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Retrospective review of running a nurse led Paediatric supraventricular tachycardia clinic

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Introduction: In April 2008 a nurse led supraventricular tachycardia (SVT) clinic was established at Royal Brompton Hospital. The clinic was established to optimise wait times, clinic efficiency and to enhance patient support and experience through clinician continuity. Children seen include those with a structurally normal heart and previously documented SVT. The clinic has been running for ten years, during which time the clinical nurse specialist (CNS) managing the clinic has completed a non-medical prescribing course and an advanced nurse practitioner MSc to support clinical practice and develop professional expertise. The nurse led clinic has four dedicated appointments per week. Support where needed is provided by the paediatric electrophysiology consultants in the concurrently running paediatric arrhythmia clinic. Patients contact the CNS between appointments and in some cases remote management of medications and symptoms can be achieved.

Method: A retrospective audit was performed (April 2008 – December 2017) to identify numbers of patients seen and the outcomes of those patients.

Results:

- A total of 1060 consultations were performed
- Total patients seen was 351
- Diagnoses of patients included; WPW 96 (27.3%), AVRT 72 (20.5%), AVNRT 45 (12.8%), Neonatal SVT 41 (11.7%), Atrial tachycardia 28 (7.9%), SVT (unclassified) 27 (7.7%), Unconfirmed SVT 12 (3.4%), Palpitations 9 (2.6%), PJRT 9 (2.6%), fetal SVT 7 (1.9%), Atrial Flutter 3 (0.85%), Atrial Fibrillation 1 (0.3%), Long RP tachy 1 (0.3%)

The outcomes measured included;

- neonates and infants who were weaned from pharmacological therapy where no further SVT was experienced within the first year of life and who were subsequently discharged
- neonates and infants who were weaned from pharmacological therapy and where no further SVT was experienced within the first year of life but represented with SVT in later childhood
- patients receiving mono, dual or multiple pharmacological therapies
- patients using vagal manoeuvres as a control method
- patients referred for radiofrequency ablation
- patients transitioning to adult arrhythmia services

Conclusion: Nurse led SVT follow up is an effective and safe method of providing care to babies and children with SVT. Patients benefit from continuity of care during appointments and on-going support between appointments in the management of SVT.