

CARDIAC SURGERY

National Clinical Priority Assessment Criteria (CPAC)

MITRAL STENOSIS

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 OF MITRAL STENOSIS MV AREA (CM²)

< 0.8	30	
0.8 – 1.19	20	
1.2 – 1.5	10	
> 1.5	2	

Maximum 30



2. SYMPTOMS BREATHLESSNESS

1	0	
2	25	
3	30	
4	30	

Maximum 30



3. DIURETIC THERAPY

0	0	
frusemide 40mg or equiv.	5	
frusemide 80mg or equiv.	10	

Maximum 10



4. ASSOCIATED FACTORS

Nil	0	
≥ mod. MR	15	
≥ mod. AVD	15	
CAD ¹	15	
Systemic embolus on Warfarin	15	
Pregnant woman	15	

Maximum 15



5. ATRIAL FIBRILLATION

Nil	0	
PAF ² /AF ³	10	

Maximum 10



6. PA SYSTOLIC PRESSURE mmHg

< 45	0	
> 45	5	

Maximum 5



Total Score =



Notes :

¹ CAD = 3 VD with >50% stenosis of 3 major epicardial arteries, or prox. LAD > 50% stenosis

² PAF = Paroxysmal Atrial Fibrillation

³ AF = onset atrial fibrillation within the last 6 months