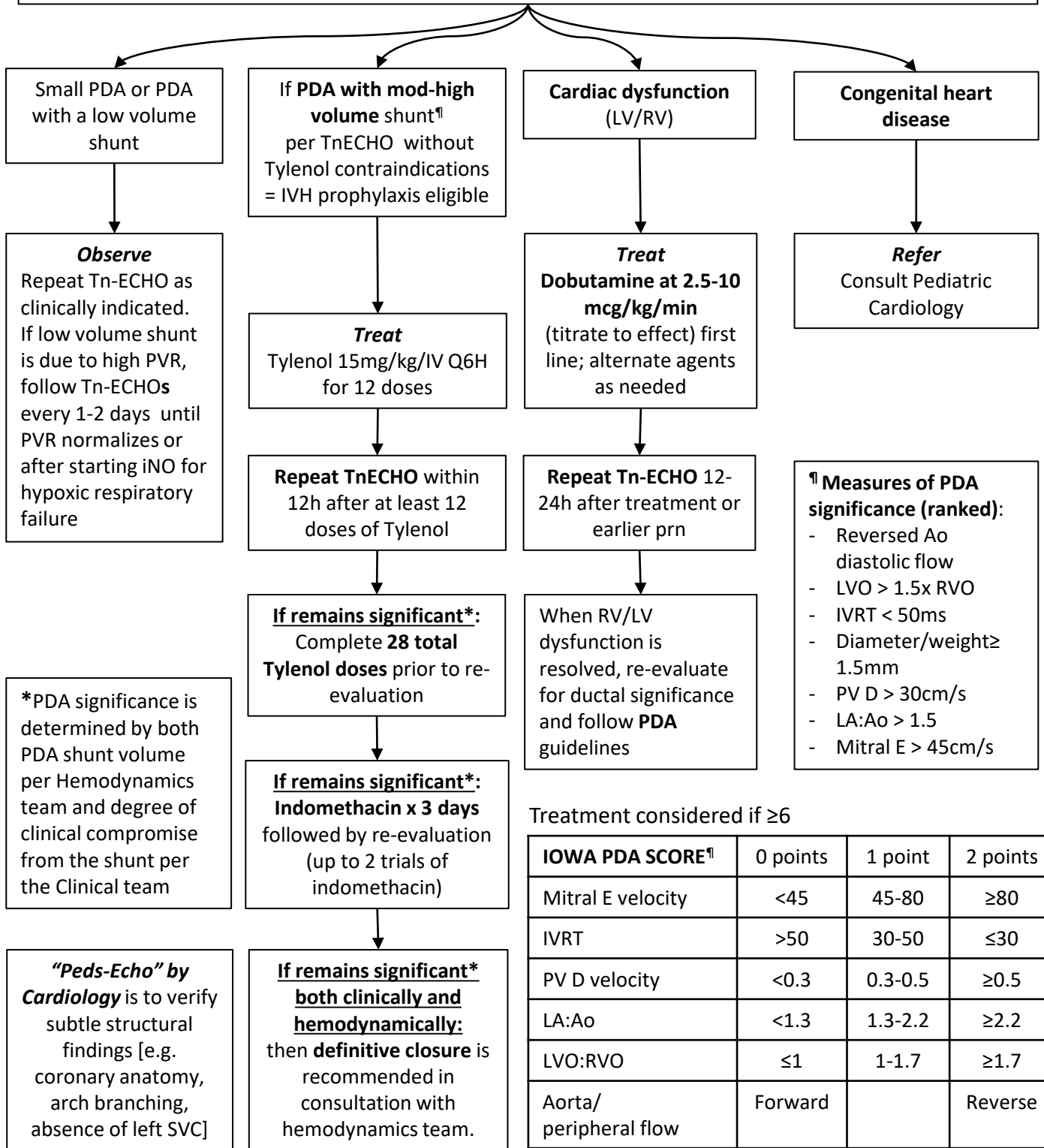


Guidelines for PDA Screening and Management in Extremely Preterm Neonates

Eligibility Criteria:

- All preterm infants $\leq 26 \frac{6}{7}$ weeks GA, Tn-ECHO 18-24h postnatal age + notify Hemodynamics
- PDA screen low risk infants 27 - 29 $\frac{6}{7}$ weeks GA on a weekday between DOL-4 and DOL-7
- *Excluded:* Fetal diagnosis of congenital heart disease



*PDA significance is determined by both PDA shunt volume per Hemodynamics team and degree of clinical compromise from the shunt per the Clinical team

“Peds-Echo” by Cardiology is to verify subtle structural findings [e.g. coronary anatomy, arch branching, absence of left SVC]

† Measures of PDA significance (ranked):

- Reversed Ao diastolic flow
- LVO > 1.5x RVO
- IVRT < 50ms
- Diameter/weight ≥ 1.5 mm
- PV D > 30cm/s
- LA:Ao > 1.5
- Mitral E > 45cm/s

Treatment considered if ≥ 6

IOWA PDA SCORE [†]	0 points	1 point	2 points
Mitral E velocity	<45	45-80	≥ 80
IVRT	>50	30-50	≤ 30
PV D velocity	<0.3	0.3-0.5	≥ 0.5
LA:Ao	<1.3	1.3-2.2	≥ 2.2
LVO:RVO	≤ 1	1-1.7	≥ 1.7
Aorta/peripheral flow	Forward		Reverse

IVRT = isovolumetric relaxation time, PV = pulmonary vein
Score = sum of points + [PDA diameter/weight]