

Cardiology Referral Form

For Cath Lab Procedures or Inpatient Transfer

Name: _____
 Address: _____
 Phone: (h) _____ (w) _____
 Health Card #: _____
 D.O.B.: _____ Gender: _____
 Family Dr.: _____
 Ref. Specialist: _____
 Referral Date (yyyy/mm/dd) _____

Request for:

- Cardiac Catheterization, PCI, or Other Intervention (includes requests for 24h transfer)
- Transfer for Ongoing Care

Patient Wait Location and Urgency
 Outpatient Urgent Semi-Urgent Scheduled
 Inpatient Referring Hospital & Unit _____

Reason for Referral
 Coronary Artery Disease
 Rule out CAD Stable Angina

 NSTEMACS Unstable Angina NSTEMI
 Low risk* Int risk* High risk*
 GRACE Risk Score* _____ TIMI Risk Score* _____

 STEMI Primary PCI Pharmacoinvasive
 Rescue PCI Other _____

Valvular Heart Disease
 Aortic Stenosis Other Valvular _____
 Valve Area _____ MG _____ PG _____

Congestive Heart Failure / Cardiomyopathy
 Arrhythmia Congenital Other _____

Requested Procedure
 Coronaries Grafts Right Heart Cath
 Left Heart Cath with LV Gram without LV Gram
 PCI Vessel(s) if known anatomy _____
 TAVI PFO/ASD Closure Biopsy
 Other _____

ECG
 Ischemic Changes? Yes No Uninterpretable

Exercise ECG Done Not Done
 High Risk Features Yes No Nondiagnostic

Perfusion Imaging Done Not Done
 High Risk Features Yes No Nondiagnostic

Stress Echo Done Not Done
 High Risk Features Yes No Nondiagnostic

Coronary CTA Done Not Done
 High Risk Features Yes No Nondiagnostic

Assessment of LV Function Yes No
 Method: Echo Perfusion Imaging
 Wall Motion Study Other _____
 EF % _____

Brief Clinical History and Special Instructions

Comorbidity Assessment
 Previous Cath/PCI Date _____
 Previous CABG Date _____
 Previous Valve Surgery Date _____
 Bioprosthetic Mechanical
 Diabetes Insulin
 Hypertension Dyslipidemia
 Smoking Yes No Quit (date) _____
 Family History Premature CAD
 Renal Insufficiency Dialysis
 Atrial Fibrillation
 Cerebrovascular Disease TIA Stroke
 Peripheral Vascular Disease
 CHF COPD Asthma
 Infective Endocarditis
 DVT/PE GI Bleed Other _____

Allergies
 None Contrast Dye
 Latex ASA
 Other _____

Blood Work
 Date _____
 Hb _____ Cr _____
 eGFR _____ INR _____

Other Details
 Height _____ cm
 Weight _____ kg

Carrier Status
 MRSA Contact Carrier
 VRE Contact Carrier

Medications
 Warfarin Apixaban Dabigatran Edoxaban Rivaroxaban
 Bridging Anticoagulation Required Yes No
 Enoxaparin Fondaparinux Metformin IV NTG IV Amiodarone
 Able to tolerate dual antiplatelet therapy Yes No

Frailty Score* _____ * Please see "Cardiology Referral Form – Definitions and Instructions for Use"

Printed Name: _____ Signature: _____

Booking Use Only
 Pre-assessment Clinic Date _____ / Time _____ Procedure Date (yyyy/mm/dd) _____

Fax completed page 1 and other relevant information to 902-473-2271 (Bed Management Coordinator)
 For QEII and DGH inpatients only, please fax page 1 of completed form and other relevant information to 902-473-2871 (Cardiac Cath Lab)



