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PAEDIATRIC UPDATES FOR GPs & PRIMARY CARE

Heart Murmurs in Children : Made easy

Heart Murmurs in Children : Made easy



- Murmurs at 6 8 Week check
- Causes, characteristics
- Examination points
- Murmurs
- Red flags



6 – 8 weeks Check of Heart

Congenital Heart defects : 6 to 12 /1000 live births (15 – 25% are critical)

- Family history
- Maternal infections, diabetes , epilepsy, systemic lupus erythematosis (SLE)
- Antiepileptic and psychotrophic drugs
- Antenatal scan
- Trisomies

Clinical history / Examination

- Growth (Plot and check if centiles have dropped)
- History of Breathlessness
- Colour change (cyanosis) at rest or with feeding
- Too Tired to feed, quiet, lethargic, or has poor muscle tone

Examination:

Inspection:

Heart Rate, Respiratory rate, Work of breathing Shape of Chest Pulses, Perfusion (Capillary refill time) Cyanosis /clubbing Polycythaemia

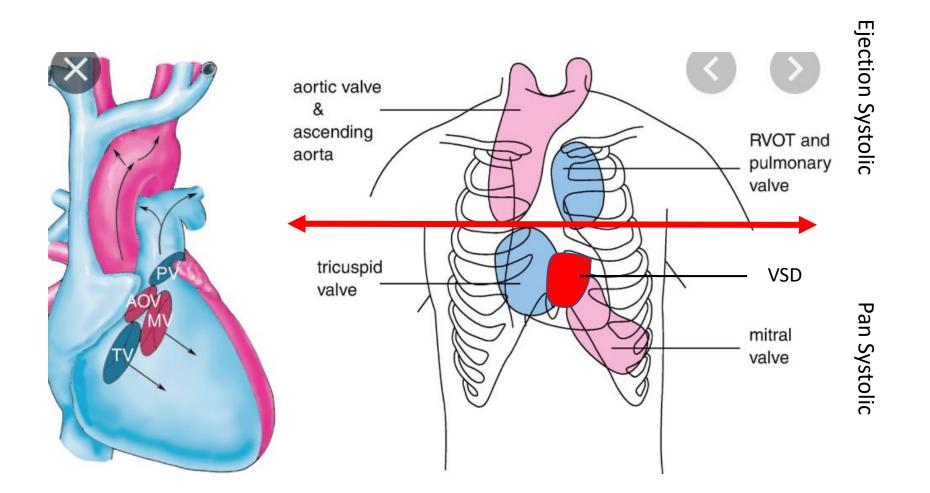
Palpation:

Precordium: cardiac apex, hyper dynamicity, thrills Femoral pulses Liver

Examination:

Auscultation of Heart Murmurs

Step 1: Identify 1st and 2nd heart sounds
Step 2: Identify where the murmur is loudest
Site of Murmur
Grade the loudness
Benchmark : Palpable thrill = Grade 4
Step 3: Is it systolic or Diastolic murmur
Step 4: Characteristics of Murmur
Step 5: Any other sounds

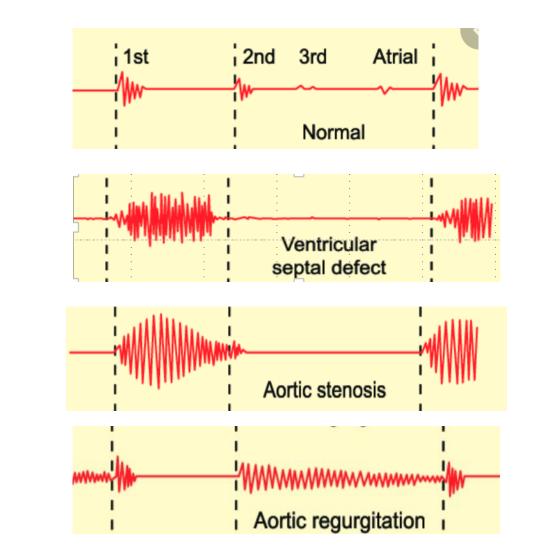


Heart Sound (Audio Clips)

Normal Heart Sound

Systolic Murmur

- Pan Systolic Murmur (VSD)
- Ejection Systolic Murmur (AS)
- Diastolic Murmur(AR)



When to refer a Murmur? No NIPE standards but to be seen by Paediatrician / PEC

Depends on Assessment

- Tachypnoea, recessions, grunting
- Cyanosis (Role of O2 Saturation monitoring)
- Apnoea
- Weak femoral pulses

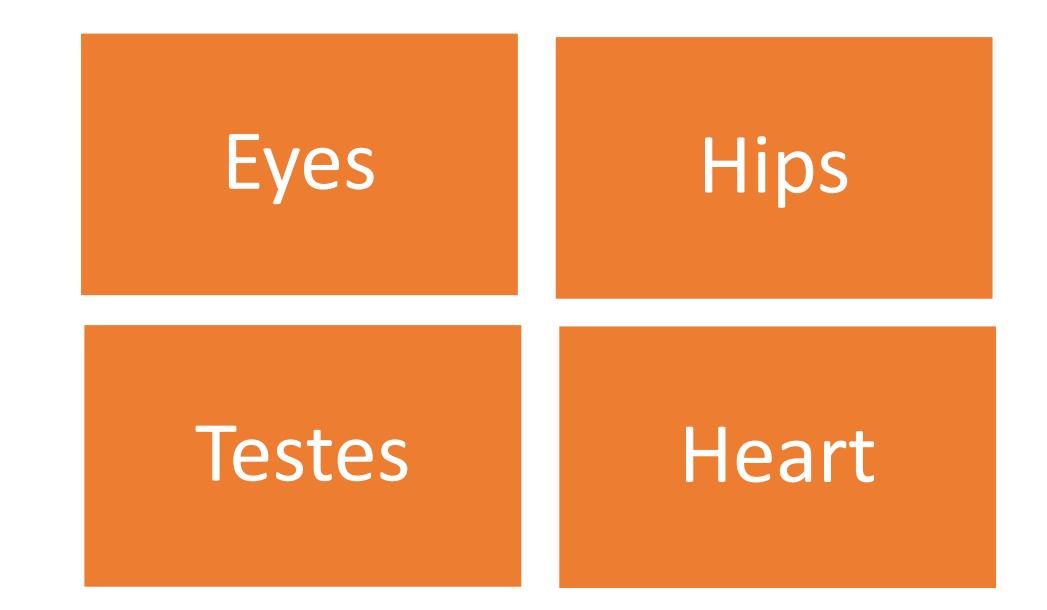
Pathological Murmurs

- Loud Grade (3 or more)
- Harsh
- Diastolic

Benign Murmurs

- Soft
- Associated with Anaemia/ fever
- Musical in Character

Absence of murmur does not rule out Significant Heart Defect



Thanks for Listening





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