REFERRAL GUIDE

Cardiology

Cardiology specialises in conditions of the heart and blood vessels.

Clinical Lead

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Role: Head of Cardiology

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How to Refer

All new referrals for Specialist Outpatient Clinics require a **medical referral.**

All new referrals are processed by the BCH Access Department.

The **preferred mode** for external referrals to the Access Department is Fax (03) 9102 5307.

Internal referrals from within Bass Coast Health can be sent via email (Access@basscoasthealth.org.au)

For further information on new referrals and services provided via the BCH Access Team on (03) 5671 3175 or by email to Access@basscoasthealth.org.au

Relevant referral form

Outpatient specialist clinic referral (MR-309)

Rapid Access Cardiology Referral (MR-310)

Referrer guidance

Clinically recommended guidance for referrers is available through Gippsland Pathways.

Eligibility

Prior to referral, please check and ensure all referrals for Specialist Outpatient Clinics **meet;**

- Minimal Referral Criteria
- State-wide Referral Criteria (where applicable),
- Local BCH service eligibility

Please note, the Managing referrals to non-admitted specialist services policy states that we must not accept referrals that are incomplete or do not have the required information to assess.

Once we receive a referral we will **review to ensure**:

- We have all the information we need to progress
- The referral meets the Minimum referral criteria, State-wide Referral Criteria (where applicable) as well as local BCH service eligibility
- Identify the best service/s to meet your patients' needs and
- Assign a referral priority, urgent or routine
- Provide a notification of a referral outcome

Referral Processing

Accepted referrals are **triaged according to priority** by our specialist doctors/health professionals, as 'urgent' or 'routine'.

High priority, 'urgent' access, is assigned to patients that have a condition with potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly.

For **urgent referrals**, we will contact the patient and aim to schedule an appointment within 30 days or at the earliest available time.

For **routine referrals**, we will notify you and the patient of a routine appointment date or the transfer onto a service waitlist and aim to schedule an initial appointment within 365 days.

Within 8 working days, we will send you and your patient notification of the **referral outcome**, i.e. if the referral has been:

- Accepted and an appointment has been scheduled OR
- Accepted and the patient has been placed on a service waiting list OR
- Not accepted and the reasons why

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Priority

EMERGENCY

Conditions requiring **immediate emergency care**. Acute referrals requiring same day assessment or admission. **Recommend or contact '000' to arrange immediate transfer to emergency.**

URGENT

Assigned to patients that have **a condition with potential to deteriorate quickly**, with significant consequences for health and quality of life if not managed promptly. Aim to **schedule an initial appointment within 30 days** or at the earliest available time.

ROUTINE

Assigned to patients when **their condition is unlikely to deteriorate quickly** or have significant consequences for health and quality of life if the specialist assessment is delayed beyond 30 days. Routine appointments are scheduled (where possible) or transferred onto a service waitlist. Aim to **schedule an initial appointment within 365 days**.

Safety risk screening

RED FLAG CONDITIONS

EMERGENCY

Red flags signal the most serious clinical risks and need for same day assessment or admission.

Chest Pain, with

- Suspected pulmonary embolism or aortic dissection
- Suspected acute coronary syndrome with any of the following:
    - 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:
        - severe dyspnoea
        - syncope or pre-syncope
        - respiratory rate > 30 breaths per minute
        - 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

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Safety risk screening

RED FLAG CONDITIONS

EMERGENCY

Atrial Fibrillation, recent onset, **with** any of the following:

- 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

Palpitations with any of the following:

- shortness of breath
- chest pain
- heart failure
- syncope, pre-syncope or loss of consciousness
- persisting tachyarrhythmia on electrocardiogram (ECG)

Safety risk screening

RED FLAG CONDITIONS

EMERGENCY

- **Hypertensive emergency** (blood pressure > 220/140)
- **Severe hypertension** with systolic blood pressure > 180 mmHg **with** any of the following:
  - headache
  - confusion
  - blurred vision
  - retinal haemorrhage
  - reduced level of consciousness
  - seizure(s)
  - proteinuria
  - Papilloedema

- A pregnant woman with pre-eclampsia with uncontrolled severe hypertension (i.e. diastolic blood pressure > 110 mmHg or systolic blood pressure > 170 mmHg)

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Safety risk screening

RED FLAG CONDITIONS

EMERGENCY

Heart failure, new acute or chronic, that is rapidly deteriorating, **with** any of the following:

