

REFERRAL GUIDELINES: **CARDIOLOGY**



Essential Referral Content

Demographic

- Date of birth
- Contact details (including mobile phone)
- Referring GP details
- Interpreter requirements
- Medicare number

Clinical

- Reason for referral
- Duration of symptoms
- Relevant pathology & imaging reports
- Relevant past medical history
- Current medications

Please advise if investigations have been requested and are pending, and please provide details of the pathology or imaging provider.

The Heart Centre Referral Form is available to print and fax to the Heart Centre on 9076 2461



Exclusion Criteria

The following conditions are not routinely seen at the Alfred:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age are not seen at The Alfred

More information is available at the [Heart Centre at The Alfred website](#)

REFERRAL PROCESS: **CARDIOLOGY**



STEP 1

You will be notified when your referral is received by Heart Centre. Essential referral content will be checked and you may be contacted for further information if required.



STEP 2

The referral is triaged by the Heart Centre according to clinical urgency. This determines how long the patient will have to wait for an appointment.



STEP 3

Patients with **urgent** conditions are scheduled to be seen within 30 days. Patients with **routine** conditions are given the next available appointment according to clinical need. Both the referrer and patient are notified.

Some clinics offer an MBS-billed service. **There is no out of pocket expense to the patient.** MBS-billed services require a current referral to a named specialist– please provide your patient with a **12 month referral addressed to the specialist of your choice.** Please note that your patient may be seen by another specialist in that clinic, in order to expedite their treatment.

Please note: The times to assessment may vary depending on size and staffing of the hospital department.

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient’s condition, please contact the Cardiology Registrar on call on 9076 2000.

This service offers telehealth (video call) for some consultations where appropriate. For more information, please refer to <https://www.alfredhealth.org.au/services/telehealth>

REFERRAL PRIORITY: **CARDIOLOGY**

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

<p>IMMEDIATE</p> <p>Direct to the Emergency & Trauma Centre</p>	<p>URGENT</p> <p>Appointment timeframe within 30 days</p>	<p>ROUTINE</p> <p>Appointment timeframe greater than 30 days depending on clinical need</p>
<p>For example:</p> <ul style="list-style-type: none"> • Acute MI • Acute heart failure 	<p>For example:</p> <ul style="list-style-type: none"> • New onset angina • Nocturnal angina • Angina at rest 	<p>For example:</p> <ul style="list-style-type: none"> • Asymptomatic cardiac murmurs
<p>Phone the Cardiology Registrar on call on 9076 2000 and send to The Alfred Emergency & Trauma Centre.</p>	<p>Urgent cases must be discussed with the Cardiology Registrar on call or the Clinic Coordinator (Ms Louise Noonan 9076 3263) to obtain appropriate prioritisation and a referral letter faxed to 9076 2461.</p>	<p>Fax referral to 9076 2461</p>

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Cardiology Registrar on call on 9076 2000.

Referral Guideline Contents

Cardiac arrhythmias

Atrial fibrillation/flutter

Supraventricular tachycardia

Ventricular tachycardia

Palpitations

Syncope / presyncope

Cardiac failure

Acute cardiac failure

Chronic cardiac failure

Cardiac murmurs

Hypertension

Lipid disorders

Chest pain

Acute chest pain

Chronic chest pain

Angina pectoris

Tests and procedure

ECGs

Echocardiography

Exercise tests

Cardiac catheterisation

Electrophysiological studies and pacing

Holter monitoring

Ambulatory blood pressure monitoring

Autonomic function, tilt table testing

Cardiac MRI

Cardiac Arrhythmias

ATRIAL FIBRILLATION/FLUTTER

Evaluation	Referral Guidelines
<p>History:</p> <ul style="list-style-type: none"> • Rate • Resolved? • Intermittent • TIA's/stroke <p>Associated symptoms – angina, SOB</p> <p>Investigations:</p> <ul style="list-style-type: none"> • ECG <p>Heart Centre Referral Form</p> <p>If available:</p> <ul style="list-style-type: none"> • TFTs • CXR <p>The Alfred Radiology request form</p>	<p>Acute – depending on severity and symptoms:</p> <p>If symptomatic – IMMEDIATE referral – send to The Alfred Emergency and Trauma Centre and/or phone Cardiology Registrar on call on 9076 2000.</p> <p>Chronic – consider referral if difficulties in rate control or anticoagulation or recurrent paroxysmal AF – Refer as Urgent, depending on severity.</p>

