

## REFERRAL GUIDE

### Cardiology

[Cardiology](#) specialises in conditions of the heart and blood vessels.

## Clinical Lead

**Name:** Hitesh Patel

Role: Head of Cardiology at Alfred Health

## How to Refer

All new referrals for Specialist Outpatient Clinics require a **medical referral**.

All new referrals are processed by the Bayside Health - Regional Care Group (Bass Coast) Access Department.

The **preferred mode** for external referrals to the Access Department is Fax (03) 9102 5307.

Internal referrals from within the Bayside Health – Regional Care Group can be sent via email ([Access@basscoasthealth.org.au](mailto:Access@basscoasthealth.org.au))

For further information on new referrals and services provided via the Access Team on (03) 5671 3175 or by email to [Access@basscoasthealth.org.au](mailto:Access@basscoasthealth.org.au)

### Relevant referral form

[Outpatient specialist clinic referral \(MR-309\)](#)

### Referrer guidance

Clinically recommended guidance for referrers is available through [Gippsland Pathways](#).

## Eligibility

Prior to referral, please check and ensure all referrals for Specialist Outpatient Clinics **meet**;

- [Minimal Referral Criteria](#)
- [State-wide Referral Criteria](#) (where applicable),
- Local Bass Coast service eligibility
- [Anaesthesia and Surgical Services – Patient Suitability Framework](#)

Please note, the [Managing referrals to non-admitted specialist services policy](#) states that we must not accept referrals that are incomplete or do not have the required information to assess.

Once we receive a referral we will **review to ensure**:

- We have all the information we need to progress
- The referral meets the Minimum referral criteria, State-wide Referral Criteria (where applicable) as well as local Bass Coast service eligibility
- Identify the best service/s to meet your patients' needs and
- Assign a referral priority, urgent or routine
- Provide a notification of a referral outcome

## Referral Processing

Accepted referrals are **triaged according to priority** by our specialist doctors/health professionals, as 'urgent' or 'routine'.

High priority, 'urgent' access, is assigned to patients that have a condition with potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly.

For **urgent referrals**, we will contact the patient and aim to schedule an appointment within 30 days or at the earliest available time.

For **routine referrals**, we will notify you and the patient of a routine appointment date or the transfer onto a service waitlist and aim to schedule an initial appointment within 365 days.

Within 8 working days, we will send you and your patient notification of the **referral outcome**, i.e. if the referral has been:

- Accepted and an appointment has been scheduled OR
- Accepted and the patient has been placed on a service waiting list OR
- Not accepted and the reasons why

## Priority

### EMERGENCY

Conditions requiring **immediate emergency care**. Acute referrals requiring same day assessment or admission. **Recommend or contact '000' to arrange immediate transfer to emergency.**

### URGENT

Assigned to patients that have **a condition with potential to deteriorate quickly**, with significant consequences for health and quality of life if not managed promptly. Aim to **schedule an initial appointment within 30 days** or at the earliest available time.

### ROUTINE

Assigned to patients when **their condition is unlikely to deteriorate quickly** or have significant consequences for health and quality of life if the specialist assessment is delayed beyond 30 days. Routine appointments are scheduled (where possible) or transferred onto a service waitlist. Aim to **schedule an initial appointment within 365 days**.

## Safety risk screening



### RED FLAG CONDITIONS

### EMERGENCY

Red flags signal the most serious clinical risks and need for same day assessment or admission.

