Waikato District Health Board

Referral Guidelines

Chest Pain

Waikato Hospital Cardiology Department

Date: 1 June 2007
Revision Date: 1 June 2009

GP Evaluation	GP Diagnosis	Recommended Action
Acute History ECG CK/Troponin	?MI ?Unstable angina ?PE ?Dissection Undefined	Admit CARDIOLOGY CARDIOLOGY RESPIRATORY CARDIOLOGY ED/GENERAL MEDICINE
Chronic <u>Detailed history critical</u> Underlying heart disease Precipitants, duration, response to treatment Associated symptoms ECG CBC, urea, creatinine, electrolytes, glucose Lipids CK/Troponin (If recent CP)	Cardiac **Likely**	Refer CARDIOLOGY
	Cardiac **Unlikely**	Refer GENERAL MEDICINE

Based on Primary Care Management Guidelines 2004
(www.electiveservices.govt.nz)
Adapted by Dr R Fisher, Cardiologist (March 2007)

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Waikato District Health Board

Referral Guidelines

Shortness of Breath/Heart Failure

Waikato Hospital
Cardiology Department

Date: 1 June 2007
Revision Date: 1 June 2009

GP Evaluation	GP Diagnosis	Recommended Action
Acute: (and/or severe)	Cardiac likely Respiratory likely	Admit - CARDIOLOGY Admit - RESPIRATORY
Non — Acute: Underlying respiratory disease? (Spirometry if available)	Respiratory likely	Refer - RESPIRATORY
Underlying Cardiac disease? ECG CXR	If Heart Failure likely, commence Rx with diuretic, ACE Inhibitor. Treat underlying condition	Refer - CARDIOLOGY
Consider BNP CBC,urea, creatinine, electrolytes, TFT (?LFT, Glucose, Lipids if indicated)	BNP Normal	Refer - GENERAL MEDICINE
	Other non-specific SOB	Refer - GENERAL MEDICINE

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Waikato District Health Board

Referral Guidelines

Palpitations

Waikato Hospital Cardiology Department

Date: 1 June 2007
Revision Date: 1 June 2009

Clinical Problem	Investigations	Action
1-2 isolated extra or missed beats, no other symptoms Or Single prolonged (>30s) episode	ECG Electrolytes, creatinine Thyroid function (consider causative/aggravating medication causing)	Reassure (if normal ECG,includes isolated ectopics) Consider referral to general medicine if troublesome
Recurrent runs of irregular or rapid heart beat	As above ECG during symptoms if possible	Refer - GENERAL MEDICINE
AF — onset <36 hours		Admit CARDIOLOGY
AF — onset >36 hours	Investigations as above	Discuss with cardiologist/registrar Consider anticoagulation Rate control Refer CARDIOLOGY
Other arrhythmia and/or Abnormal ECG		Discuss with on-call Cardiologist/Cardiology registrar

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Adapted by Dr R Fisher, Cardiologist (March 2007)

Waikato District Health Board

Referral Guidelines

Syncope/Presyncope

Waikato Hospital Cardiology Department

Date: 1 June 2007
Revision Date: 1 June 2009

GP Evaluation	GP Diagnosis	Recommended Action
History: Detailed history critical Consider arrhythmia Cardiac murmur present? Evidence of underlying cardiac disease, angina, SOB, palpitations, neurological signs, postural hypotension, GI bleeding Drug history especially diuretics ECG Full blood count Thyroid function tests, urea, electrolytes, creatinine	Isolated event and negative findings	GP Reassurance
	History suggests vasovagal event in young and otherwise fit	Reassure Consider General Medicine referral if recurrent
	If recurrent or older patient or not typically vasovagal ➢ abN neuro. findings on hx/exam/Ix ➢ abN cardio. findings on hx/exam/Ix ➢ Others	➢ Refer — NEUROLOGY ➢ Refer — CARDIOLOGY ➢ Refer — GENERAL MEDICINE

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