SUPRAVENTRICULAR TACHYCARDIA

Evaluation	Referral Guidelines
<p>History:</p> <ul style="list-style-type: none"> • Rate • Resolved? • Intermittent • TIA's/stroke <p>Associated symptoms – angina, SOB</p> <p>Investigations:</p> <ul style="list-style-type: none"> • ECG <p>Heart Centre Referral Form</p> <p>If available:</p> <ul style="list-style-type: none"> • TFTs • CXR <p>The Alfred Radiology request form</p>	<p>Acute – depending on severity and symptoms:</p> <p>If symptomatic – IMMEDIATE referral – send to The Alfred Emergency and Trauma Centre and/or phone Cardiology Registrar on call on 9076 2000.</p> <p>Recurrent episodes – Refer Urgent, depending on severity and associated symptoms.</p>

VENTRICULAR TACHYCARDIA

Evaluation	Referral Guidelines
	Refer IMMEDIATELY - send to The Alfred Emergency and Trauma Centre and/or phone Cardiology Registrar on call on 9076 2000.

PALPITATIONS

Evaluation	Referral Guidelines
History: <ul style="list-style-type: none"> • Duration • Frequency • Associated symptoms • Caffeine intake Investigations: <ul style="list-style-type: none"> • ECG (during episode if possible) Heart Centre Referral Form	If associated symptoms such as breathlessness, refer Urgent. If no associated symptoms or breathlessness, refer Routine.

SYNCOPE/PRESYNCOPE

Evaluation	Referral Guidelines
Relevant history suggesting aetiology: <ul style="list-style-type: none"> • Arrhythmias - AF • Cardiac murmur • Cardiac disease • GI bleeding • Neurological signs • Postural hypotension • Medications Investigations if available: <ul style="list-style-type: none"> • FBE • U&Es, Cr • TFTs • ECG Heart Centre Referral Form	Syncope – depending on history and circumstances - refer IMMEDIATELY—send to The Alfred Emergency and Trauma Centre and/or phone Cardiology Registrar <i>or</i> Refer Urgent – phone Cardiology Registrar/Consultant on call on 9076 2000 and fax referral to The Heart Centre on 9076 2461.

Cardiac Failure

ACUTE CARDIAC FAILURE

Evaluation	Referral Guidelines
	Refer IMMEDIATELY - send to The Alfred Emergency and Trauma Centre and/or phone Cardiology Registrar on call on 9076 2000.

CHRONIC CARDIAC FAILURE

Evaluation	Referral Guidelines
<ul style="list-style-type: none"> • Medications • FBE • U&E, Cr • CXR <p>The Alfred Radiology request form</p> <ul style="list-style-type: none"> • ECG if available • Echocardiography can be performed at The Alfred <p>Heart Centre Referral Form</p>	<p>Refer Urgent</p>

CARDIAC MURMURS

Evaluation	Referral Guidelines
<p>History:</p> <ul style="list-style-type: none"> • Duration • Rheumatic fever • Associated symptoms – angina, syncope, SOB, palpitations <p>Investigations:</p> <ul style="list-style-type: none"> • ECG <p>Heart Centre Referral Form</p> <ul style="list-style-type: none"> • CXR <p>The Alfred Radiology request form</p>	<p>If endocarditis is suspected, refer IMMEDIATELY - send to The Alfred Emergency and Trauma Centre and/or phone Cardiology Registrar on call on 9076 2000.</p> <p>If symptoms or cardiomegaly, refer Urgent</p> <p>Otherwise – Refer Routine</p>

HYPERTENSION

Evaluation	Referral Guidelines
<p>History:</p> <ul style="list-style-type: none"> • Underlying cardiac, renal or endocrine disease • Medications • Associated symptoms <p>Investigations:</p> <ul style="list-style-type: none"> • Fasting lipids <p>If available:</p> <ul style="list-style-type: none"> • U&Es, Cr • Blood glucose • ECG • MSU <p>Echocardiography can be performed at The Alfred</p> <p>Heart Centre Referral Form</p>	<p>Malignant hypertension – IMMEDIATE referral - send to The Alfred Emergency and Trauma Centre and/or phone Cardiology Registrar on call on 9076 2000.</p> <p>Severe HPT (>200/120) – refer Urgent - phone Cardiology Registrar Consultant on call on 9276 2000 and fax referral to The Heart Centre on 9076 2461.</p> <p>Refer if:</p> <ul style="list-style-type: none"> • HPT difficult to control • Medication intolerance • Changing pattern of HPT • Decline in renal function on ACEIs • Renal artery stenosis <p>Priority Urgent or Routine depending on circumstances.</p>

