

## REFERRAL GUIDELINES: **CARDIOLOGY**



### Essential Referral Content

Demographic	Clinical
<ul style="list-style-type: none"> <li>• Date of birth</li> <li>• Contact details (including mobile phone)</li> <li>• Referring GP details</li> <li>• Interpreter requirements</li> <li>• Medicare number</li> </ul>	<ul style="list-style-type: none"> <li>• Reason for referral</li> <li>• Duration of symptoms</li> <li>• Relevant pathology &amp; imaging reports</li> <li>• Relevant past medical history</li> <li>• Current medications</li> </ul>

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.**

## 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><b>IMMEDIATE</b></p> <p><b>Direct to the Emergency &amp; Trauma Centre</b></p>	<p><b>URGENT</b></p> <p><b>Appointment timeframe within 30 days</b></p>	<p><b>ROUTINE</b></p> <p><b>Appointment timeframe greater than 30 days depending on clinical need</b></p>
<p>For example:</p> <ul style="list-style-type: none"> <li>• Acute MI</li> <li>• Acute heart failure</li> </ul>	<p>For example:</p> <ul style="list-style-type: none"> <li>• New onset angina</li> <li>• Nocturnal angina</li> <li>• Angina at rest</li> </ul>	<p>For example:</p> <ul style="list-style-type: none"> <li>• Asymptomatic cardiac murmurs</li> </ul>
<p>Phone the Cardiology Registrar on call on 9076 2000 and send to The Alfred Emergency &amp; 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"> <li>• Rate</li> <li>• Resolved?</li> <li>• Intermittent</li> <li>• TIA's/stroke</li> </ul> <p>Associated symptoms – angina, SOB</p> <p>Investigations:</p> <ul style="list-style-type: none"> <li>• ECG</li> </ul> <p><a href="#">Heart Centre Referral Form</a></p> <p>If available:</p> <ul style="list-style-type: none"> <li>• TFTs</li> <li>• CXR</li> </ul> <p><a href="#">The Alfred Radiology request form</a></p>	<p><b>Acute</b> – 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><b>Chronic</b> – 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"> <li>• Rate</li> <li>• Resolved?</li> <li>• Intermittent</li> <li>• TIA's/stroke</li> </ul> <p>Associated symptoms – angina, SOB</p> <p>Investigations:</p> <ul style="list-style-type: none"> <li>• ECG</li> </ul> <p><a href="#">Heart Centre Referral Form</a></p> <p>If available:</p> <ul style="list-style-type: none"> <li>• TFTs</li> <li>• CXR</li> </ul> <p><a href="#">The Alfred Radiology request form</a></p>	<p><b>Acute</b> – 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><b>Recurrent episodes</b> – 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"> <li>• Duration</li> <li>• Frequency</li> <li>• Associated symptoms</li> <li>• Caffeine intake</li> </ul> Investigations: <ul style="list-style-type: none"> <li>• ECG (during episode if possible)</li> </ul> <a href="#">Heart Centre Referral Form</a>	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"> <li>• Arrhythmias - AF</li> <li>• Cardiac murmur</li> <li>• Cardiac disease</li> <li>• GI bleeding</li> <li>• Neurological signs</li> <li>• Postural hypotension</li> <li>• Medications</li> </ul> Investigations if available: <ul style="list-style-type: none"> <li>• FBE</li> <li>• U&amp;Es, Cr</li> <li>• TFTs</li> <li>• ECG</li> </ul> <a href="#">Heart Centre Referral Form</a>	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"> <li>• Medications</li> <li>• FBE</li> <li>• U&amp;E, Cr</li> <li>• CXR</li> </ul> <p><a href="#">The Alfred Radiology request form</a></p> <ul style="list-style-type: none"> <li>• ECG if available</li> <li>• Echocardiography can be performed at The Alfred</li> </ul> <p><a href="#">Heart Centre Referral Form</a></p>	<p>Refer Urgent</p>

