

Mile End CDC Open Access Cardiac Diagnostics Referral

Patient details

First name			
Surname			
DOB	DAY	MONTH	YEAR
Address 1			
Address 2			
Phone			

GP details

GP name	
Address 1	
Address 2	
Phone	

Any clinical questions please telephone:
Mile End CDC - 0203 594 4493 / 3540

CHOOSE ANY OF THE FOLLOWING	
12 Lead ECG	<input type="checkbox"/> Please Fill in indication for referral in Page 2
Ambulatory ECG monitor (24 hour)	<input type="checkbox"/> Please Fill in indication for referral in Page 2
Echocardiography	<input type="checkbox"/> Please Fill in indication for referral in Page 3

Please write relevant Clinical History

Medications:

Allergies:

Please send the referral to the relevant Cardiac Departments

<p><u>Referrals to Community Diagnostic Centre, Mile End Hospital</u> (Barts health Trust NHS) Community Diagnostic Centre, Ground Floor, Mile End Hospital Send form via Electronic referral system (eRS) to:</p> <ul style="list-style-type: none"> • Cardiology - Ambulatory 12 Lead ECG Test - MEH - Barts Health Trust - R1H • Cardiology - Ambulatory Diagnostics Test 24Hr Tape - RAS - MEH - Barts Health NHS Trust - R1H • Cardiology ECHO - Diagnostics Test RAS - CDC - MEH - Barts Health NHS Trust - R1H
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Requesting Clinician Name:

Professional Body details(HCPC/NMC/GMC number):

Accessible information needs (AIS):

Indications for 12 Lead ECG

- Palpitations / Dizziness
- Syncope
- Chest pain
- Other (describe)

Indications for 24 hour ambulatory monitor

- | | |
|---|---|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Post Medication review |
| <input type="checkbox"/> Palpitations | <input type="checkbox"/> Syncope/Dizziness |
| <input type="checkbox"/> Known Arrhythmia (Specify) | |

Other (describe)

Inications for Echocardiography

(NB: Some Echocardiography indications will require some form of additional clinical information supplementary to the tick box)

Previous Echocardiogram	Yes		No	
	If yes, Date:		Where the Echo was done?	

Patients with suspected heart failure (HF) should have their NTproBNP checked.

- An NT-proBNP level less than 400 pg/ml in an untreated person makes a diagnosis of heart failure less likely
- An NT-proBNP level greater than 400 pg/ml is elevated and Heart Failure cannot be excluded and therefore Echo is required.
- An NTproBNP >2000 pg/ml requires urgent referral for ECHO.
- Requests for echo for suspected HF will not be performed unless there is a BNP result.

British Society of Echocardiography Guidelines for performing Echo

- (Conditions in which an echocardiogram has low clinical yield from primary care and should not routinely have an Echocardiography test)
<https://www.bsecho.org/Public/Public/Education/Posters-and-guides-subpages/PUA005-primary-care-triaging-poster.aspx>

Atrial fibrillation and age <65 years (no previous Echo within 1yr)

Hypertension (Under 40y/o, with three readings >140mmHg)

Suspected Heart Failure [BNP level:]

Palpitations/ Dizziness/ Syncope
 (Does patient had 12 lead ECG? If not, refer for 12lead ECG. If normal and patient is symptomatic, refer for 24 hour ECG. If the patient has proven arrhythmia ectopic burden (>10%), refer for Echocardiography).

Abnormal ECG (*please describe ECG abnormalities and attach ECG to this form:)

Murmur with symptoms (suggestive of valve disease eg exertional breathlessness) (please describe:)

Other Symptoms (please describe:)