

REFERRAL GUIDELINES

Cardiology Clinics

Head of Clinic: Prof Jamie Layland

Referrals: Referral addressed to named head of clinic is preferred.

For faxed referrals, use the Cardiology Clinic referral form.

FAX 9788 1879

Cardiac Clinic overview:

- **General Cardiology Clinic:** Sees eligible patients with Hypertension, Syncope/Presyncope, Palpitations, Heart Failure (Ejection Fraction > 40%)
- **Heart Failure (Ejection Fraction <40%) clinic:** Runs weekly. Please note, patients with heart failure and an EF >40% will be reviewed in the general clinic
- **Atrial Fibrillation Clinic:** Reviews new patients with AF or those patients with AF who remain symptomatic
- **Pacemaker Clinic:** Runs weekly
- **General Chest Pain Clinic:** For post hospital discharge patients
- **Paediatric Cardiology Clinic:** Run through a partnership with Monash Health. Refer to Monash Children's Hospital Cardiology.

Categories for Appointments

	Clinical Description	Timeframe
Emergency	<p>All patients who are unwell enough to require emergency care should be directed to the nearest ED including. The following are emergency symptoms or signs</p> <ul style="list-style-type: none"> • Persistent Palpitations with any of the following <ul style="list-style-type: none"> ○ Shortness of breath ○ Chest pain ○ Heart failure ○ Syncope, pre-syncope or loss of consciousness • Syncope or pre-syncope with any of the following <ul style="list-style-type: none"> ○ Exertional onset ○ Chest pain 	Immediate

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Patient

Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number
- Interpreter required

Clinical:

- Reason for referral
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- **X-ray results/reports must be within the last 6 months**

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	<ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ● New acute, or chronic heart failure that is rapidly deteriorating with any of the following: <ul style="list-style-type: none"> ○ 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. ● Hypertensive emergency (persistent blood pressure > 220/140) ● Persistent severe hypertension with systolic blood pressure > 180 mmHg with any of the following: <ul style="list-style-type: none"> ○ 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 	
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	<p>blood pressure > 110 mmHg or systolic blood pressure > 170 mmHg)</p> <ul style="list-style-type: none"> • Suspected pulmonary embolism or aortic dissection • Suspected acute coronary syndrome with any of the following: <ul style="list-style-type: none"> ○ Severe or ongoing chest pain ○ Chest pain lasting 10 minutes + ○ Chest pain that is new at rest, or with minimal activity ○ Chest pain with any of the following: <ul style="list-style-type: none"> - 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 	
Category 1 Urgent	<ul style="list-style-type: none"> • Condition will require more complex or emergent care if assessment is delayed • Condition will have significant impact on quality of life if care is delayed beyond thirty (30) days E.g. Decompensated Heart Failure. 	Appointment within thirty (30) days is desirable
Category 2 Semi-Urgent	<ul style="list-style-type: none"> • Condition has potential to require more complex care if assessment is delayed • Condition has the potential to have some impact on quality of life if care is delayed beyond ninety (90) days E.g. Symptomatic Atrial Fibrillation. 	Appointment within ninety (90) days is desirable
Category 3 Routine	<ul style="list-style-type: none"> • Condition is unlikely to deteriorate quickly • Condition is unlikely to require more complex care if assessment is delayed beyond 365 days E.g. Hypertension 	Appointment within 365 days desirable

Please see clinic eligibility under desired clinic heading

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ATRIAL FIBRILLATION CLINIC

Eligibility Criteria

DHHS State-wide Referral Criteria apply for this condition

<https://src.health.vic.gov.au/atrial-fibrillation>

- 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

Exclusions

Please note, we do not accept referrals for

- Isolated event of atrial fibrillation that has resolved (e.g. post-infection)
- Patients with atrial fibrillation who are stable (that is heart rate is stable and the patient is on anticoagulation) and not for further active management

(Please do not send the patient to the public clinic if they are already seeing another Cardiology service.)

Minimum Clinical Information Required

Please note, referral cannot be processed if minimum information is missing)

There needs to be a valid clinical reason for referral with a valid clinical question e.g. "This patient presents with symptomatic Atrial fibrillation despite rate control – please assess." We don't see patients for a 'routine' review just because they had AF 15 years ago if they are well.