#### Chest Pain, with

- Suspected pulmonary embolism or aortic dissection
- Suspected acute coronary syndrome with any of the following:
  - severe or ongoing chest pain
  - chest pain lasting 10 minutes or more
  - chest pain that is new at rest, or with minimal activity
  - chest pain with any of the following:
    - severe dyspnoea
    - syncope or pre-syncope
    - respiratory rate > 30 breaths per minute
    - tachycardia > 120 beats per minute
    - systolic blood pressure < 90 mmHg
    - heart failure or suspected pulmonary oedema
    - ST segment elevation or depression
    - complete heart block
    - new left bundle branch block

## Safety risk screening



### RED FLAG CONDITIONS

EMERGENCY

**Atrial Fibrillation**, recent onset, **with** any of the following:

- haemodynamic instability
- shortness of breath
- chest pain
- heart failure
- current syncope or pre-syncope
- sustained heart rate > 150 beats per minute
- known Wolff-Parkinson-White syndrome

**Palpitations with** any of the following:

- shortness of breath
- chest pain
- heart failure
- syncope, pre-syncope or loss of consciousness
- persisting tachyarrhythmia on electrocardiogram (ECG)



## Safety risk screening



### RED FLAG CONDITIONS

EMERGENCY

- **Hypertensive emergency** (blood pressure > 220/140)
- **Severe hypertension** with systolic blood pressure > 180 mmHg **with** any of the following:
  - headache
  - confusion
  - blurred vision
  - retinal haemorrhage
  - reduced level of consciousness
  - seizure(s)
  - proteinuria
  - Papilloedema
- A pregnant woman with pre-eclampsia with uncontrolled severe hypertension (i.e. diastolic blood pressure > 110 mmHg or systolic blood pressure > 170 mmHg)

## Safety risk screening



### RED FLAG CONDITIONS

EMERGENCY

**Heart failure**, new acute or chronic, that is rapidly deteriorating, **with** any of the following:

- ongoing chest pain
- acute pulmonary oedema
- oxygen saturation < 94% (in the absence of any other reasons)
- haemodynamic instability
- syncope or pre-syncope
- recent myocardial infarction (within 2 weeks)
- pregnant or post-partum woman
- New heart failure that has not responded to initial and escalated treatment with diuretic therapy



## Safety risk screening



### RED FLAG CONDITIONS

EMERGENCY

**Syncope or pre-syncope with** any of the following:

- exertional onset
- chest pain
- persistent hypotension (systolic blood pressure < 90 mmHg) or bradycardia (< 50 beats per minute) on electrocardiogram (ECG)
- evidence of second, or third-degree block on electrocardiogram (ECG)
- severe, persistent headache
- focal neurological deficits
- preceded by, or associated with, palpitations
- known ischaemic heart disease or reduced left ventricular systolic function
- associated with supraventricular tachycardia (SVT) or paroxysmal atrial fibrillation
- 'pre-excited' QRS wave on electrocardiogram (ECG)
- suspected malfunction of a pacemaker or implantable cardioverter defibrillator (ICD)
- absence of prodrome
- associated injury
- occurs while supine or sitting

## REFERRAL GUIDE Cardiology

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### Diagnostic Procedures/Conditions seen at Regional Care group (Bass Coast)

- [Echocardiology Services \(Trans Thoracic Echocardiogram TTE\)](#)
- [Bubble study Echocardiogram](#)
- [Stress Echocardiography \(Treadmill only\)](#)
- [Angina Pectoris; Chest Pain;](#)
- [Atrial Fibrillation](#)
- [Heart Failure](#)
- [Lipid Disorders](#)
- [Hypertension](#)
- [Palpitations](#)
- [Syncope or pre-syncope](#)

### Cardiology Clinics provided Regional Care group (Bass Coast)

- [Rapid Access Cardiology Clinic](#)
- [Arrhythmia Clinic](#)
- [Chronic Cardiology Clinic](#)
- [Echocardiology Services \(Trans Thoracic Echocardiogram TTE\)](#)
- [Stress Echocardiography](#)

## Consultation only

The following conditions/procedures can be considered for consultation; however, surgery is not available at Bass Coast Health

- Electrophysiology Consult
- Cardiac Surgery
- Angiogram
- Percutaneous coronary intervention (PCI)
- Left & Right heart catheterisation
- Ablation
- Mitral clips
- Pacemakers
- Loop recorders
- Transcatheter aortic valve implantation (TAVI)
- Trans-oesophageal echocardiogram (TOE)/  
Direct Current Cardioversion (DCR)
- Any other cardiothoracic surgery