Cardiology Referral Form

For Cath Lab Procedures or Inpatient Transfer

Cardiology Referral Form – Definitions and Instructions for Use

1. For patients who require immediate / urgent attention, the triage cardiologist on call should be paged to discuss the clinical scenario and arrange for expedited transfer as appropriate.
2. Please complete this form in addition to usual required documentation for requests for inpatient or outpatient cardiac catheterization, PCI or other intervention(s) performed in the cardiac cath lab¹. This form should also be used for requests for inpatient transfer for ongoing care. Please indicate the type of request at the top of the form and do not use this form for other requests (eg. ambulatory care consultation, outpatient HF or EP evaluation, noninvasive imaging studies).
3. Patients will only be triaged once all pertinent documentation has been received, including a completed copy of this form, a typed consultation / referral letter from the referring physician, relevant bloodwork, current medication list, as well as copies of reports of relevant noninvasive tests¹. It is also expected that changes in the clinical status of the patient be communicated in a timely fashion, as this may impact on their triage priority and / or suitability for the 24 hour transfer service or requested procedure.
4. In order to facilitate the appropriate triage of patients, and to ensure fairness, uniformity and timely access for all patients, please justify the triage priority requested by indicating contributing clinical factors, pertinent noninvasive findings and the GRACE or TIMI risk score where appropriate (see Appendix). Please refer to the indicated references for guidance regarding appropriate triage priorities, definitions of high risk features on noninvasive testing, and current national wait time benchmarks for cardiac services and procedures^{2,3,4}.
5. For patients who are on oral anticoagulation, please indicate if they will require bridging anticoagulation and arrange as appropriate. If patients are being referred for possible PCI, it is expected that the potential need for dual antiplatelet therapy in addition to oral anticoagulation has been discussed⁵.
6. For patients referred for cardiac catheterization with chronic kidney disease and eGFR < 60, please refer to the NS Renal Protocol³.
7. Please indicate the clinical frailty score for all patients (see attached).

References

1. QEII Health Sciences Centre Cardiac Catheterization Laboratory 24 Hour Transfer Service Guide (last updated October 2013).
2. Mancini GB, Gosselin G, Chow B et al. Canadian Cardiovascular Society Guidelines for Diagnosis and Management of Stable Ischemic Heart Disease. *Can J Cardiol* 2014;30:837-49.
3. <http://www.cdha.nshealth.ca/cardiovascular-health-nova-scotia-2>
4. <http://www.waittimealliance.ca/benchmarks/cardiac-care/>
5. Macle L, Cairns J, Leblanc K et al. 2016 Focused Update of the Canadian Cardiovascular Society Guidelines for the Management of Atrial Fibrillation. *Can J Cardiol* 2016;32:1170-85.

TIMI Risk Score for Non-ST Elevation ACS	GRACE Risk Score
<p>One point each for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ≥ 65 years of age <input type="checkbox"/> ≥ 3 risk factors for CAD^a <input type="checkbox"/> significant coronary stenosis^b <input type="checkbox"/> ST deviation on presentation <input type="checkbox"/> severe anginal symptoms^c <input type="checkbox"/> use of aspirin in last 7 days <input type="checkbox"/> elevated troponin <p>^a family history of CAD, hypertension, dyslipidemia, diabetes or current smoking</p> <p>^b prior coronary stenosis $\geq 50\%$</p> <p>^c \geq two anginal episodes in last 24 hours</p>	<p>GRACE (the Global Registry of Acute Coronary Events) is an international observational programme of outcomes for patients who were hospitalized with an ACS in the 10 years from 1999.</p> <p>The GRACE 2.0 ACS Risk Calculator implements the revised GRACE algorithms for predicting death or death/myocardial infarction following an initial acute coronary syndrome (ACS).</p> <p>Online web calculator can be found here: http://www.gracescore.org/website/WebVersion.aspx</p> <p>Mobile App available for download: http://www.gracescore.org/website/Default.aspx</p>

