

developmental intervention)

- When to call practitioner; signs and symptoms of postoperative problems
- Review of cardiac defect and surgical repair

The parents will also need clear instructions on when to seek medical care for complications and how to contact the health care provider. Follow-up with the cardiologist and primary care provider is also arranged before discharge. Parents should have a summary, including their child's medical condition, medications, and health care providers available for emergencies. Appropriate identification, such as a Medic-Alert device, is indicated for children with a pacemaker or a heart transplant and for those receiving anticoagulation therapy or antidysrhythmic medication.

Although surgical correction of heart defects has improved dramatically, it is still not possible to completely repair many of the complex anomalies. For many children, repeat procedures are required to replace conduits or grafts or to manage complications, such as restenosis. Consequently, the long-term prognosis is uncertain, and full recovery is not always possible. For these families, medical follow-up and continued emotional support are essential. The nurse can often serve as an important primary health professional and as a resource for referrals when needed.

Acquired Cardiovascular Disorders

Infective Endocarditis

Infective endocarditis (IE) (also called *bacterial endocarditis* or *subacute bacterial endocarditis [SBE]* in the past) is an infection of the inner lining of the heart (endocardium), generally involving the valves. Though rare in children, it carries a mortality rate of 20% to 25% (Bragg and Alvarez, 2014). It is most often a sequela of bacteremia in children with acquired or congenital anomalies of the heart or great vessels, particularly those with valvular abnormalities, prosthetic valves, shunts, recent cardiac surgery with invasive lines, and rheumatic heart disease (RHD) with valve