## Exclusions

The following conditions / procedures are not routinely seen at Bass Coast Health

- Cardiac Surgery
- Cardiac MRI
- Coronary Angiogram
- Coronary CT angiography
- Electrophysiological studies and pacing
- Holter Monitors
- Pacemaker
- Cardiac Catheterisation
- Bike Stress ECHO
- Chemical Stress Tests

## Angina Pectoris; Chest Pain; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

- New or recurrent cardiac chest pain without any current acute concerning features
- New onset angina
- Stable angina, depending on severity
- If prolonged, severe worsening pattern

\*\* N.B. [TTE](#) and [Rapid Access Cardiac Clinic](#) appointment will be arranged for eligible referrals

Click here for: [Rapid Access Cardiology Referral.pdf](#)

### Additional Information to be included

**MUST** provide;

- Description of relevant signs or symptoms
- Relevant medical history and comorbidities
- Relevant electrocardiogram (ECG) tracings
- Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs).
- Full blood examination results
- B-Type natriuretic peptide (BNP)
- Urea and Electrolytes (U&E)
- Creatinine (Cr) test results
- Blood glucose

### EMERGENCY

- Refer to Red [Flag Conditions](#)

### Chest Pain, with

- Suspected pulmonary embolism or aortic dissection
- Suspected acute coronary syndrome with any of the following:
  - severe or ongoing chest pain
  - chest pain lasting 10 minutes or more
  - chest pain that is new at rest, or with minimal activity
  - chest pain with any of the following:
    - severe dyspnoea
    - syncope or pre-syncope
    - respiratory rate > 30 breaths per minute
    - tachycardia > 120 beats per minute
    - systolic blood pressure < 90 mmHg
    - heart failure or suspected pulmonary oedema
    - ST segment elevation or depression
    - complete heart block
    - new left bundle branch block

### URGENT

- All eligible referrals for chest pain are considered urgent

## Atrial Fibrillation (AF); seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

- Recurrent paroxysmal atrial fibrillation
- Atrial fibrillation where anticoagulation is contraindicated
- Atrial fibrillation with reduced left ventricular function or moderate valvular disease
- Atrial fibrillation that is unresponsive to medical management and that requires further advice on, or review of, the current management plan.

### Referral NOT suitable for public hospital;

- Isolated event of atrial fibrillation that has resolved (e.g. post-infection).
- Patients that are stable (that is heart rate is stable and the patient is on anticoagulation) and not for further active management.
- Patients that are already under the care of a cardiologist.

Refer to [Arrhythmia Clinic](#) for clinic details

### Additional Information to be included

#### Must provide;

- Details of all relevant signs and symptoms
- Current and previous 12 lead electrocardiogram (ECG) tracings, particularly those demonstrating the arrhythmia or Holter demonstrating AF or arrhythmia
- Details of previous medical management including the course of treatment and outcome of treatment
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Past medical history and comorbidities
- Liver function tests
- Urea and electrolyte results
- Full blood examination results
- Cardiac blood results
- Thyroid stimulating hormone (TSH) level
- TTE

### EMERGENCY

- Refer to [Red Flag Conditions](#)
- Atrial Fibrillation**, recent onset, **with** any of the following:
- haemodynamic instability
  - shortness of breath
  - chest pain
  - heart failure
  - current syncope or pre-syncope
  - sustained heart rate > 150 beats per minute
  - known Wolff-Parkinson-White syndrome

### URGENT

- All eligible new referrals for AF are considered urgent

## Heart Failure (HF); seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

- Known heart failure with symptoms unresponsive to medical management (e.g. symptoms at rest, or on minimal exertion)
- New onset heart failure with reduced ejection fraction < 50% (HF-rEF) and structural or valvular heart disease
- New onset heart failure with preserved ejection fraction (HF-pEF) that have failed maximum tolerated diuretic treatment

