

CARDIAC SURGERY

National Clinical Priority Assessment Criteria (CPAC)

MITRAL REGURGITATION

Patient ID: Complete patient details or place patient sticker here _____

Nat. Hospital No.: _____

Consultant: _____

Name: _____ D.O.B. ___/___/___

Address: _____

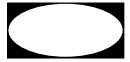
Name of Assessor: _____

Date of Assessment: ___/___/___

1. SEVERITY (assessed by established angiographic and/or echocardiographic criteria)

Moderate	10	
Moderate – Severe	15	
Severe	20	

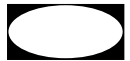
Maximum 20



2. SYMPTOMS (NYHA Class)

Class 1	0	
Class 2	15	
Class 3	20	
Class 4	25	
History of: pulmonary oedema, or paroxysmal atrial tachyarrhythmia, or recent onset of sustained atrial tachyarrhythmia	20	

Maximum 25



3. LEFT VENTRICULAR CONTRACTILE FUNCTION

ECHOCARDIOGRAPHIC

ESD	3.8 – 4.2cm	10	
	4.3 – 5.0cm	20	
	>5.0cm	25	

ANGIOGRAPHIC

OR	ESVI	30 – 40ml/m ²	10	
		41 – 65ml/m ²	20	
		>65ml/m ²	25	

SF	30 – 33%	10	
	<30%	20	

OR	EF	55 – 65%	10	
		<55%	20	

Maximum 45



4. ASSOCIATED FACTORS

Mitral Stenosis (moderate or more)	10	
Aortic valve disease (moderate or more)	10	
(Probable Mitral Valve Repair)	10	
Coronary Artery Disease (3 vessel disease >50% stenosis or proximal LAD >50% stenosis)	10	

Maximum 10



TOTAL SCORE =