- ongoing chest pain
- acute pulmonary oedema
- 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

Safety risk screening

RED FLAG CONDITIONS

EMERGENCY

Syncope or pre-syncope with any of the following:

- exertional onset
- chest pain
- persistent hypotension (systolic blood pressure < 90 mmHg) or bradycardia (< 50 beats per minute) on electrocardiogram (ECG)
- evidence of second, or third-degree block on electrocardiogram (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 paroxysmal atrial fibrillation
- 'pre-excited' QRS wave on electrocardiogram (ECG)
- suspected malfunction of a pacemaker or implantable cardioverter defibrillator (ICD)
- absence of prodrome
- associated injury
- occurs while supine or sitting

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Diagnostic Procedures/Conditions seen at Bass Coast Health

- Echocardiology Services (Trans Thoracic Echocardiogram TTE)
- Bubble study Echocardiogram
- Stress Echocardiography (Treadmill only)
- Angina Pectoris; Chest Pain;
- Atrial Fibrillation
- Heart Failure
- Lipid Disorders
- Hypertension
- Palpitations
- Syncope or pre-syncope

Cardiology Clinics provided at Bass Coast Health

- Rapid Access Cardiology Clinic
- Arrythmia Clinic
- Chronic Cardiology Clinic
- Echocardiology Services (Trans Thoracic Echocardiogram TTE)
- Stress Echocardiography

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Consultation only

The following conditions/procedures can be considered for consultation; however, surgery is not available at Bass Coast Health

- Electrophysiology Consult
- Cardiac Surgery
- Angiogram
- Percutaneous coronary intervention (PCI)
- Left & Right heart catheterisation
- Ablation
- Mitral clips
- Pacemakers
- Loop recorders
- Transcatheter aortic valve implantation (TAVI)
- Trans-oesophageal echocardiogram (TOE)/ Direct Current Cardioversion (DCR)
- Any other cardiothoracic surgery

Exclusions

The following conditions / procedures are not routinely seen at Bass Coast Health

- Cardiac Surgery
- Cardiac MRI
- Coronary Angiogram
- Coronary CT angiography
- Electrophysiological studies and pacing
- Holter Monitors
- Pacemaker
- Cardiac Catheterisation
- Bike Stress ECHO
- Chemical Stress Tests

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Cardiology

Angina Pectoris; Chest Pain;

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- New or recurrent cardiac chest pain without any current acute concerning features
- New onset angina
- Stable angina, depending on severity
- If prolonged, severe worsening pattern

** N.B. TTE and Rapid Access Cardiac Clinic appointment will be arranged for eligible referrals

Click here for: Rapid Access Cardiology Referral.pdf

Additional Information to be included

MUST provide;

- Description of relevant signs or symptoms
- Relevant medical history and comorbidities
- Relevant electrocardiogram (ECG) tracings
- Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs).
- Full blood examination results
- B-Type natriuretic peptide (BNP)
- Urea and Electrolytes (U&E)
- Creatinine (Cr) test results
- Blood glucose

EMERGENCY

- Refer to Red Flag Conditions

Chest Pain, with

- Suspected pulmonary embolism or aortic dissection
- Suspected acute coronary syndrome with any of the following:
  - 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:
    - severe dyspnoea
    - syncope or pre-syncope
    - respiratory rate > 30 breaths per minute
    - 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

URGENT

- All eligible referrals for chest pain are considered urgent

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Cardiology

Atrial Fibrillation (AF);

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- 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.

Referral NOT suitable for public hospital;

- 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.

Refer to Arrythmia Clinic for clinic details

Additional Information to be included

Must provide;

- Details of all relevant signs and symptoms
- Current and previous 12 lead electrocardiogram (ECG) tracings, particularly those demonstrating the arrhythmia or Holter demonstrating AF or arrhythmia
- Details of previous medical management including the course of treatment and outcome of treatment
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Past medical history and comorbidities
- Liver function tests
- Urea and electrolyte results
- Full blood examination results
- Cardiac blood results
- Thyroid stimulating hormone (TSH) level
- TTE

EMERGENCY

- Refer to Red Flag Conditions

Atrial Fibrillation, recent onset, **with** any of the following:

- 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

URGENT

- All eligible new referrals for AF are considered urgent

REFERRAL GUIDE

Cardiology

Heart Failure (HF)

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- 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 structural or valvular heart disease
- New onset heart failure with preserved ejection fraction (HF-pEF) that have failed maximum tolerated diuretic treatment