### Referral NOT suitable for public hospital;

- Patients with asymptomatic heart failure with a stable ejection fraction > 50% (HF-pEF)
- Patients that are already under the care of a cardiologist

\*\* N.B. [TTE](#) and [Rapid Access Cardiac Clinic](#) appointment will be arranged

Click here for: [Rapid Access Cardiology Referral.pdf](#)

### Additional Information to be included

#### Must provide;

- Details of all relevant signs and symptoms
- 12 lead electrocardiogram (ECG) tracings from the last 12 months
- Echocardiogram report
- Any medicines previously tried, duration of trial and effect
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Past medical history and comorbidities
- Liver function tests
- Urea and electrolyte results
- Full blood examination
- Thyroid stimulating hormone (TSH) level
- Fasting lipid profile results
- If diabetic, current and previous HbA1c results.
- Cardiac bloods
- BNP
- Iron studies
- Lipid profile
- TTE

### EMERGENCY

- Refer to [Red Flag Conditions](#)  
**Heart failure**, new acute or chronic, that is rapidly deteriorating, **with** any of the following:

- ongoing chest pain
- acute pulmonary oedema
- oxygen saturation < 94% (in the absence of any other reasons)
- haemodynamic instability
- syncope or pre-syncope
- recent myocardial infarction (within 2 weeks)
- pregnant or post-partum woman
- New heart failure that has not responded to initial and escalated treatment with diuretic therapy

### URGENT

- All eligible referrals for HF are considered urgent

## Hypertension; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

- Severe persistent hypertension > 180/110
- Refractory hypertension (blood pressure > 140/90) in patients:
  - taking three or more antihypertensive medicines
  - unable to tolerate maximum treatment

\*\* N.B. [TTE](#) and [Rapid Access Cardiac Clinic](#) appointment will be arranged for eligible referrals

Click here for: [Rapid Access Cardiology Referral.pdf](#)

### Additional Information to be included

#### Must Provide;

- Blood pressure measurements, preferably taken on both arms
- Details of all relevant signs and symptoms
- Relevant medical history and comorbidities
- Any treatments previously tried, duration of trial and effect
- Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs)

### EMERGENCY

- Refer to [Red Flag Conditions](#)
- **Hypertensive emergency** (blood pressure > 220/140)
- **Severe hypertension** with systolic blood pressure > 180 mmHg **with** any of the following:
  - headache
  - confusion
  - blurred vision
  - retinal haemorrhage
  - reduced level of consciousness
  - seizure(s)
  - proteinuria
  - Papilloedema
- A pregnant woman with pre-eclampsia with uncontrolled severe hypertension (i.e. diastolic blood pressure > 110 mmHg or systolic blood pressure > 170 mmHg)

### URGENT

- Uncontrolled Systolic Blood Pressure >180 & on medications

### ROUTINE

- Patient on Medications and requires a review

## Lipid Disorders; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

- Total triglyceride > 5 mmol/L unresponsive to medical management
- Low-density lipoproteins (LDL) > 3.5 mmol/L in patients on treatment with high-risk cardiovascular disease (e.g. prior acute coronary syndrome)
- Difficult to control low-density lipoproteins (LDL) > 3.3 mmol/L in patients with coronary heart disease and with familial hypercholesterolaemia

### Referral NOT suitable for public hospital;

- Patients with high low-density lipoproteins (LDL) and with a low cardiovascular risk

Click here for: [Rapid Access Cardiology Referral.pdf](#)

### Additional Information to be included

#### Must provide;

- Recent fasting lipid profile results
- Relevant medical history and comorbidities, especially cardiovascular diseases
- Any treatments previously tried, duration of trial and effect
- Current and complete medication history (including non-prescription medicines, herbs and supplements)