Non-ST Elevation ACS Triage Category	High-Risk Features of Noninvasive Test Results Associated with $> 3\%$ Annual Rate of Death or MI ²
<p>High Risk (<i>catheterization \pm PCI within 24-48 hours</i>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> hypotension^a or definite evidence of heart failure <input type="checkbox"/> recurrent ventricular arrhythmias <input type="checkbox"/> transient ST elevation <input type="checkbox"/> new ST depression equal to or greater than 2mm in 3 or more leads <input type="checkbox"/> recurrent or refractory ischemia despite initial therapy^b <input type="checkbox"/> TIMI Risk Score 5-7 <input type="checkbox"/> GRACE Risk Score > 140 <p>Intermediate Risk (<i>catheterization \pm PCI within 3-5 days</i>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> NSTEMACS with no high risk features but known LVEF less than 40% <input type="checkbox"/> TIMI Risk Score 3-4 <input type="checkbox"/> GRACE Risk Score 109-140 <p>Low Risk (<i>catheterization \pm PCI within 5-7 days</i>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> NSTEMACS with no high or intermediate risk features <input type="checkbox"/> TIMI Risk Score 1-2 <input type="checkbox"/> GRACE Risk Score ≤ 108 <p>^a with other supportive evidence of ischemia</p> <p>^b definite new or dynamic ST changes needed to justify urgent status in troponin negative patient</p>	<p>Exercise treadmill</p> <ul style="list-style-type: none"> <input type="checkbox"/> ≥ 2 mm of ST-segment depression at low (< 5 metabolic equivalents) workload or persisting into recovery <input type="checkbox"/> Exercise-induced ST segment elevation <input type="checkbox"/> Exercise-induced VT/VF <input type="checkbox"/> Failure to increase systolic blood pressure to > 120 mm Hg or sustained decrease > 10 mm Hg during exercise <p>Myocardial perfusion imaging</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severe resting LV dysfunction (LVEF $\leq 35\%$) not readily explained by noncoronary causes <input type="checkbox"/> Resting perfusion abnormalities $\geq 10\%$ of the myocardium in patients without previous history or evidence of MI <input type="checkbox"/> Severe stress-induced LV dysfunction (peak exercise LVEF $< 45\%$ or decrease in LVEF with stress $\geq 10\%$) <input type="checkbox"/> Stress-induced perfusion abnormalities encumbering $\geq 10\%$ myocardium or stress segmental scores indicating multiple vascular territories with abnormalities <input type="checkbox"/> Stress-induced LV dilation <input type="checkbox"/> Increased lung uptake <p>Stress echocardiography</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inducible wall motion abnormality involving > 2 segments or 2 coronary beds <input type="checkbox"/> Wall motion abnormality developing at low dose of dobutamine (≤ 10 $\mu\text{g}/\text{kg}/\text{min}$) or at a low heart rate (< 120 beats per minute) <p>Coronary computed tomographic angiography</p> <ul style="list-style-type: none"> <input type="checkbox"/> Multivessel obstructive CAD or left main stenosis on CCTA <p>CAD, coronary artery disease; CCTA, cardiac computed tomography angiography; LV, left ventricular; LVEF, left ventricular ejection fraction; MI, myocardial infarction; VF, ventricular fibrillation; VT, ventricular tachycardia.</p>

CFS – Clinical Frailty Scale Rockwood et al. CMAJ 2005;173(5):489-95.		
Item	Description	Details
1	Very Fit	Robust, active, energetic, well-motivated, and among fittest for their age
2	Well	Without active disease but less fit than category 1
3	Managing well	Disease symptoms are well-controlled compared with those in category 4
4	Apparently vulnerable	Although not frankly dependent, commonly complain of symptoms that limit activities
5	Mildly frail	Some dependence on others for IADLs
6	Moderately frail	Help is needed with BADLs and IADLs
7	Severely frail	Completely dependent for all BADLs and IADLs
8	Very severely frail	Completely dependent, approaching end of life and could not recover from a minor illness
9	Terminally ill	Life expectancy < 6 months but not otherwise frail

IADLs = instrumental activities of daily living: banking, transportation, cooking, cleaning, medication management, shopping.
BADLs = basic activities of daily living: feeding, dressing, toileting, and ambulation.