Capital Health

Division of Cardiology

Referral Form

Request for Cardiac Catheterization, PCI or other Intervention

Name: Sample, Patient Beta
Address: 123 Main St. Apt. 218
Dartmouth, NS B2B2B2
Phone: (h)555-0248 (w)555-1729
Health Card #9001000009
D.O.B.: 1982/03/14 Male___ Female X
Family Dr.: Dr. AMIR-KHALKHALI, BAHARAK
Ref Specialist: DR. BHARTI VERMA

SECTION 1

PROCEDURE REQUESTED:	Cardiac Catheterization	Percutaneous Coronary Intervention	Congenital/Other Intervention
	☐ Coronaries + LV gram ☐ Coronaries + LVEDP ☐ Coronaries only ☒ Right heart study ☐ Grafts ☐ Biopsy ☐ Other_____	☐ PCI with stent ☐ Pressure wire assessment ☐ Intravascular ultrasound ☐ Rotablation ☐ Other _____	☐ ASD Closure ☐ PDA closure ☐ Coarctation stent ☐ Alcohol septal ablation ☐ Pericardiocentesis ☐ Other _____

Additional procedural/access site considerations: _____

SECTION 2

Time (24hr) 15:00 **and date of decision to refer** (yyyy/mm/dd) _____

Out-patient: ☐ Urgent ☐ Semi-urgent ☒ Elective

In-patient: ☐ Referring hospital & unit: 2014/07/28

Primary indication:
- ☐ Recent or current ACS *(please also complete Sec. 3)*
- ☒ Stable angina*
- ☐ CHF*
- ☐ Valvular*: _____
- ☐ Arrhythmia* ☐ *Ventricular* ☐ *Supraventricular*
- ☐ Congenital*: _____
- ☐ Research protocol*: _____
- ☐ Other* _____

Other details:
- ☐ Height _____
- ☐ Weight _____

** Please attach relevant non-invasive test result*

Cardiac risk factors
- ☒ Smoking ☐ *Never* ☐ *Current* ☐ *Unknown*
  - ☒ *Quit (date)* 2013/11/10
- ☒ Hypertension
- ☐ Dyslipidemia
- ☐ Diabetes Mellitus ☐ *Type 1* ☐ *Type 2*
- ☒ Family history of premature CAD

Revascularization history
- ☐ Previous PCI
- ☐ Previous CABG

Drug therapy
- ☐ Metformin ☐ Warfarin
- ☐ IV NTG ☐ IV GP2b3a inhibitor
- ☐ Able to tolerate/comply with dual antiplatelet therapy? If not, why? _____

Any major co-morbidities? _____

SECTION 3 (if applicable)

ACS TYPE & TRIAGE	☐ ST Elevation MI	Received Thrombolysis	Indication for ST Elevation MI Referral
	☐ Anterior ☐ Inferior ☐ Lateral ☐ Posterior ☐ Other_____	☐ Yes ☐ No	☐ Primary PCI ☐ Rescue PCI ☐ Pre-discharge risk stratification ☐ Post-discharge risk stratification ☐ Post-infarct angina

Non-ST Elevation ACS
- ☐ Unstable angina
- ☐ Non-ST elevation MI

Non-ST Elevation ACS Triage Category *(check all that apply)*

☐ **High Risk** *(catheterization ± PCI within 24-48 hours)*
- ☐ *hypotension[a] or definite evidence of heart failure*
- ☐ *recurrent ventricular arrhythmias*
- ☐ *transient ST elevation*
- ☐ *new ST depression equal to or greater than 2mm in 3 or more leads*
- ☐ *recurrent or refractory ischemia despite initial therapy[b]*
- ☐ *TIMI risk score 5-7 (see page 2)*

[a] *with other supportive evidence of ischemia*

[b] *definite new or dynamic ST changes needed to justify urgent status in troponin negative patient*

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	Non-ST Elevation ACS Continued.....	**Non-ST Elevation ACS Triage Category** *(check all that apply)* Continued..... ☐ **Intermediate Risk** *(catheterization ± PCI within 3-5 days)* ☐ *NSTEMI with no high risk features but known LVEF less than 40%* ☐ *TIMI risk score 3-4 (see below)* ☐ **Low Risk** *(catheterization ± PCI within 5-7 days)* ☐ *NSTEMI with no high or intermediate risk features[c]* ☐ *suspected unstable angina with recurrent symptoms but no ECG changes* ☐ *unstable angina with easily inducible (less than 3 METs) or widespread ischemia on non-invasive testing or some other marker of increased risk[d]* ☐ *TIMI risk score 1-2 (see below)[e]* [c] *invasive assessment can be deferred to an early out-patient setting (<2 weeks) provided that non-invasive testing does not indicate easily inducible (<3METs) or widespread ischemia or some other marker of increased risk* [d] *hypotensive response, sustained ST depression, exercise-induced VT, large territory of ischemia, multiple perfusion defects, LVEF less than 40%* [e] *low risk unstable angina patients with TIMI risk score 1-2 need not necessarily undergo early invasive assessment if non-invasive testing rules out easily inducible or widespread ischemia*

SECTION 4

ALLERGIES, BLOODWORK & CARRIER STATUS	**ALLERGIES** ☐ None ☐ X-ray contrast ☐ Iodine ☐ Shellfish ☐ Latex ☒ Other (specify) agenerase, Yasmin	**Creatinine** 5.6 µmol/L Date (yyyy/mm/dd) 2014/07/28 **INR** 6.9 Date (yyyy/mm/dd) 2014/07/28	**Hemoglobin** 4.2 g/L Date (yyyy/mm/dd) 2014/07/28 ☐ **MRSA** ☐ contact ☐ carrier ☐ **VRE** ☐ contact ☐ carrier

TIMI RISK SCORE	**IMPORTANT CONSIDERATIONS WHEN WEIGHING UP RISKS AND BENEFITS OF CARDIAC CATHETERIZATION**
One point each for: ☐ ≥65 years of age ☒ ≥3 risk factors for CAD[a] ☐ significant coronary stenosis[b] ☐ ST deviation on presentation ☒ severe anginal symptoms[c] ☐ use of aspirin in last 7 days ☐ elevated troponin [a] *family history of CAD, hypertension, dyslipidemia, diabetes or current smoking* [b] *prior coronary stenosis ≥ 50%* [c] *≥ two anginal episodes in last 24 hours*	• presence of peripheral arterial disease that might affect arterial access • renal function and anticipated risk of contrast nephropathy/renal failure • bleeding risk • ability to tolerate/comply with dual antiplatelet therapy in the event of drug-eluting stent insertion • patient frailty and fitness/willingness to undergo an invasive procedure • cognitive issues that might affect ability to provide procedure consent • other major life-threatening illness

Printed Name DR. REQUESTING PHYSICIAN Signature _____ Title/Position _____

Fax completed form and other relevant information* to 902-473-2271 (Bed Manager Coordinator)
For CDHA only, please fax completed form and other relevant information* to 902-473-2871 (Cardiac Cath Lab)

BOOKING: Form received date and time: _____
Pre-Assessment Clinic date and time: _____
Procedure date: _____ Attending Physician: _____