Are there any of the following: rest pain, crescendo symptoms,

**ROYAL UNITED HOSPITALS BATH (RUH) RAPID ACCESS CHEST PAIN CLINIC (RACPC) REFERRAL**

CTCA is the first line diagnostic test for most patients being seen in the RACPC (NICE guidance). We are aiming to request this test for some patients upfront prior to their clinic appointment. We therefore ask that this form is completed in full and accurately as we will be booking tests based on your clinical assessment.

acute ECG changes? - if yes, consider hospital admission

**NO**

**YES**

Are symptoms suggestive of typical angina?  OR

Are symptoms suggestive of atypical angina?  OR

Non-cardiac chest pain or non-anginal pain?

Has the patient had a previous MI,CABG or stent?   (MI=myocardial infarction. CABG=coronary artery bypass graft)

Does the patient have severe aortic stenosis or HCM?   (HCM=hypertrophic cardiomyopathy)

Does the patient have severe asthma or complete heart block?

Is the patient pregnant or breast feeding

Does the patient have an allergy to iodinated contrast?

What is the eGFR?

What is heart rhythm?

What is the resting heart rate?

**If heart rate >60 bpm please prescribe as below and tick appropriate box (also see page 2)**

Bisoprolol 2.5 mg od (or pre-existing rate controlling medication titrated up)

OR

Ivabradine 5 mg bd (and in sinus rhythm)

OR

None prescribed as heart rate **<60 bpm**

|  |  |  |  |
| --- | --- | --- | --- |
| Patient details |  | Referrer details |  |
| Name |  | Referring clinician |  |
| NHS number |  | Date of referral |  |
| DOB |  | Address of referring clinician |  |
| Patient address |  |
| Clinical details |  | | |
| Relevant past medical history (including any known cardiac risk factors and relevant blood results) |  | | |
| Please attach a copy of the most recent ecg (if available) |  | | |

Additional information

Computed tomography coronary angiograms (CTCAs) are now nationally recommended (NICE guidelines) as the first line diagnostic test for many patients with symptoms suggestive of heart disease. We are now in the process of booking some patients CTCAs prior to their appointment in the RACPC. To do this safely we need to ensure that the information above is completed accurately and in full based on your clinical assessment.

Controlling the heart rate is very important for patients presenting with symptoms suggestive of angina. Additionally a controlled heart rate is essential for CTCA diagnostics (heart rate <60 bpm). It is therefore vital that patients have heart rates <60 bpm. If patients are on rate controlling medication then these could be titrated up if the above medication suggestions are not relevant.

If for any clinical reason you feel that your patient should **NOT** have a CTCA then please simply state the reason here. They will be triaged to clinic as normal.

*For reference:*

Typical angina is defined as 3 of the following:

Constricting discomfort in the chest/neck/shoulder/jaw

Precipitate by physical exertion

Relieved by rest of GTN

Atypical angina is defined as 2 out of 3

**Thank you for your referral**