NZ Cardiac Network recommendations for referral and access to secondary care for common cardiac conditions

**for patients in whom intervention by secondary care will influence management**

- **Cardiology referral** not necessarily appropriate, consider declining referral.
- **Cardiology referral appropriate**
- **Auditable standard.** All patients should have an assessment, initial investigation and management plan within 4 months of referral.
- **Priority for more urgent assessment is expected.**
- **Indication for an echocardiogram with a verified report from an accredited cardiologist or CSANZ level 1 trained physician**

### Non Acute Chest Pain

**Patients with low cardiovascular risk and atypical symptoms**

1. Ensure that referred patients where appropriate have been adequately assessed with either non-invasive testing to a level that can satisfactorily rule out diagnostic coronary artery disease or referred for invasive angiography.
2. Perform above within an audited clinical governance structure that includes an accredited cardiologist.

**Patients with symptoms consistent with angina regardless of CV risk**

1. Assess with an accelerated chest pain pathway.
2. Perform above within an audited clinical governance structure that includes an accredited cardiologist.

**Patients with uncertain symptoms and increased cardiovascular risk**

- Patients with symptoms consistent with angina regardless of CV risk
- Patients with symptoms consistent with angina regardless of CV risk

**Patients with low cardiovascular risk and atypical symptoms**

1. Assess with an accelerated chest pain pathway.
2. Perform above within an audited clinical governance structure that includes an accredited cardiologist.

### Acute Chest Pain

**All patients presenting with possible acute coronary syndrome**

1. Assess with an accelerated chest pain pathway.
2. Perform above within an audited clinical governance structure that includes an accredited cardiologist.

### Confirmed ST elevation myocardial infarction

**Follow-up Echocardiography for known heart valve disease**

<table>
<thead>
<tr>
<th>Valve pathology</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aortic/Mitra regurgitation</td>
<td>Not necessary</td>
<td>1-2 years</td>
<td>6/12-1 y</td>
</tr>
<tr>
<td>Aortic Stenosis</td>
<td>Vmax 2.0-2.9 m/s</td>
<td>Vmax 3.0-3.9 m/s</td>
<td>Vmax &gt; 4.0 m/s</td>
</tr>
<tr>
<td>Vmax 1.0 – 1.5 cm²</td>
<td>Vmax &gt; 1.5 cm²</td>
<td>1.0 – 1.5 cm²</td>
<td></td>
</tr>
<tr>
<td>1-2 years</td>
<td>1-2 years</td>
<td>&lt; 1.0 cm²</td>
<td></td>
</tr>
<tr>
<td>6/12-1 y</td>
<td>6/12-1 y</td>
<td>2 y</td>
<td></td>
</tr>
</tbody>
</table>

### Atrial Fibrillation

**Initial Echocardiography appropriate for**

- Patients with uncomplicated AF and clearly defined embolic risk
- Rhythm control or cardioversion is considered
- Heart rate not adequately controlled, ongoing symptoms, or treatment intolerance
- Abnormal resting ECG (other than AF) or significant finding on echocardiogram

**Echocardiography appropriate for**

- New diagnosis of atrial fibrillation
- Change in clinical status
- Suspicion underlying structural heart disease or LV dysfunction

### Secondary Prevention for IHD

Primary and Secondary Care are expected to work together to provide a community and evidence based prevention programme tailored to individual needs and geographic location for patients with ACS.

### Palpitations /syncope/arrhythmia

**Patients with infrequent symptoms non-limiting symptoms and low probability of cardiac disease**

- Symptoms consistent with sustained tachycardia
- Syncope consistent with cardiac cause
- Exercise induced pre syncope/palpitations

**Access to cardiology assessment, appropriate investigation and treatment within an appropriate time frame**

**Echocardiography for suspected valve /structural/ inherited/ heart disease**

- A persistent heart murmur which
- Cannot be explained by lower, anaemia, high output, pregnancy.
- Is associated with new or changing symptoms
- Is associated with a raised BNP, abnormal ECG or Chest X-ray

### Mechanical

- Only necessary
- 3-5y

### Repair

- Only necessary
- 5y