

Referral Form- Rapid Access

Atrial Fibrillation/Flutter/Supraventricular Tachycardia clinic

Date of referral:	
Patient Demographics:	
Name	DOB
Address	
NHS number:	Hosp no:
PATIENT DAYTIME TELEPHONE NUMBERS:	
Referrer Name:	
Referrers contact telephone number:	

Atrial Fibrillation	Atrial Flutter	SVT

(please mark Arrhythmia being referred for)

Reason for referral:

ELIGIBILITY CRITERIA

Evidence of Atrial Fibrillation/Flutter or Supraventricular Tachycardia Ensure ECG on EPR
Either newly diagnosed symptomatic arrhythmia and not seen by a cardiologist or Previously diagnosed, but still symptomatic and not under cardiology follow-up

EXCLUSION CRITERIA:

Moderate or severe LV systolic dysfunction, moderate or severe valve disease (including valve replacement, hypertrophic cardiomyopathy, congenital heart disease).
Refer to General Cardiology New/ Primary Care Assessment

Significant non-cardiac co-morbidities (eg. advanced cancer) or symptoms due to alternative diagnosis (eg. Pulmonary embolism). Minimal/no symptoms and not suitable for rhythm control strategy (eg. Elderly, Frailty, Poor mobility). Not suitable for Rapid access AF/SVT clinic
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Checklist before Referral

1. Please provide supply of medication for arrhythmia control as appropriate (eg. Bisoprolol 2.5 to 5mg od or Diltiazem M/R 90-120mg bd)
2. Consider commencing anticoagulation if CHA2DS2VASc 2 or above (as per NICE recommendations), especially in patients without high bleeding risk
3. 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)
4. Referral form to be sent via:

Hand delivered **Cardiology Reception** OR scanned to:

cah-tr.cardio-respiratoryopenaccessreferrals@nhs.net

CHFT Rapid Access AF/SVT clinic: Additional Information

Attach Patient Summary (Medical history, current medication list)

Patient's who are acutely unwell, haemodynamically compromised, confirmed ACS- arrange acute admission.