

STATEWIDE REFERRAL CRITERIA – CARDIOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<p>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</p>				
<p>Atrial fibrillation</p>	<p>Recent onset atrial fibrillation with any of the following:</p> <ul style="list-style-type: none"> • haemodynamic instability • shortness of breath • chest pain • heart failure • current syncope or pre- syncope • sustained heart rate > 150 beats per minute • known Wolff-Parkinson-White syndrome 	<ul style="list-style-type: none"> • Recurrent paroxysmal atrial fibrillation • Atrial fibrillation where anticoagulation is contraindicated • Atrial fibrillation with reduced left ventricular function or moderate valvular disease • Atrial fibrillation that is unresponsive to medical management and that requires further advice on, or review of, the current management plan. 	<p>Mandatory</p> <ul style="list-style-type: none"> • Details of all relevant signs and symptoms • Current & previous 12 lead ECG tracings • Details of previous medical management - course of treatment & outcomes • Current and complete medication history (include non-prescription medicines, herbs & supplements) • Medical history & comorbidities • Liver function tests/Urea & electrolytes/Full blood examination/Thyroid stimulating hormone (TSH) results <p>Desired</p> <ul style="list-style-type: none"> • Family history of cardiac disease or sudden cardiac death • Results of other investigations (e.g. echocardiogram, chest x- 	<ul style="list-style-type: none"> • Isolated event of atrial fibrillation that has resolved (e.g. post-infection). • Patients that are stable (that is heart rate is stable and the patient is on anticoagulation) and not for further active management. • Patients that are already under the care of a cardiologist.

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			<ul style="list-style-type: none"> ray, Holter monitor, sleep studies) • International normalised ratio (INR) result • CHA2DS2-VA risk score • Known limited life expectancy • ATSI status 	
<p>Chest pain</p>	<ul style="list-style-type: none"> • Suspected pulmonary embolism or aortic dissection • Suspected acute coronary syndrome with any of the following: <ul style="list-style-type: none"> ○ severe or ongoing chest pain ○ chest pain lasting 10 minutes or more ○ chest pain that is new at rest, or with minimal activity ○ chest pain with any of the following: <ul style="list-style-type: none"> ▪ severe dyspnoea ▪ syncope or pre-syncope ▪ respiratory rate > 30 breaths per minute 	<ul style="list-style-type: none"> • New or recurrent cardiac chest pain without any current acute concerning features 	<p>Mandatory</p> <ul style="list-style-type: none"> • Description of relevant signs or symptoms • Relevant medical history and comorbidities • Relevant electrocardiogram (ECG) • Current and complete medication history (include non-prescription medicines, herbs & supplements & recreational or injectable drugs) <p>Desired</p> <ul style="list-style-type: none"> • Treatments previously tried; duration of trial and effect 	<p>N/A</p>

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	<ul style="list-style-type: none"> ▪ tachycardia > 120 beats per minute ▪ systolic blood pressure < 90 mmHg ▪ heart failure or suspected pulmonary oedema ▪ ST segment elevation or depression ▪ complete heart block ▪ new left bundle branch block 		<ul style="list-style-type: none"> • Family history of sudden cardiac death or cardiac disease • History of smoking and alcohol intake • Cardiovascular disease risk assessment • Functional status assessment • Relevant x-ray, imaging or investigation results (e.g. cardiac imaging, stress test, myocardial perfusion scan, troponin test) • Liver function tests • Full Blood Examination • Fasting lipid profile results • If diabetic current and previous HbA1c results • ATSI status 	
<p>Heart failure</p>	<ul style="list-style-type: none"> • New acute, or chronic heart failure that is rapidly deteriorating, with any of the following: <ul style="list-style-type: none"> ○ ongoing chest pain ○ acute pulmonary oedema 	<ul style="list-style-type: none"> • Known heart failure with symptoms unresponsive to medical management (e.g. symptoms at rest, or on minimal exertion) • New onset heart failure with reduced ejection fraction < 50% (HF-rEF) and 	<p>Mandatory</p> <ul style="list-style-type: none"> • Details of all relevant signs and symptoms • 12 lead ECG tracings from the last 12 months • Echocardiogram report 	<ul style="list-style-type: none"> • Patients with asymptomatic heart failure with a stable ejection fraction > 50% (HF-pEF)