Referral NOT suitable for public hospital;

- Patients with asymptomatic heart failure with a stable ejection fraction > 50% (HF-pEF)
- Patients that are already under the care of a cardiologist

** N.B. TTE and Rapid Access Cardiac Clinic appointment will be arranged

Click here for: Rapid Access Cardiology Referral.pdf

Additional Information to be included

Must provide;

- Details of all relevant signs and symptoms
- 12 lead electrocardiogram (ECG) tracings from the last 12 months
- Echocardiogram report
- Any medicines previously tried, duration of trial and effect
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Past 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.
- Cardiac bloods
- BNP
- Iron studies
- Lipid profile
- TTE

EMERGENCY

- Refer to Red Flag Conditions

Heart failure, new acute or chronic, that is rapidly deteriorating, **with** any of the following:

- ongoing chest pain
- acute pulmonary oedema
- 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

URGENT

- All eligible new referrals for HF are considered urgent

REFERRAL GUIDE

Cardiology

Hypertension

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- Severe persistent hypertension > 180/110
- Refractory hypertension (blood pressure > 140/90) in patients:
  - taking three or more antihypertensive medicines
  - unable to tolerate maximum treatment

** N.B. TTE and Rapid Access Cardiac Clinic appointment will be arranged for eligible referrals

Click here for: Rapid Access Cardiology Referral.pdf

Additional Information to be included

Must Provide;

- Blood pressure measurements, preferably 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)

EMERGENCY

- Refer to Red Flag Conditions
- **Hypertensive emergency** (blood pressure > 220/140)
- **Severe hypertension** with systolic blood pressure > 180 mmHg **with** any of the following:
  - headache
  - confusion
  - blurred vision
  - retinal haemorrhage
  - reduced level of consciousness
  - seizure(s)
  - proteinuria
  - Papilloedema
- A pregnant woman with pre-eclampsia with uncontrolled severe hypertension (i.e. diastolic blood pressure > 110 mmHg or systolic blood pressure > 170 mmHg)

URGENT

- Uncontrolled Systolic Blood Pressure >180 & on medications

ROUTINE

- Patient on Medications and requires a review

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Lipid Disorders

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- 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

Referral NOT suitable for public hospital;

- Patients with high low-density lipoproteins (LDL) and with a low cardiovascular risk

Click here for: Rapid Access Cardiology Referral.pdf

Additional Information to be included

Must provide;

- 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)

ROUTINE

- All referrals for lipid disorders are consider routine

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Cardiology

Palpitations

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- Palpitations with any of the following:
  - 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

*** Please refer patient for Holter Monitor if not already completed (N.B. these are not completed at BCH)**

Referral NOT suitable for public hospital;

- Patients with palpitations < 10 minutes duration without any other cardiac symptoms
- Patients with sinus arrhythmia
- Patients that are already under the care of a cardiologist

Additional Information to be included

Must Provide;

- Details of all relevant signs and symptoms including the duration and frequency of the episodes of palpitations
- Current and previous 12 lead electrocardiogram (ECG) tracings, particularly those during the episodes of palpitations
- Current and complete medication history (including non-prescription medicines, herbs and 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
- **Holter monitor 24-hour results**

*** Holter Monitor results will determine clinic booking and urgency**

EMERGENCY

- Refer to Red Flag Conditions

Palpitations with any of the following:

- shortness of breath
- chest pain
- heart failure
- syncope, pre-syncope or loss of consciousness
- persisting tachyarrhythmia on electrocardiogram (ECG)

URGENT

- Holter Monitor report determines priority

ROUTINE

- Holter Monitor report determines priority

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Cardiology

Syncope or pre-syncope

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- New episode(s) of syncope or pre-syncope (after any emergency assessment)
- Recurrent syncope with undetermined cause.
- **Please refer patient for Holter Monitor if not already completed (N.B. these are not completed at BCH)**
- ** N.B. A TTE will be arranged for eligible referrals

Referral NOT suitable for public hospital;

- Patients with mild or brief orthostatic dizziness
- Dizziness due to a medicine or hypoglycaemia
- Dizziness due to chronic fatigue syndrome

Additional Information to be included

Must provide;

- Description of syncopal or pre-syncopal events and associated features
- Lying or sitting / standing blood pressure
- Relevant medical history
- Any family history of sudden cardiac death or cardiac disease
- Recent electrocardiogram (ECG) tracings, relevant to syncopal or pre-syncopal events
- Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs)