**ROUTINE**

- All referrals for lipid disorders are consider routine

## Palpitations; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

- Palpitations with any of the following:
  - abnormal electrocardiogram (ECG)
  - abnormal echocardiogram
  - other cardiac disease
  - functional impact of symptoms on daily activities including impact on work, study, or carer role
  - family history of sudden cardiac death or structural heart disease

**\* Please refer patient for Holter Monitor if not already completed (N.B. these are not completed at BCH)**

### Referral NOT suitable for public hospital;

- Patients with palpitations < 10 minutes duration without any other cardiac symptoms
- Patients with sinus arrhythmia
- Patients that are already under the care of a cardiologist

Click here for: [Rapid Access Cardiology Referral.pdf](#)

### Additional Information to be included

#### Must Provide;

- Details of all relevant signs and symptoms including the duration and frequency of the episodes of palpitations
- Current and previous 12 lead electrocardiogram (ECG) tracings, particularly those during the episodes of palpitations
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- History of underlying cardiac disease
- Any family history of sudden cardiac death
- Urea and electrolyte results
- Liver function tests
- Thyroid stimulating hormone (TSH) level
- **Holter monitor 24-hour results**

**\* Holter Monitor results will determine clinic booking and urgency**

### EMERGENCY

- Refer to [Red Flag Conditions](#)
- Palpitations with** any of the following:
- shortness of breath
  - chest pain
  - heart failure
  - syncope, pre-syncope or loss of consciousness
  - persisting tachyarrhythmia on electrocardiogram (ECG)

### URGENT

- Holter Monitor report determines priority

### ROUTINE

- Holter Monitor report determines priority

Syncope or pre-syncope; seen at Bayside Health – Regional Care group (Bass Coast)

State-wide Referral Criteria **DOES** apply to this condition.

**When to refer**

- New episode(s) of syncope or pre-syncope (after any emergency assessment)
- Recurrent syncope with undetermined cause.
- **Please refer patient for Holter Monitor if not already completed (N.B. these are not completed at BCH)**
- \*\* N.B. A [TTE](#) will be arranged for eligible referrals

**Referral NOT suitable for public hospital;**

- Patients with mild or brief orthostatic dizziness
- Dizziness due to a medicine or hypoglycaemia
- Dizziness due to chronic fatigue syndrome

**Additional Information to be included**

**Must provide;**

- Description of syncopal or pre-syncopal events and associated features
- Lying or sitting / standing blood pressure
- Relevant medical history
- Any family history of sudden cardiac death or cardiac disease
- Recent electrocardiogram (ECG) tracings, relevant to syncopal or pre-syncopal events
- Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs)

**EMERGENCY**

- Refer to [Red Flag Conditions](#)
- **Syncope or pre-syncope with** any of the following:
  - exertional onset
  - chest pain
  - persistent hypotension (systolic blood pressure < 90 mmHg) or bradycardia (< 50 bpm) on ECG
  - evidence of second, or third-degree block on ECG
  - severe, persistent headache
  - focal neurological deficits
  - preceded by, or associated with, palpitations
  - known ischaemic heart disease or reduced left ventricular systolic function
  - associated with supraventricular tachycardia (SVT) or paroxysmal atrial fibrillation
  - 'pre-excited' QRS wave on ECG
  - suspected malfunction of a pacemaker or implantable cardioverter defibrillator (ICD)
  - absence of prodrome
  - associated injury
  - occurs while supine or sitting

**URGENT**

- Results Investigations & TTE determine priority and clinic appointment

**ROUTINE**

- Results Investigations & TTE determine priority and clinic appointment

## Rapid Access Cardiac Clinic; seen at Bayside Health – Regional Care group (Bass Coast)

### When to refer

- New onset chest pain suggestive of angina
- Previously stable ischaemic heart disease with recent deterioration of symptoms
- New onset or worsening Heart Failure
- Patients referred from tertiary hospitals after undergoing PCI, Stents, CABG, or Valve replacement

Click here for: [Rapid Access Cardiology Referral.pdf](#)

\*\* N.B. A [TTE](#) will be arranged prior to clinic appointments for eligible referrals

