

Unique Identifier NO: SD.248.2017v2 <h2 style="margin: 0;">CHFT Rapid Access Arrhythmia Clinic</h2> Status: Draft 1	(Patient ID Label) Name: DOB: NHS Number: Hospital Number:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Ward</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	Ward				
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CHFT Rapid Access Arrhythmia Clinic: Overview

Lead Clinician: Dr Karthik Viswanathan, Consultant Cardiologist & Electrophysiologist

Arrhythmia Specialist nurses: Clare Vickers and Wendy Veevers

Aim of Rapid Access Arrhythmia Clinic:

1. Reduced waiting time for specialist assessment, diagnosis and management of newly diagnosed arrhythmia.
2. Arrhythmia nurse input, allowing for counselling about diagnosis, risk factors, lifestyle change and management including anticoagulation.
3. Patients only visit hospital once; investigations (eg. Echo) completed the same day.
4. Reduce 'unnecessary' hospital admissions as OP review provided by a specialist team within two weeks.
5. Input from consultant cardiologist with arrhythmia interest, facilitating suitable patients to be referred promptly for cardioversion and catheter ablation.

What happens after referral?

1. The referral will be reviewed by the Specialist Arrhythmia Nurse and patients will receive an appointment within 2 weeks.
2. If the patient has been deemed not suitable for this clinic, the patient will be offered either a routine outpatient Cardiology clinic review or an alternative appropriate clinic.
3. The Rapid Access Arrhythmia clinic is a multi-professional clinic: all patients will be seen by an Arrhythmia nurse and a Consultant Cardiologist.

For any queries regarding the referral eligibility or advice on accessing the service, please contact the Cardiology Arrhythmia Specialist nurses.

For asymptomatic patients with abnormal ECG findings predisposing to Arrhythmia (eg. Wolff-Parkinson-White syndrome or long QT), the Arrhythmia nurses may be contacted for advice.

Email: NHS net: clare.vickers1@nhs.net

Telephone: 01422 223543 (answerphone available)

All patients will be offered an appointment within two weeks of referral, if appropriate

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Name:
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CHFT Rapid Access Arrhythmia Clinic: Referral Form

Referral Details		
A&E yes		
Referrer Name:		
Date of referral:		
Name of referring Consultant / GP:		
Referrers contact telephone number:		
PATIENT DAYTIME TELEPHONE NUMBERS (all available):		
Preferred hospital site (HRI/CRH):		
Atrial Fibrillation	Atrial Flutter	SVT (incl. Atrial tachy)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please tick the arrhythmia being referred for)

Referral to be accepted ONLY if all eligibility criteria are met AND no exclusion criteria

ELIGIBILITY CRITERIA:

Evidence of the above Arrhythmia (to be attached and/or given to the patient), on either a 12 lead ECG or ambulatory Holter ECG.	YES	NO
Either newly diagnosed symptomatic arrhythmia and not seen by a cardiologist or Previously diagnosed, but still symptomatic and not under cardiology follow-up	YES	NO

EXCLUSION CRITERIA:

1. Patients known to have moderate or severe LV systolic dysfunction	YES	NO
2. Moderate or severe valve disease (including valve replacement)	YES	NO
3. Hypertrophic cardiomyopathy or treated congenital heart disease	YES	NO
4. Patients who have significant non-cardiac co-morbidities (eg. advanced cancer) or symptoms due to alternative diagnosis (eg. Pulmonary embolism).	YES	NO
5. Patients with minimal/no symptoms and not suitable for rhythm control strategy (eg. Elderly, Frailty, Poor mobility).	YES	NO
Acutely unwell, hypotension, confirmed ACS - arrange acute admission.	YES	NO

If YES to any of 1-3 above – Referral to Cardiology Consultant OP clinic

If YES to any of 4-5 above – For Review in Primary care (or Acute Ambulatory Unit) first and discussion with Cardiology if required

Further details of symptoms and reason for referral	
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Please review checklist before sending referral

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CHFT Rapid Access Arrhythmia Clinic: Checklist before Referral

1. Have you verified that the patient meets all eligibility and referral criteria?
2. Please provide initial 2 weeks supply of medication for arrhythmia control as appropriate (eg. Bisoprolol 2.5 to 5mg od or Diltiazem M/R 90-120mg bd)
3. Consider commencing anticoagulation if CHA2DS2VASC 2 or above (as per NICE recommendations), especially in patients without high bleeding risk
4. Please inform patients to expect a SMS text and letter from the Arrhythmia Specialist nurse with the appointment date and time.
5. Please request /perform the following tests at the time of referral, if not already done within the last 8 weeks :
 - Full blood count
 - Urea, Creatinine, Electrolytes
 - Blood Glucose or HbA1C
 - Thyroid function tests
 - Liver function tests
 - Clotting screen (if not already on oral anticoagulants)
6. Referral form to be sent via any one of :
 - E referral: set-up in progress.....
 - Email: clare.vickers1@nhs.net
 - Fax: (interim until e-Referral set up) 01422 224012 **FAO Clare Vickers**

CHFT Rapid Access Arrhythmia Clinic: Additional Information

(Required for all referrals from Primary Care)

Past Medical History	Current Medication