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	<ul style="list-style-type: none"> ○ oxygen saturation < 94% (in the absence of any other reasons) ○ haemodynamic instability ○ syncope or pre-syncope ○ recent myocardial infarction (within 2 weeks) ○ pregnant or post-partum woman ● New heart failure that has not responded to initial and escalated treatment with diuretic therapy 	<p>structural or valvular heart disease</p> <ul style="list-style-type: none"> ● New onset heart failure with preserved ejection fraction (HF-pEF) that have <i>failed maximum tolerated diuretic treatment</i> 	<ul style="list-style-type: none"> ● Any medicines previously tried, duration of trial and effect ● Current and complete medication history (including non-prescription medicines, herbs & supplements) ● Medical history and comorbidities ● Liver function tests ● Urea and electrolyte results ● Full blood examination ● Thyroid stimulating hormone (TSH) level ● Fasting lipid profile results ● If diabetic, current and previous HbA1c results <p>Desired</p> <ul style="list-style-type: none"> ● New York Heart Association Functional Classification (NYHA) class status ● Chest x-ray ● Sleep studies ● Stress test 	<ul style="list-style-type: none"> ● Patients already under the care of a cardiologist.

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			<ul style="list-style-type: none"> • Respiratory function tests (if the patient is a smoker or has chronic obstructive pulmonary disease or asthma) • Previous 12 lead electrocardiogram (ECG) tracings • Iron studies • ATSI status 	
<p>Hypertension</p>	<ul style="list-style-type: none"> • Hypertensive emergency (blood pressure > 220/140) • Severe hypertension with systolic blood pressure > 180 mmHg with any of the following: <ul style="list-style-type: none"> ○ Headache ○ Confusion ○ blurred vision ○ retinal haemorrhage ○ reduced consciousness ○ seizure(s) ○ proteinuria ○ papilloedema 	<ul style="list-style-type: none"> • Severe persistent hypertension > 180/110 • Refractory hypertension (blood pressure > 140/90) in patients: <ul style="list-style-type: none"> ○ taking three or more antihypertensive medicines ○ unable to tolerate maximum treatment 	<p>Mandatory</p> <ul style="list-style-type: none"> • Blood pressure measurements, taken on both arms • Details of all relevant signs and symptoms • Relevant medical history and comorbidities • Any treatments previously tried, duration of trial and effect • Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs) <p>Desired</p>	

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	<ul style="list-style-type: none"> • A pregnant woman with pre-eclampsia with uncontrolled severe hypertension (i.e. <i>diastolic</i> BP >110 mmHg or <i>systolic</i> >170 mmHg) 		<ul style="list-style-type: none"> • History of smoking and alcohol intake • Liver function tests • Full blood examination results • Fasting lipid profile results • Estimated glomerular filtration rate (eGFR)Urinalysis results • Urine protein test results • Renal artery duplex report (if renal artery stenosis is suspected and report is available) • Previous 12 lead electrocardiogram (ECG) tracings • Echocardiogram report • If the person is pregnant or planning pregnancy • ATSI status 	

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Lipid disorders	N/A	<ul style="list-style-type: none"> • Total triglyceride > 5 mmol/L unresponsive to medical management • Low-density lipoproteins (LDL) > 3.5 mmol/L in patients on treatment with high-risk cardiovascular disease (e.g. prior acute coronary syndrome) • Difficult to control low-density lipoproteins (LDL) > 3.3.mmol/L in patients with coronary heart disease and with familial hypercholesterolaemia 	<p>Mandatory</p> <ul style="list-style-type: none"> • Recent fasting lipid profile results • Relevant medical history and comorbidities, especially cardiovascular diseases • Any treatments previously tried, duration of trial and effect • Current and complete medication history (including non-prescription medicines, herbs and supplements) <p>Desired</p> <ul style="list-style-type: none"> • History of smoking and alcohol intake • Any family history of hyperlipidaemia • Creatine kinase levels • Liver function tests • Thyroid stimulating hormone (TSH) level • If diabetic current and previous HbA1c results • Any imaging results that show the presence of cardiovascular disease 	<ul style="list-style-type: none"> • Patients with high low-density lipoproteins (LDL) and with a low cardiovascular risk