LIPID DISORDERS

Evaluation	Referral Guidelines
<p>History: Risk factor evaluation:</p> <ul style="list-style-type: none"> • Family history • Smoking • HPT • Diabetes • Cardiovascular disease • Obesity <p>Investigations:</p> <ul style="list-style-type: none"> • Fasting lipids <p>If available:</p> <ul style="list-style-type: none"> • Blood glucose • TFTs • U&Es, Cr, LFT's 	<p>Consider referral if:</p> <ul style="list-style-type: none"> • Patients with poorly controlled familial hyperlipidaemia • Difficult cases <p>If extreme elevation of triglycerides, refer without delay due to risk of pancreatitis.</p>

Cardiac Pain

ACUTE CHEST PAIN

Evaluation	Referral Guidelines
<ul style="list-style-type: none"> • Risk factors • Family history • Medications • Fasting lipids <p>Investigations if available:</p> <ul style="list-style-type: none"> • Cardiac enzymes if available • FBE • U&Es, Cr • Blood glucose • ECG <p>Heart Centre Referral Form</p>	<p>AMI or acute unstable angina – Refer IMMEDIATELY - send to The Alfred Emergency and Trauma Centre and/or phone Cardiology Registrar on call on 9076 2000.</p> <p>New onset angina – refer Urgent - phone Cardiology Registrar/ Consultant on call on 9076 2000 and fax referral to The Heart Centre on 9076 2461.</p> <p>Suspected pulmonary embolism or aortic dissection – refer IMMEDIATELY - send to The Alfred Emergency and Trauma Centre and/or phone Cardiology Registrar.</p> <p>If probable stable angina— refer Urgent, depending on severity.</p> <p>If prolonged, severe worsening pattern— refer Urgent - phone Cardiology Registrar/ Consultant on call on 9076 2000 and fax referral to The Heart Centre on 9076 2461.</p>

CHRONIC CHEST PAIN

Evaluation	Referral Guidelines
<ul style="list-style-type: none"> • Coexisting disease • Associated symptoms • Risk factors • Family history • Medications • Fasting lipids <p>Investigations if available:</p> <ul style="list-style-type: none"> • FBE • U&E, Cr • Blood glucose • ECG <p>Heart Centre Referral Form</p>	

ANGINA PECTORIS

Evaluation	Referral Guidelines
<ul style="list-style-type: none"> • Risk factors • Family history • Medications • Fasting lipids <p>Investigations if available:</p> <ul style="list-style-type: none"> • FBE • U&Es, Cr • Blood glucose • ECG <p>Heart Centre Referral Form</p>	<p>AMI or acute unstable angina – Refer IMMEDIATELY - send to The Alfred Emergency and Trauma Centre and/or phone Cardiology Registrar on call on 9076 2000.</p> <p>New onset angina – refer Urgent - phone Cardiology Registrar/ Consultant on call on 9076 2000 and fax referral to The Heart Centre on 9076 2461.</p> <p>Stable angina— refer Urgent, depending on severity.</p> <p>If prolonged, severe worsening pattern— refer Urgent - phone Cardiology Registrar/ Consultant on call on 9076 2000 and fax referral to The Heart Centre on 9076 2461.</p>

TESTS & PROCEDURES:

ECGs

Evaluation	Referral Guidelines
	<p>Direct referrals for ECGs can be made without review by a Cardiologist.</p> <p>Heart Centre Referral Form</p>

Echocardiography

Evaluation	Referral Guidelines
	<p>Direct referrals for echocardiography can be made without review by a Cardiologist.</p> <p>Heart Centre Referral Form</p>

Exercise Tests

Evaluation	Referral Guidelines
	Direct referrals for exercise testing can be made without review by a cardiologist. Heart Centre Referral Form Patient information - Exercise tests

Cardiac Catheterisation (Coronary Angiography)

Evaluation	Referral Guidelines
	Patients must be reviewed by a Cardiologist prior to undergoing testing.

Electrophysiological studies & Pacing

Evaluation	Referral Guidelines
	Patients must be reviewed by a Cardiologist prior to undergoing testing. Patient information - Electrophysiological studies and pacing

Holter Monitoring

Evaluation	Referral Guidelines
Indicated for recurrent presyncope, unexplained syncope or palpitations.	Direct referrals for holter monitoring can be made without review by a Cardiologist. Heart Centre Referral Form Patient information - Holter monitoring

Ambulatory Blood Pressure Monitoring

Evaluation	Referral Guidelines
	Patients must be reviewed by a Cardiologist prior to undergoing testing. Direct referrals for ambulatory blood pressure monitoring are not accepted. Patient information - Ambulatory BP monitoring

Autonomic function, Tilt table testing

Evaluation	Referral Guidelines
	Patients must be reviewed by a Cardiologist prior to undergoing testing. Direct referrals for tilt table testing are not accepted.

Cardiac MRI

Evaluation	Referral Guidelines
	Patients must be reviewed by a Cardiologist prior to undergoing testing. Direct referrals for cardiac MRI are not accepted.