CHD Clinical Practice Algorithm:
PFO/Atrial Septal Defect < 5 Years of Age

Inclusion Criteria:
- < than 5 years of age
- Diagnosed via echo with a secundum atrial septal defect
- Simple ASD w/o comorbidities

Presentation

Initial standard workup:
- Clinic Visit
- ECG
- Echocardiogram (at diagnosis)

PFO Or ASD

PFO

If < 6 months at diagnosis follow up at 1 year of age
If well, no testing

Follow-up @ 3-5 years of age

Resolved

Discharge from care

ASD

Routine follow up with:
- Echocardiogram
- ECG

Requires Intervention*

Yes

Follow up q 2-3 years until 18 then move to adult algorithm

No

Intervention: Go to Post intervention algorithm

*Consider intervention with:
- Dilated right sided structures
- History of stroke or prothrombotic state
CHD Clinical Practice Algorithm:
PFO/Atrial Septal Defect  5-18 Years of Age$^{8,10,13}$

**Inclusion Criteria:**
- 5-18 years of age
- Diagnosed via echo with a secundum atrial septal defect
- Simple ASD w/o comorbidities

**Exclusion Criteria:**
- Pregnancy

**Presentation**

**Initial standard workup:**
- Clinic Visit
- ECG
- Echocardiogram$^1$

**PFO Or ASD**

**PFO**

- Discharge from care$^{5,9}$

**ASD**

- Require intervention*

  - No
  - Follow up q 2-3 years until 18 then move to adult algorithm

  - Yes
  - Intervention (surgery or cath): Go to post intervention algorithm

**Require intervention***

*Consider intervention with:
- Dilated right sided structures
- History of stroke or prothrombotic state
CHD Clinical Practice Algorithm:
Atrial Septal Defect >18 Years of Age\textsuperscript{11,12}

**Inclusion Criteria:**
- >18 years of age
- Diagnosed via echo with a secundum atrial septal defect
- Simple ASD w/o comorbidities

**Exclusion Criteria:**
- Pregnancy

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**Presentation**

**Initial standard workup:**
- Clinic Visit
- ECG
- Echocardiogram

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**ASD**

**Follow up q 3 years**

**Additional follow up**

**No**

**Paradoxical embolism**

**No**

**RV enlargement**

**Yes**

**Intervention: Go to Post intervention algorithm**

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**No**

**LV disease**

**No**

**Pulmonary Hypertension (PVR ≥ 3 WU)**

**Yes**

**Yes: Balloon test occlusion prior to closure**

**Yes**

**PVR < 5 WU and Qp:Qs > 1.5**

**Yes**

**No**

**PVR falls below 5 WU after PAH treatment and Qp:Qs > 1.5**

**No**

**No Closure; Clinical Follow up**

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**No**
Inclusion Criteria:
• After surgical or cath based ASD closure

Standard Surgical Follow up:
• Post-op ECG, echo and CXR done prior to discharge
• Clinic follow-up within 2 weeks to 3 months with echo +/- ECG and CXR

Standard Post Cath Closure Follow up:
• Echo and CXR prior to discharge
• Antiplatelet therapy per institutional/device protocol
• 1 month follow up with echo/ECG
• 6-12 month follow-up with echo/ECG
Specific device follow up protocols should be followed

Residual Atrial Level Shunt

Routine follow up q 2-5 years with:
• Exam
• Echo
• ECG

Routine follow up q 1-2 years with:
• Echo
• ECG
• Exam
Refer for closure if symptoms or continued right sided chamber enlargement


