

Referral Guideline – Regional

Cardiology

Cardiology specialises in conditions of the heart and blood vessels.

How to Refer

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

All new referrals are processed by the Bayside Health Regional 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 can be sent via email (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

Relevant referral forms

[Outpatient Specialist Clinic Referral Form \(MR-309\)](#)

[Rapid Access Cardiology Referral Form \(MR-310\)](#)

Referrer guidance

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

Clinical Lead

Hitesh Patel

Role: Head of Cardiology at Bayside Health Alfred

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

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

EMERGENCY

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

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Safety risk screening

**RED FLAG CONDITIONS (cont.)**

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

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)

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)

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Safety risk screening

**RED FLAG CONDITIONS (cont.)**

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

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

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

Diagnostic procedures/conditions seen at Bayside Health Regional

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

Cardiology Clinics provided by Bayside Health Regional

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

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

- 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 Bayside Health Regional:

- 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

[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

[Rapid Access Cardiology Referral Form \(MR-310\)](#)

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

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Angina Pectoris; Chest Pain; seen at Bayside Health Regional (cont.)

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

[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

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Atrial Fibrillation (AF); seen at Bayside Health Regional (cont.)

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

[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 for eligible referrals

[Rapid Access Cardiology Referral Form \(MR-310\)](#)

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

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Heart Failure (HF); seen at Bayside Health Regional (cont.)

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 new referrals for HF are considered urgent

Hypertension; seen at Bayside Health Regional

[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

[Rapid Access Cardiology Referral Form \(MR-310\)](#)

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)

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Hypertension; seen at Bayside Health Regional (cont.)

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

[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

[Rapid Access Cardiology Referral Form \(MR-310\)](#)

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

[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

[Rapid Access Cardiology Referral Form \(MR-310\)](#)

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

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Palpitations; seen at Bayside Health Regional (cont.)

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

[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)

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Syncope or pre-syncope; seen at Bayside Health Regional (cont.)

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

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

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

[Rapid Access Cardiology Referral Form \(MR-310\)](#)

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

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 Cardiology
- Patients not for active management may not wish to come to the AF clinic

URGENT

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

Chronic Cardiac Clinic; seen at Bayside Health Regional

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](#)

Additional Information to be included

- 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

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

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