EMERGENCY

- Refer to Red Flag Conditions

Syncope or pre-syncope with any of the following:

- exertional onset
- chest pain
- persistent hypotension (systolic blood pressure < 90 mmHg) or bradycardia (< 50 bpm) 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 paroxysmal atrial fibrillation
- '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

URGENT

- Results Investigations & TTE determine priority and clinic appointment

ROUTINE

- Results Investigations & TTE determine priority and clinic appointment

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Cardiology

Rapid Access Cardiac Clinic

When to refer

- New onset chest pain suggestive of angina
- Previously stable ischaemic heart disease with recent deterioration of symptoms
- New onset or worsening Heart Failure
- Patients referred from tertiary hospitals after undergoing PCI, Stents, CABG, or Valve replacement

Click here for: Rapid Access Cardiology Referral.pdf

** N.B. A TTE will be arranged prior to clinic appointments for eligible referrals

Out of scope

- All new onset Atrial fibrillation to be referred into the AF Clinic
- Patients that are stable (that is heart rate is stable and the patient is on anticoagulation) and not for further active management.
- Patients with asymptomatic heart failure with a stable ejection fraction
- Patients that required a Pacemaker check – will be referred out
- Patients that are already under the care of a cardiologist – and should be redirected to their cardiologist unless the patient is electing to move under the care of BCH Cariology
- Patients requiring risk management and education – e.g., starting on Lipid lowering therapy

URGENT

- Results Investigations & TTE determine urgency of clinic appointment

ROUTINE

- Results Investigations & TTE determine urgency of clinic appointment

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Cardiology

Arrythmia Clinic

When to refer

- New onset or difficult to control Atrial Fibrillation.
- SVT or arrythmias requiring specialist cardiologist electrophysiologist guidance
- Patients referred from territory hospitals after treatment for AF or undergoing ablation
- New onset of difficult to control SVT

** N.B. A TTE will be arranged prior to clinic appointments for eligible referrals

Out of scope

- Patients that are already under the care of a cardiologist – and should be redirected to their cardiologist unless the patient is electing to move under the care of BCH Cariology
- Patients not for active management may not wish to come to the AF clinic

URGENT

- Proof of arrythmia
- Atrial fibrillation (AF)
- Arrythmias post interventions

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Chronic Cardiac Clinic

When to refer

- Chronic heart failure, ischaemic heart disease, coronary artery disease (CAD) management
- Patient requiring ongoing supervision may be referred in from the RACC or AF clinic

Out of scope

- Patients that are already under the care of a cardiologist. Redirected to their cardiologist unless the patient is electing to move under the care of BCH Cardiology

ROUTINE

- All referrals for Chronic Cardiac clinic are considered routine

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Echocardiology Services (Trans Thoracic Echocardiogram TTE)

When to refer

- TTE's investigation must be approved by the cardiology specialist
- TTE investigations are generally conducted no more than 6 months apart with the exception of Oncology patients and patients with specific cardiac complaints or as directed by a cardiologist
- ** Refer to Stress Echocardiography clinic for Bubble Echocardiogram

Out of scope

- Patient is unable to lie flat and/or follow commands
- Patients that have had a TTE completed in the last 6 months with the exception of those ordered by a cardiologist.

URGENT

- Oncology prior to treatment
- Infectious Diseases request TTE start
- Stroke workup - need TTE & Holter as part of the workup (this is to rule out AF or cardiac cause)
- Preadmissions/Planned surgery, Category 1, requests for TTE

ROUTINE

- Oncology & ongoing normally 3 monthly ongoing TTE's during treatment monitoring for cardiac changes
- Infectious Diseases request TTE 4-6 weeks for positive blood cultures/infections to rule out non-infective growth
- Preadmissions/Planned surgery, Category 2 & 3, requests for TTE

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Stress Echocardiography

When to refer

- Ultrasound examination of the heart whilst exercising on a Treadmill

**Includes referrals for Bubble echocardiograms

**Referrals do not need stress echo & TTE unless cardiologist requests due to concern from recent stress test

Out of scope

- Patient who are unable to perform exercise and/or have a physical impairment rendering them unable to perform exercise.
- Patients who are unable to exercise unassisted on a treadmill for ten minutes
- Referrals for the following are out of scope;
    - Bike Stress Test
    - Chemical Stress Test

URGENT

- Investigations only noted urgent

ROUTINE

- Troponin rise post cardiac surgery normally 3-6 months