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			<ul style="list-style-type: none"> • Coronary artery calcium score (if already performed) • ATSI status 	

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Palpitations	<ul style="list-style-type: none"> • Palpitations with any of the following: <ul style="list-style-type: none"> ○ shortness of breath ○ chest pain ○ heart failure ○ syncope, pre-syncope or loss of consciousness ○ persisting tachyarrhythmia on electrocardiogram (ECG) 	<ul style="list-style-type: none"> • Palpitations with any of the following: <ul style="list-style-type: none"> ○ abnormal electrocardiogram (ECG) ○ abnormal echocardiogram ○ other cardiac disease ○ functional impact of symptoms on daily activities including impact on work, study or carer role ○ family history of sudden cardiac death or structural heart disease 	<p>Mandatory</p> <ul style="list-style-type: none"> • Details of relevant signs & symptoms, include duration & frequency of palpitations • Current and previous 12 lead ECG tracings, particularly those during the episodes of palpitations • Current and complete medication history (including non-prescription medicines, herbs & supplements) • History of underlying cardiac disease • Any family history of sudden cardiac death • Urea and electrolyte results • Liver function tests • Thyroid stimulating hormone (TSH) level <p>Desired</p>	<ul style="list-style-type: none"> • Patients with palpitations < 10 minutes duration without any other cardiac symptoms • Patients with sinus arrhythmia • Patients under the care of a cardiologist

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<p>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</p>				
			<ul style="list-style-type: none"> • Details of previous hospital admissions or presentations to emergency department for palpitations • Holter monitor report • Echocardiogram report • ATSI status 	

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<p>Syncope or pre-syncope</p>	<p>Syncope or pre-syncope with any of the following:</p> <ul style="list-style-type: none"> • exertional onset • chest pain • persistent hypotension (systolic BP < 90 mmHg) or bradycardia (< 50 beats per min) on ECG • evidence of second, or third-degree block on ECG • severe, persistent headache • focal neurological deficits • preceded by, or associated with, palpitations • known ischaemic heart disease or reduced left ventricular systolic function • associated with supraventricular tachycardia (SVT) or 	<ul style="list-style-type: none"> • New episode(s) of syncope or pre-syncope (after any emergency assessment) • Recurrent syncope with undetermined cause 	<p>Mandatory</p> <ul style="list-style-type: none"> • Description of syncopal or pre-syncopal events and associated features • Lying or sitting / standing blood pressure • Relevant medical history • Family history of sudden cardiac death or cardiac disease • Recent ECG tracings, relevant to syncopal or pre-syncopal events • Current and complete medication history (including non-prescription medicines, herbs, supplements & recreational or injectable drugs) <p>Desired</p> <ul style="list-style-type: none"> • Any imaging results that show the presence of impaired left ventricular function • Holter monitor report • Echocardiogram report • Recent urea and electrolytes 	<ul style="list-style-type: none"> • Patients with mild or brief orthostatic dizziness • Dizziness due to a medicine or hypoglycaemia • Dizziness due to chronic fatigue syndrome

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	<p>paroxysmal atrial fibrillation</p> <ul style="list-style-type: none"> • 'pre-excited' QRS wave on ECG • suspected malfunction of a pacemaker or implantable cardioverter defibrillator (ICD) • absence of prodrome • associated injury • occurs while supine or sitting 		<ul style="list-style-type: none"> • Recent full blood examination • Recent thyroid stimulating hormone (TSH) level • ATSI status 	