A screening echocardiogram (ECHO) to be performed at 34 - 36 weeks corrected gestational age for all at-risk infants; sooner if deemed symptomatic.

**Symptoms:**
1. Unexplained worsening of respiratory status following a period of improvement
2. Lack of expected improvement in respiratory status
3. Symptoms of congestive heart failure (CHF) including, peripheral edema, excessive weight gain, hepatomegaly, exercise intolerance (oral feeding)

**PHT diagnosed on ECHO at 34-36 weeks CGA**

- **Yes**
  - **Symptomatic**
    - **Yes**
      - Right ventricular dilatation
      - **Yes**
        - Initiate diuretic therapy: Furosemide (x 3 days), followed by Aldactazide *
      - **No**
    - **No**
      - Surveillance 7-14 days
      - **Yes**
        - During NICU stay, if:
          1. Worsening ECHO features
          2. RV dilatation
          3. Worsening symptoms
      - **No**

- **No**
  - Repeat ECHO if infant becomes symptomatic with clinical suspicion of cPHT

**Consider pulmonary vasodilator therapy**

- **Yes**
  - PHT features on pre-discharge ECHO
  - **Organize outpatient cardiology referral**
  - **PHT resolved; no follow up required**
- **No**

**After 1 week, no worsening or improvement in ECHO features or clinical symptoms**

- **Yes**
  - Resolution of cPHT on ECHO AND Off all respiratory support
    - **Yes**
      - Stop diuretics; observe 7-10 days
    - **No**
      - No change: discharge home with outpatient cardiology referral
  - Worsened symptoms
    - Discharge home on Aldactazide; organize outpatient cardiology referral

*At any time while on diuretic therapy, worsening of ECHO features or symptoms consider pulmonary vasodilator therapy*