**Rapid Access Chest Pain Clinic Referral Form for patients with SUSPECTED ANGINA**

**Please book via eRS system**

**Incomplete forms will be returned**

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| --- | --- |
| **Refer to Medicine and call Ambulance** | * Rapidly accelerating or unstable angina * Suspected acute or recent MI |
| **Referral criteria for Hospital Rapid Access Clinic** | * **Males >30 years old or females >40 years old** * Recent-onset (within 6 weeks) of **exertional** chest pain suggesting new diagnosis of ischaemic heart disease (IHD) * New/worsening symptoms in a known IHD patient who is **not under follow-up by a cardiologist** |
| **Manage in Primary Care** | * Patients with existing angina previously assessed by a cardiologist whose symptoms are well-controlled by anti-anginal medication |

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| **Initial primary care management** |
| Lifestyle / risk factor advice – smoking cessation, healthy eating, physical exercise  Start aspirin 75mg od, atorvastatin 20mgod and sl GTN  Consider regular anti-anginal e.g. bisoprolol 2.5mg od if limiting angina requiring frequent sl GTN use |

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| --- | --- | --- | --- | --- | --- | --- |
| Patient details | |  | GP details | | | |
| First name: |  |  | GP name: | |  | |
| Last name: |  |  | Practice: |  | | |
| Address: |  |  |
|  |
|  |
|  |
| DOB: |  |  |  | | |  |
| Phone: |  |  | Referral details | | | |
| NHS number: |  |  | Date of referral: | |  | |
| Ethnicity |  |  | Interpreter? | | *Language spoken* | |

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| **Medications** (please complete) |
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| **History of chest pain / discomfort** (please complete) |
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|  | | **Score** (mark then calculate total) |
| Position on chest | Front of the chest/epigastric/neck/shoulders/jaw/arms | 1 |
| Right-side/sub-mammary/very localised | 0 |
|  |  |  |
| Type of pain | Constricting/Heavy/Ache/Burning | 1 |
| Stabbing/Sharp | 0 |
|  |  |  |
| Precipitating factor | Always on exertion, relieved by rest | 1 |
| Both at rest and exertion | 0 |
| Nothing in particular/wholly unpredictable | 0 |
| Breathing in / out | 0 |
|  |  |  |
| Duration of episodes | 2-15 minutes | 1 |
| Seconds-couple of minutes | 0 |
| More than 15 minutes to hours | 0 |
| **Total** | |  |

|  |  |
| --- | --- |
| If score is 3-4 | this may represent angina – Refer to rapid access chest pain clinic |
| If score is 2 | see risk factor score below – if risk factors ≥1, REFER –  otherwise, treat risk factors using primary prevention risk calculator <https://www.qrisk.org>/2016 |
| If score is 0-1 | it is unlikely to be angina – consider alternative cause for chest pain, do not refer, treat risk factors <https://www.qrisk.org>/2016 |

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| **Risk factors** |  |
| Diabetes mellitus | 1 |
| Cholesterol > 6.5mmol/l | 1 |
| History of Smoking | 1 |
| Family history of a first-degree relative with premature coronary disease | 1 |
| Hypertension | 1 |

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| --- | --- | --- | --- | --- |
| Coronary imaging in the last 3 years **(if yes and normal coronaries – do not refer)** | Yes |  | No |  |
| Previous history of IHD? | Yes |  | No |  |

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| --- | --- | --- | --- |
| **Clinical examination and investigation (**attach or write-in results, please**) \*essential** | | | |
| Pulse:\* |  | Blood Pressure:\* |  |
| Heart Sounds:\* |  | Hb:\* (date) |  |
| Creatinine:\* (Date) |  | eGFR\* (date) |  |
| 12-lead ECG report: Attach ECG if available |  | TFT |  |

**Please note patient must be available to attend appointment within 14 days of referral**

Patients who **do not have chest pain** should not be referred to this service

Patients under current cardiology follow up with change of symptoms should be seen by their current cardiologist – **please do not refer to RACPC**