### Out of scope

- All new onset Atrial fibrillation to be referred into the AF Clinic
- Patients that are stable (that is heart rate is stable and the patient is on anticoagulation) and not for further active management.
- Patients with asymptomatic heart failure with a stable ejection fraction
- Patients that required a Pacemaker check – will be referred out
- Patients that are already under the care of a cardiologist – and should be redirected to their cardiologist unless the patient is electing to move under the care of BCH Cardiology
- Patients requiring risk management and education – e.g., starting on Lipid lowering therapy

### URGENT

- Results Investigations & TTE determine urgency of clinic appointment

### ROUTINE

- Results Investigations & TTE determine urgency of clinic appointment

## Arrhythmia Clinic; seen at Bayside Health – Regional Care group (Bass Coast)

### When to refer

- New onset or difficult to control Atrial Fibrillation.
- SVT or arrhythmias requiring specialist cardiologist electrophysiologist guidance
- Patients referred from territory hospitals after treatment for AF or undergoing ablation
- New onset of difficult to control SVT

\*\* N.B. A [TTE](#) will be arranged prior to clinic appointments for eligible referrals

### Out of scope

- Patients that are already under the care of a cardiologist – and should be redirected to their cardiologist unless the patient is electing to move under the care of BCH Cariology
- Patients not for active management may not wish to come to the AF clinic

### URGENT

- Proof of arrhythmia
- Atrial fibrillation (AF)
- Arrhythmias post interventions

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### Chronic Cardiac Clinic; seen at Bayside Health – Regional Care group (Bass Coast)

#### When to refer

- Chronic heart failure, ischaemic heart disease, coronary artery disease (CAD) management
- Patient requiring ongoing supervision may be referred in from the [RACC](#) or [AF clinic](#)

#### Out of scope

- Patients that are already under the care of a cardiologist. Redirected to their cardiologist unless the patient is electing to move under the care of BCH Cardiology

#### ROUTINE

- All referrals for Chronic Cardiac clinic are considered routine

## Echocardiology Services (Trans Thoracic Echocardiogram TTE); seen at Bayside Health – Regional Care group (Bass Coast)

### When to refer

- TTE's investigation must be approved by the cardiology specialist
- TTE investigations are generally conducted no more than 6 months apart with the exception of Oncology patients and patients with specific cardiac complaints or as directed by a cardiologist
- \*\* Refer to [Stress Echocardiography](#) clinic for Bubble Echocardiogram

### Out of scope

- Patient is unable to lie flat and/or follow commands
- Patients that have had a TTE completed in the last 6 months with the exception of those ordered by a cardiologist.

### URGENT

- Oncology prior to treatment
- Infectious Diseases request TTE start
- Stroke workup - need TTE & Holter as part of the workup (this is to rule out AF or cardiac cause)
- Preadmissions/Planned surgery, Category 1, requests for TTE

### ROUTINE

- Oncology & ongoing normally 3 monthly ongoing TTE's during treatment monitoring for cardiac changes
- Infectious Diseases request TTE 4-6 weeks for positive blood cultures/infections to rule out non-infective growth
- Preadmissions/Planned surgery, Category 2 & 3, requests for TTE

## Stress Echocardiography; seen at Bayside Health – Regional Care group (Bass Coast)

### When to refer

- Ultrasound examination of the heart whilst exercising on a Treadmill

\*\*Includes referrals for Bubble echocardiograms

\*\*Referrals do not need stress echo & TTE unless cardiologist requests due to concern from recent stress test

### Out of scope

- Patient who are unable to perform exercise and/or have a physical impairment rendering them unable to perform exercise.
- Patients who are unable to exercise unassisted on a treadmill for ten minutes
- Referrals for the following are [out of scope](#);
  - Bike Stress Test
  - Chemical Stress Test

### URGENT

- Investigations only noted urgent

### ROUTINE

- Troponin rise post cardiac surgery normally 3-6 months