## CARDIAC MURMURS

Evaluation	Referral Guidelines
<p>History:</p> <ul style="list-style-type: none"> <li>• Duration</li> <li>• Rheumatic fever</li> <li>• Associated symptoms – angina, syncope, SOB, palpitations</li> </ul> <p>Investigations:</p> <ul style="list-style-type: none"> <li>• ECG</li> </ul> <p><a href="#">Heart Centre Referral Form</a></p> <ul style="list-style-type: none"> <li>• CXR</li> </ul> <p><a href="#">The Alfred Radiology request form</a></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"> <li>• Underlying cardiac, renal or endocrine disease</li> <li>• Medications</li> <li>• Associated symptoms</li> </ul> <p>Investigations:</p> <ul style="list-style-type: none"> <li>• Fasting lipids</li> </ul> <p>If available:</p> <ul style="list-style-type: none"> <li>• U&amp;Es, Cr</li> <li>• Blood glucose</li> <li>• ECG</li> <li>• MSU</li> </ul> <p>Echocardiography can be performed at The Alfred</p> <p><a href="#">Heart Centre Referral Form</a></p>	<p><b>Malignant hypertension</b> – IMMEDIATE referral - send to The Alfred Emergency and Trauma Centre and/or phone Cardiology Registrar on call on 9076 2000.</p> <p><b>Severe HPT</b> (&gt;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><b>Refer if:</b></p> <ul style="list-style-type: none"> <li>• HPT difficult to control</li> <li>• Medication intolerance</li> <li>• Changing pattern of HPT</li> <li>• Decline in renal function on ACEIs</li> <li>• Renal artery stenosis</li> </ul> <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"> <li>• Family history</li> <li>• Smoking</li> <li>• HPT</li> <li>• Diabetes</li> <li>• Cardiovascular disease</li> <li>• Obesity</li> </ul> <p>Investigations:</p> <ul style="list-style-type: none"> <li>• Fasting lipids</li> </ul> <p>If available:</p> <ul style="list-style-type: none"> <li>• Blood glucose</li> <li>• TFTs</li> <li>• U&amp;Es, Cr, LFT's</li> </ul>	<p>Consider referral if:</p> <ul style="list-style-type: none"> <li>• Patients with poorly controlled familial hyperlipidaemia</li> <li>• Difficult cases</li> </ul> <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"> <li>• Risk factors</li> <li>• Family history</li> <li>• Medications</li> <li>• Fasting lipids</li> </ul> <p>Investigations if available:</p> <ul style="list-style-type: none"> <li>• Cardiac enzymes if available</li> <li>• FBE</li> <li>• U&amp;Es, Cr</li> <li>• Blood glucose</li> <li>• ECG</li> </ul> <p><a href="#">Heart Centre Referral Form</a></p>	<p><b>AMI or acute unstable angina</b> – Refer IMMEDIATELY - send to The Alfred Emergency and Trauma Centre and/or phone Cardiology Registrar on call on 9076 2000.</p> <p><b>New onset angina</b> – refer Urgent - phone Cardiology Registrar/ Consultant on call on 9076 2000 and fax referral to The Heart Centre on 9076 2461.</p> <p><b>Suspected pulmonary embolism or aortic dissection</b> – refer IMMEDIATELY - send to The Alfred Emergency and Trauma Centre and/or phone Cardiology Registrar.</p> <p><b>If probable stable angina</b>— refer Urgent, depending on severity.</p> <p><b>If prolonged, severe worsening pattern</b>— 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"> <li>• Coexisting disease</li> <li>• Associated symptoms</li> <li>• Risk factors</li> <li>• Family history</li> <li>• Medications</li> <li>• Fasting lipids</li> </ul> Investigations if available: <ul style="list-style-type: none"> <li>• FBE</li> <li>• U&amp;E, Cr</li> <li>• Blood glucose</li> <li>• ECG</li> </ul> <a href="#">Heart Centre Referral Form</a>	

## ANGINA PECTORIS

Evaluation	Referral Guidelines
<ul style="list-style-type: none"> <li>• Risk factors</li> <li>• Family history</li> <li>• Medications</li> <li>• Fasting lipids</li> </ul> Investigations if available: <ul style="list-style-type: none"> <li>• FBE</li> <li>• U&amp;Es, Cr</li> <li>• Blood glucose</li> <li>• ECG</li> </ul> <a href="#">Heart Centre Referral Form</a>	<p><b>AMI or acute unstable angina</b> – Refer IMMEDIATELY - send to The Alfred Emergency and Trauma Centre and/or phone Cardiology Registrar on call on 9076 2000.</p> <p><b>New onset angina</b> – refer Urgent - phone Cardiology Registrar/ Consultant on call on 9076 2000 and fax referral to The Heart Centre on 9076 2461.</p> <p><b>Stable angina</b>— refer Urgent, depending on severity.</p> <p><b>If prolonged, severe worsening pattern</b>— 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
	Direct referrals for ECGs can be made without review by a Cardiologist. <a href="#">Heart Centre Referral Form</a>

### Echocardiography

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

## Exercise Tests

Evaluation	Referral Guidelines
	Direct referrals for exercise testing can be made without review by a cardiologist. <a href="#">Heart Centre Referral Form</a> <a href="#">Patient information - Exercise tests</a>

## 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. <a href="#">Patient information - Electrophysiological studies and pacing</a>

## 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. <a href="#">Heart Centre Referral Form</a> <a href="#">Patient information - Holter monitoring</a>

## 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. <a href="#">Patient information - Ambulatory BP monitoring</a>

## 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.