

CARDIOLOGY

National Access Criteria for First Assessment (ACA)

REFERRAL FOR PACEMAKER IMPLANTATION

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

- | | |
|----------------|--------------------------------------|
| 1. Immediate | - Pacing required immediately (ASAP) |
| 2. Urgent | - Pacing within 48 hours |
| 3. Semi-urgent | - Pacing within 2 weeks |
| 4. Routine | - Pacing within 8 weeks |

It is axiomatic that these criteria will not replace clinical judgement in the treatment of individual patients.

NATIONAL REFERRAL GUIDELINES : CARDIOLOGY		
Category	Diagnosis (examples)	Conditions (not exhaustive)
1. Immediate	Acquired complete AV block Lead/generator failure Prolonged asystole	Immediate threat to patient's life
2. Urgent	Acquired complete AV block Bifascicular or Trifascicular block Long QT syndrome	Congestive heart failure Confusion Temporary wire in situ (no longer than 24hrs) Failing epicardial wires (post surgical) Post MI – may be asymptomatic
3. Semi Urgent	Acquired complete AV block Congenital complete AV block Second degree (Mobitz II) block Sino-atrial disease	Syncope Asymptomatic Any symptoms attributable to bradycardia Any symptoms attributable to bradycardia Bradycardia-related syncope, dizziness or confusion
4. Routine	Malignant Vasovagal syndrome Carotid sinus syndrome Generator replacement at End Of Life Upgrade of pacing mode	Symptomatic bradycardia secondary to tachycardia Recurrent vasovagal syncope Torsade de pointes related to bradycardia