

Issue E: Pre-Operative Management of Cases**E1: The arrangements and services available to manage the transfer of sick children from referring hospitals to the BRI.**

10. Children were often transferred from the Bristol Children's Hospital to the BRI. The relative urgency of their transfer would depend upon assessment and categorisation by the paediatric cardiologists and the paediatric cardiac surgeons.

E2: Where children were managed, pre-operatively; and under which clinical speciality.

11. Children were often admitted to the BRHSC for cardiac catheter assessment prior to their intended surgery, to assess the viability of surgery. Children were generally admitted to Ward 5a at the BRI for elective surgery 2 days before their operation. Children undergoing emergency surgery were transferred from the BRHSC to Ward 5a, and could be admitted from there 2 days or even 1 day prior to the operation. Children were also admitted directly from the Children's Hospital and straight into theatre, depending on their condition and the availability of ITU beds.
12. There were times when children were admitted from the BRHSC to Ward 5 ITU and were stabilised in this area prior to going to theatre, which may have been that day or the following day, depending on the child's condition.

E3: The re-assessment of the clinical condition of children admitted for elective surgery, following admission.

13. The usual routine for children undergoing elective surgery was that they were clerked on admission by an SHO. The SHO examined the child and took a full medical history. Tests were requested, such as chest x-ray and bloods. Prior to the surgery, the child was also seen by the surgeon. This usually took place the day before the surgery, sometimes at night with the parents and the child. The anaesthetist also saw children pre-operatively, again usually the day before the surgery. At this time assessment of the clinical state of the child was undertaken by the surgeon and the anaesthetist.