

Part 2: Affected medical specialties

Cardiology

A Background

The presenting symptoms and complaints of patients attending cardiology outpatient clinics are:

- ▶ chest pain (~45%)
- ▶ palpitations (~25%)
- ▶ heart failure (~10%)
- ▶ syncope/dizziness (~5%)
- ▶ valve disease (~5%)
- ▶ cardiomyopathy and Marfan's/aortic disease (~4%)
- ▶ heart disease in pregnancy (~1%)
- ▶ other (~5%)*.

B New patients

Priority 1: Apparent life-threatening illness

This category includes patients with:

- ▶ syncope associated with exercise, with evidence of native or prosthetic valve disease or with a family history of sudden death
- ▶ palpitations or chest pain with collapse (patients with chest pain should be referred to a rapid-access chest pain clinic (RACPC))[†]
- ▶ history of fever/malaise and having heart valve disease, congenital heart disease or a previous history of infectious endocarditis.

Patients with symptoms compatible with acute myocardial infarction and those patients with symptoms and signs of acute pulmonary oedema will be referred to the A&E department and issued with a Yellow Follow-up Card (see Appendix).

Priority 2: Potentially life-shortening illness

Patients with the following conditions should be issued with a Yellow Card:

- ▶ unexplained syncope other than above
- ▶ shortness of breath or oedema believed to be of cardiac origin refractory to oral diuretics with grade 3–4 symptoms and/or paroxysmal nocturnal dyspnea (PND), or believed to be of cardiac origin presenting in pregnancy
- ▶ history of significant congenital heart disease who have become pregnant.

*Figures based on a recent survey of outpatient attendance at Sheffield Teaching Hospitals Trust.

[†]These recommendations on RACPC referrals would predict a reduction in referral rates to <20% (based on figures supplied by Professor A Timmis).

Priority 3: Intolerable symptoms

Patients with the following conditions should be issued with a Yellow Card:

- ▶ shortness of breath refractory to oral diuretics with grade 3–4 symptoms and/or PND
- ▶ atrial fibrillation with continued symptoms of shortness of breath/pre-syncope despite attempts at rate control.

C Follow-up patients

These should be stratified along the access/follow-up card system (see Appendix).

1 Patients who will need continued review –

Yellow Follow-up Card and planned appointment

- ▶ Pacemaker clinic patients where pacemaker is <6 months from estimated end-of-life
- ▶ Defibrillator clinic patients where device is <6 months from estimated end-of-life or has delivered >1 shock
- ▶ Anticoagulant clinic patients – see below
- ▶ Pregnant patients with established heart disease under cardiac review

2 Patients who may need access to outpatient review within four months – Yellow Card only

- ▶ Heart failure clinic patients
- ▶ Patients followed because of a history of ventricular tachycardia (VT), or survivor of out-of-hospital ventricular fibrillation (VF)

3 Patients whose appointments can be cancelled for four months

- ▶ All palpitation patients without syncope
- ▶ All patients with chest pain and previous normal coronary artery disease
- ▶ All 'routine' valve follow-up patients
- ▶ All 'routine' post-revascularisation patients
- ▶ All patients followed by surveillance echo (aortic dimensions etc)
- ▶ All 'routine' follow-up of patients with atrial fibrillation or other SVT patients

4 Patients on anticoagulants

These patients should attend for blood test checks as usual – Yellow Card.

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