Information that must be provided

- Details of all relevant signs and symptoms
- Current and previous 12 lead electrocardiogram (ECG) tracings, particularly those demonstrating the 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
- Thyroid stimulating hormone (TSH) level
- Please refer for Echocardiogram and Holter Monitor tests, if not done in last twelve months

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SYNCOPE/PRESYNCOPE

Eligibility Criteria

DHHS State-wide Referral Criteria apply for this condition

<https://src.health.vic.gov.au/syncope-or-pre-syncope>

Criteria for referral to public hospital specialist clinic services

- New episode(s) of syncope or pre-syncope (after any emergency assessment)
- Recurrent syncope with undetermined cause.

Information that must be provided in the referral

- 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).

Provide if available

- Any imaging results that show the presence of impaired left ventricular function
- Holter monitor report
- Echocardiogram report
- Recent urea and electrolytes
- Recent full blood examination
- Recent thyroid stimulating hormone (TSH) level
- If the person identifies as an Aboriginal and Torres Strait Islander.

Additional comments

Note: there are also neurology and ENT state-wide referral criteria for Vertigo.
Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

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

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HYPERTENSION

Eligibility Criteria

DHHS State-wide Referral Criteria apply for this condition

<https://src.health.vic.gov.au/hypertension>

Criteria for referral to public hospital specialist clinic services

- Severe persistent hypertension > 180/110
- Refractory hypertension (blood pressure > 140/90) in patients: already taking >3 meds

Information that must be included in the referral

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)

Provide if available

- History of smoking and alcohol intake
- Liver function tests
- Full blood examination results
- Fasting lipids profile results
- Estimated glomerular filtration rate (eGFR)
- Urinalysis results
- Urine protein tests results
- Renal artery duplex report (if renal artery stenosis is suspected and report is available)
- Previous 12 lead electrocardiogram (ECG) tracings
- Echocardiogram report
- If the person is pregnant or planning pregnancy
- If the person identifies as an Aboriginal and Torres Strait Islander.

Additional comments

Please include the essential demographic details and clinical information in the referral. Consider the possibility of secondary hypertension in younger patients. See also obstetrics state-wide referral criteria for Pre-Eclampsia and Maternal medical conditions (which includes referrals for severe refractory hypertension). Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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CHEST PAIN

Eligibility Criteria

DHHS State-wide Referral Criteria apply for this condition

<https://src.health.vic.gov.au/chest-pain>

Criteria for referral to public hospital specialist clinic services

- Isolated episode of cardiac chest pain without any current acute concerning features

Information that must be included in the referral

- 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)

Provide if available

- Treatments previously tried, duration of trial and effect
- Any family history of sudden cardiac death or cardiac disease
- History of smoking and alcohol intake
- Cardiovascular disease risk assessment
- Functional status assessment
- Any relevant x-ray, imaging or investigation results (e.g. cardiac imaging, stress test, myocardial perfusion scan, troponin test)
- Liver function tests
- Full blood examination results
- Fasting lipid profile results
- If diabetic current and previous HbA1c results
- If the person identifies as an Aboriginal and/or Torres Strait Islander
- If symptoms are thought to be linked to probable or confirmed SARS CoV-2 (COVID-19) infection or Long COVID.

Additional information

Please include the essential demographic details and clinical information in your referral

Further Exclusions

Please note, we do not accept referrals for

- Patients with asymptomatic heart failure with a stable ejection fraction > 55% (HF-pEF)

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- **Palpitations unless there is a documented arrhythmia on ECG or Holter monitoring**
- **Undifferentiated shortness of breath without the results of an echocardiogram**
- **Patients who are already under the care of a cardiologist**

Alternative referral options

- Other cardiology practices within your local area.
- **Paediatric Cardiology Clinic:** Run through a partnership with Monash Health. Refer to Monash Children's Hospital Cardiology [Cardiology - Monash Children's Hospital \(monashchildrenshospital.org\)](http://monashchildrenshospital.org)

Clinic information

All clinics run out of the Heart Service on level 3 at Frankston Hospital

Monday	2 Sessions	09.00 – 12.00	
	1 Session	13.00 – 16.00	
Tuesday	1 Session	13.30 – 17.00	fortnightly
	2 Sessions	13.00 – 16.00	
Wednesday	1 Session	14.00 – 17.00	fortnightly
	2 Sessions	08.30 – 12.00	
Thursday	1 Session	08.30 - 11.00	fortnightly SHD Clinic
	1 Session	13.30 – 17.00	fortnightly
Friday	1 Session	08.30 - 11.00	fortnightly SHD Clinic
	1 Session	13.30 – 16.30	four-weekly Arrhythmia clinic
Friday	1 Session	08.30 – 12.00	
	1 Session	09.00 – 12.00	fortnightly
	1 Session	14.00 – 16.00	

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