

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

**Please book via eRS system**

**Incomplete forms will be returned**

<b>Refer to Medicine and call Ambulance</b>	<ul style="list-style-type: none"> <li>• Rapidly accelerating or unstable angina</li> <li>• Suspected acute or recent MI</li> </ul>
<b>Referral criteria for Hospital Rapid Access Clinic</b>	<ul style="list-style-type: none"> <li>• <b>Males &gt;30 years old or females &gt;40 years old</b></li> <li>• Recent-onset (within 6 weeks) of <b>exertional</b> chest pain suggesting new diagnosis of ischaemic heart disease (IHD)</li> <li>• New/worsening symptoms in a known IHD patient who is <b>not under follow-up by a cardiologist</b></li> </ul>
<b>Manage in Primary Care</b>	<ul style="list-style-type: none"> <li>• Patients with existing angina previously assessed by a cardiologist whose symptoms are well-controlled by anti-anginal medication</li> </ul>

<b>Initial primary care management</b>
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

<b>Patient details</b>	<b>GP details</b>
<i>First name:</i>	<i>GP name:</i>
<i>Last name:</i>	<i>Practice:</i>
<i>Address:</i>	
<i>DOB:</i>	
<i>Phone:</i>	
<i>NHS number:</i>	
<i>Ethnicity</i>	
	<b>Referral details</b>
	<i>Date of referral:</i>
	<i>Interpreter?                      Language spoken</i>

<b>Medications</b> (please complete)

<b>History of chest pain / discomfort</b> (please complete)

		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
<b>Total</b>		

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 $\geq 1$ , REFER – otherwise, treat risk factors using primary prevention risk calculator <a href="https://www.qrisk.org/2016">https://www.qrisk.org/2016</a>
If score is 0-1	it is unlikely to be angina – consider alternative cause for chest pain, do not refer, treat risk factors <a href="https://www.qrisk.org/2016">https://www.qrisk.org/2016</a>

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

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

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**