Cardiac Catheterization Referral Form

	Tel	Fax
☐ First Available Site		
☐ Kelowna General Hospital	250.862.4358	250.862.4453
☐ Royal Columbian Hospital	604.520.4519	604.520.4002
☐ Royal Jubilee Hospital	250.370.8439	250.370.8918
☐ St. Paul's Hospital	604.806.8051	604.806.8637
☐ Vancouver General Hospital	604.875.4669	604.875.5142

Patient Name________________________________
PHN________________________________
DOB (*dd/mm/yyyy*) ______/______/__________ Sex ☐ M ☐ F
Address________________________________
City____________________ Postal Code__________
Tel (home) __________________ (cell) __________________

*Information marked with *is mandatory*

Inpatients only – PTN initiated ☐ **Date:**________________

REFERRAL DATE*	Referring Physician	Referring Telephone

→ FAX Referral Form, History/Consult, ECG, lab results, MAR and Echo to NH Cardiac Triage Coordinator @ 250.645.6315

PATIENT LOCATION*	☐ Hospital (Inpatient)__________________ Unit______ Unit phone #__________________ ☐ Home (Outpatient)
URGENCY*	☐ **Emergent** → For emergent cases please phone PTN to be connected with the on-call Interventionalist at the requested hospital ☐ **Urgent In-Hospital** (24 to 48 hrs; max 5 days) ☐ **Urgent Out of Hospital** (within 2 wks) ☐ **Elective** (within 6 wks)
ALLERGIES	☐ No Known ☐ Local Anesthetic ☐ Contrast ☐ ASA ☐ Other______________
PROCEDURE REQUESTED*	☐ Diagnostic Cath ☐ Cath +/- PCI ☐ PCI (planned PCI) ☐ Right Heart Cath ☐ TAVI workup ☐ Pulmonary Resistance ☐ Aortogram ☐ Myocardial Biopsy ☐ Other ☐ 1st Available Physician ☐ Specific Physician ________________
INDICATION*	☐ STEMI → If Fibrinolysis: *Date*______________________ *Time*______________ ☐ NSTEMI → ☐ Ischemic ECG changes (ST or T) → ☐ Positive troponin/marker *Result*_______ ☐ Unstable Angina → Current Symptoms: ☐ Ongoing ☐ Re-MI ☐ Recurrent Pain ☐ CHF ☐ Arrhythmia ☐ None ☐ Stable Angina ☐ Arrhythmia ☐ Heart Failure ☐ Cardiomyopathy ☐ Valvular Heart Disease → ☐ Aortic____________ → ☐ Mitral____________ → ☐ Other____________ ☐ Congenital ☐ Transplant ○ Pre ○ Post ☐ Research ☐ Other__________
CURRENT MEDICATIONS	☐ IV Inotropes ☐ IV Nitroglycerin ☐ IV IIb/IIIa ☐ IV Heparin ☐ LMWH ☐ Insulin ☐ Metformin ☐ ASA ☐ Clopidogrel ☐ Ticagrelor ☐ Dabigatran ☐ Prasugrel ☐ Other ____ ☐ Warfarin → ☐ Will hold prior to procedure → ☐ Will require bridging therapy → ☐ Perform on Anticoagulation
CO-MORBIDITIES	☐ Hypertension ☐ Dyslipidemia ☐ Diabetes ○ Type I ○ Type II ☐ Smoking ○ Current ○ Former ☐ COPD ☐ Prior MI ☐ Prior PCI ☐ Prior OHS ○ CABG ○ Valve ☐ Cerebrovascular Event ○ Prior Stroke ○ Prior TIA ☐ Renal Insufficiency ○ Acute ○ Chronic ☐ Dialysis ○ HD ○ PD ☐ Peripheral Vascular Disease ☐ History of Heart Failure ☐ Suspected LV Thrombus ☐ GI Bleed within 1 year ☐ Other__________
CCS ANGINA CLASS*	Within 2 weeks ☐ I ☐ II ☐ III ☐ IV ☐ IVa ☐ IVb ☐ IVc
NYHA CLASS*	Within 2 weeks ☐ I ☐ II ☐ III ☐ IV ☐ n/a
PRIOR NON-INVASIVE TESTS	☐ Exercise Stress Test Date____________ Result: ☐ Positive ☐ Negative ☐ Indeterminate ☐ MIBI ☐ Other_____ Date____________ Result: ☐ Positive ☐ Negative ☐ Indeterminate **LVEF**______% Source______
LAB VALUES*	Creatinine*______ Hgb* _______ WBC _____ Troponin _____ eGFR ______ Platelets _____ INR ____ Other___________
HEIGHT/WEIGHT	Height __________cm Weight __________kg
SPECIAL INSTRUCTIONS/ BRIEF HISTORY	

Referring Physician's Signature*	Accepting Physician's Signature	Acceptance Date (dd/mm/yyyy)

NORTHERN HEALTH INPATIENT CARDIAC CATHETERIZATION TRANSFER PROCESS

For patients who are hemodynamically stable and require urgent cardiac catheterization. The standard BCEHS Red/Yellow process remains the same for unstable cardiac patients.

1. As per normal process, phone **PTN 1-866-233-2337** to log the patient for transfer to a higher level of care. Please indicate that the patient is for the **"NHA Cardiac Catheterization Waitlist"**.
2. The sending site **must** fax Cardiac Catheterization Referral from and supporting documentation to the NH Cardiac Triage Coordinator who will confirm receiving cardiac site to PTN
3. There will be **no requirement** for physician to physician conference call
4. PTN will follow standard process to confirm acceptance and bed availability at receiving site and arrange transfer plan. The transfer plan will be communicated back to the sending and receiving sites.

INFORMATION FOR PHYSICIANS

Physicians please include **TIMI score** or **GRACE score** for patients in the physician consult.

GRACE ACS Risk Model
At Admission (in-hospital/to 6 months) | At Discharge (to 6 months)
Age: Years
HR: bpm
SBP: mmHg
Creat.: µmol/l
CHF: Killip Class
Cardiac arrest at admission
ST-segment deviation
Elevated cardiac enzymes/markers
Probability of: Death / Death or MI
In-hospital
To 6 months
US Units
Reset
Calculator | Instructions | GRACE Info | References | Disclaimer

http://www.gracescore.org/WebSite/default.aspx?ReturnUrl=%2f

TIMI RISK SCORE	
Clinical Feature	One point for each
Age 65 years or older	
At least three risk factors for CAD • Current smoker • Hypertension • Cholesterol Elevation • Family history of premature CAD/MI • Diabetes	
Documented prior coronary artery stenosis >50%* • Prior cardiac catheterization with known disease • Prior angioplasty or stent • Prior bypass (CABG) • Documented prior MI	
Use of aspirin in the preceding 7 days	
Two or more angina events in past 24 hours	
ST- segment deviation >0.5 mm	
Elevated serum cardiac markers	
Total	

Risk Score	TIMI risk score for developing at least 1 component of the primary end point (all-cause mortality, new or recurrent MI, or severe recurrent ischemia requiring urgent revascularization) through 14 days after randomization
0-1	4.78%
2	8.3%
3	13.2%
4	19.9%
5	26.2%
6-7	40.9%

References: Antman EM, Cohen M, Bernink PJLM, McCabe CH, Horacek T, Papuchis G, Mautner B, Corbalan R, Radley D, Braunwald E. The TIMI Risk Score for Unstable Angina/Non–ST Elevation MIA Method for Prognostication and Therapeutic Decision Making. *JAMA.* 2000;284(7):835-842. doi:10.1001/jama.284.7.835