General Cardiology Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of cardiac conditions. Patients will be triaged according to these guidelines, with referrals not addressed in these guidelines to be triaged by Consultant Cardiologists into management pathways according to specific clinical requirements:

Conditions not seen by Cardiology specialists at Western Health:

- Patients whom have a documented community cardiologist involved in their care unless specifically requested by their treating cardiologist.
- Conditions covered by other cardiology specialist clinics (e.g Heart Failure, Electrophysiology clinic)
- Asymptomatic patients referred for general heart health check

Cardiac Alarm Symptoms:

Patients should be directed to the emergency department if they present with alarm symptoms including but not limited to:

- 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.
- 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).
- 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.

Access & Referral Priority:

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.

URGENT **Appointment timeframe 30 days.**	ROUTINE **Appointment timeframe greater than 30 days, depending on clinical need.**

• Conditions where the patients are experiencing rapidly progressing symptoms especially where there is objective evidence of end organ involvement.
• High risk results in stress testing
  ○ Ischaemia at low workload
  ○ Large area of involvement (>15% of myocardium)
  ○ Transient dilatation on nuclear stress testing/echocardiography
  ○ Drop in blood pressure during stress testing
  ○ Evidence of malignant arrhythmias
• The presence of cardiac syncope and severe valvular disease
• New severe heart failure not on therapy.
• Recurrent syncope leading to significant injury (headstrike/MVA etc.)
	• All other referrals

Please note that the General Cardiology Specialist clinics do not have the capacity to monitor stable patients indefinitely. Patients will be stabilized and referred back to the GP with a management plan for ongoing care.

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Condition:	Key Information Points:	Clinical Investigations:
Chest pain • **Practice point** In patients with intermediate/high risk for CVD (Australian cardiovascular disease risk calculator | AusCVDRisk (cvdcheck.org.au)) it is recommended that they be commenced on aspirin 100mg and moderate dose statin therapy pending review.	**Reason for referral incl symptoms and duration** **Past medical history** **Current medication list** **Smoking history** **Relevant family history**	• FBE • U&E • fasting lipds • Fasting glucose • HbA1c if diabetic • ECG • nuclear stress test or stress echo - **Copies of previous stress testing, angiograms and surgical reports (if past coronary artery bypass grafts, valve replacements)**
Presyncope/Syncope/ Palpitations	**Reason for referral incl symptoms, triggers and duration** **Past medical history** **Current medication list** **Smoking history** **Relevant family history**	• FBE • U&E • fasting lipds • Fasting glucose • HbA1c if diabetic • Baseline ECG • echocardiogram (2 years or less) • Holter monitoring •
Valvular disease	**Reason for referral incl symptoms and duration** **Past medical history** **Current medication list**	• FBE • U&E • fasting lipds • Fasting glucose

Condition:	Key Information Points:	Clinical Investigations:
	Smoking history **Relevant family history**	• HbA1c if diabetic • Baseline ECG • echocardiogram (2 years or less) • **Copies of previous stress testing, angiograms and surgical reports (if past coronary artery bypass grafts, valve replacements)**
Heart failure/ cardiomyopathy referrals accepted for patients that do not fall within the scope of referrals for the specialist heart failure clinic.	**Reason for referral incl symptoms and duration** **Past medical history** **Current medication list** **Smoking history** **Relevant family history**	• FBE • U&E • fasting lipids • Fasting glucose • HbA1c if diabetic • Baseline ECG • echocardiogram (2 years or less) • CXR • Results of any genetic testing that has been performed • **Copies of previous stress testing, angiograms and surgical reports (if past coronary artery bypass grafts, valve replacements)**

Duration of follow-up

Western Health cardiology service is unable to offer indefinite follow up for the majority of patients. Patients will be stabilized and referred back to their GP with an ongoing management plan.

Acute coronary syndrome

- 1 year

Stable coronary artery disease including post coronary artery bypass grafting

- Optimisation of medical therapy AND
- Consideration of invasive measures where appropriate

Heart failure

- Stabilization on maximal tolerated medical therapy AND
- Consideration of device therapy where appropriate

Valvular heart disease

- For severe valvular disease
  - 1 year post-surgical/percutaneous management OR
  - If not managed invasively, after stabilization on tolerated medical therapy
- For moderate valvular disease
  - Post a period of monitoring (at the discretion of the cardiologist), usually between consecutive echocardiograms as recommended by the 2021 ESC guidelines on the management of valvular disease AND WITH a plan for repeat echocardiograms
- For mild valvular disease
  - Post initial review, and recommendation of interval follow up echocardiograms.