

CARDIOLOGY

National Access Criteria for First Assessment (ACA)

Category Definitions : These are recommended guidelines for HHS specialists prioritizing referrals from primary care.

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|----------------|-----------------------------------------|
| 1. Immediate | - admission to hospital within 24 hours |
| 2. Urgent | - within 1 week |
| 3. Semi-urgent | - within 4 weeks |
| 4. Routine | - within 16 weeks |

Immediate and Urgent cases must be discussed with the Specialist or Registrar in order to get appropriate prioritisation and then a referral letter sent with the patient, faxed or e-mailed. The times to assessment may vary depending on size and staffing of the hospital department.

NATIONAL REFERRAL GUIDELINES : CARDIOLOGY / CARDIAC SURGERY

Category	Diagnosis	Referral Guidelines
1. Immediate	<p>Inpatient (requiring admission)</p> <p>Potentially immediately life threatening conditions:</p> <ul style="list-style-type: none"> • Unstable symptoms • Severe or disabling symptoms • Haemodynamic compromise • Require early intervention for best outcome 	<ul style="list-style-type: none"> • Acute or suspected MI • Unstable angina • Acute heart failure • SBE actual/suspected • Symptomatic arrhythmias • Suspected aortic dissection • Tamponade • Community cardiac arrest • Cardiogenic shock • Acute atrial fibrillation
2. Urgent	<ul style="list-style-type: none"> • Significant potential for early intervention to save life/prevent hospitalisation 	<ul style="list-style-type: none"> • Crescendo Angina • Symptomatic aortic stenosis
	<ul style="list-style-type: none"> • To prevent functional impairment 	<ul style="list-style-type: none"> • Cardiac failure NYHA IV • Multiple syncopal episodes • Syncopal episodes with known structural heart disease or abnormal ECG • Severe shortness of breath with possible/probable cardiac basis
	<ul style="list-style-type: none"> • Moderate functional impairment 	<ul style="list-style-type: none"> • Symptomatic valvular disease other than aortic stenosis
	<ul style="list-style-type: none"> • Potential to save life 	<ul style="list-style-type: none"> • Newly diagnosed heart failure or known heart failure with deterioration • Cardiac disease in pregnancy

NATIONAL REFERRAL GUIDELINES : CARDIOLOGY / CARDIAC SURGERY		
Category	Diagnosis	Referral Guidelines
3. Semi - Urgent	<ul style="list-style-type: none"> Stable patients with known or suspected cardiac conditions where rapid deterioration is unlikely 	<ul style="list-style-type: none"> Stable angina Chest pain for diagnosis Shortness of breath? Cardiac basis Chronic atrial fibrillation Palpitations Severe hypertension refractory to treatment A person whose employment status is threatened
4. Routine	<ul style="list-style-type: none"> Mild or moderate functional impairment 	<ul style="list-style-type: none"> Asymptomatic murmur Asymptomatic cardiomegaly Difficult to control hypertension Secondary hypertension Hypertension with cardiomegaly Asymptomatic patients with ECG changes
	<ul style="list-style-type: none"> Reassessment of stable patients requiring review of current treatment where appropriate 	<ul style="list-style-type: none"> Asymptomatic valvular disease Hyperlipidaemia Transfers of patients into care
	<ul style="list-style-type: none"> Not normally seen 	<ul style="list-style-type: none"> Mild hypertension Life insurance assessments

Notes:

- Patients are prioritised by individual clinician judgement
- Preoperative assessments will be determined by the urgency of the non-cardiac surgery
- Exclusions: not seen mild hypertension, insurance assessments, work assessments