

Referral Guidelines for MonashHeart Tests and Speciality Clinics

Test	Common Indications	Referrals accepted from
12-lead ECG	<ul style="list-style-type: none"> • Symptoms of myocardial ischaemia ie: chest pain, dyspnoea, diaphoresis • Suspected cardiac arrhythmias i.e.: palpitations • Syncope, collapse • Investigation of hypertension • Cardiac murmurs • Seizures 	GP's, specialists, cardiologists
24-hour ambulatory blood pressure monitoring (ABPM)	<ul style="list-style-type: none"> • Newly discovered hypertension • Borderline or labile hypertension • Blood pressure management in compliant patients whose blood pressure is apparently poorly controlled despite drug therapy • History suggestive of orthostatic hypertension causing syncope (in conjunction with holter monitoring) • Patients who exhibit deterioration of end organ damage despite apparent adequate blood pressure control • Signs and symptoms suggestive of episodic hypertension e.g.: phaeochromocytoma 	GP's, specialists, cardiologists
24-hour holter monitoring	<ul style="list-style-type: none"> • Suspected cardiac arrhythmias in patient experiencing episodic or sustained palpitations, e.g.: skipped beats, extra beats, or in whom bradycardia or tachycardia is suspected • Syncope or pre syncope • Patient with pacemaker in whom pacemaker malfunction is suspected • Risk assessment post myocardial infarction • Follow-up of drug therapy for arrhythmias • Assessment of the frequency and severity of silent ischaemia (only after an exercise stress test or stress echocardiogram) 	GP's, specialists, cardiologists
320-slice cardiac CT	<ul style="list-style-type: none"> • Stable symptoms consistent with coronary ischaemia, is at low to intermediate risk of coronary artery disease and would have been considered for coronary angiography (patients with chest pain for investigation) • Exclusion of coronary artery anomaly or fistula • Patient undergoing non-coronary cardiac surgery (cardiac valve surgery) 	Specialists, cardiologists, consultant physician
320-slice calcium scoring	Asymptomatic patients with intermediate risk of cardiovascular disease as assessed by Framingham risk calculator (10-20% risk at 10 years). Please indicate the risk score in the referral which can be calculated using http://www.mdcalc.com/framingham-cardiac-risk-score	GP's, specialists, cardiologists
Adult and Adolescent Congenital Heart Disease Clinic	Adults and adolescents with complex congenital heart disease	GP's, specialists
Adult exercise stress testing (EST)	<ul style="list-style-type: none"> • Risk assessment, diagnosis and prognosis in patients with symptoms or prior history of CAD 	GP's, specialists, cardiologists

	<ul style="list-style-type: none"> • After myocardial infarction • Post revascularisation – coronary artery bypass surgery or percutaneous coronary intervention • Investigation of heart rhythm disorders ie: known or suspected exercise induced arrhythmias • Evaluation of hypertension ie: identify patients with abnormal blood pressure response • Screening for family history of inherited cardiac rhythm disorders, e.g.: long QT syndrome 	
Adult transthoracic echocardiography (TTE)	<ul style="list-style-type: none"> • Symptoms such as dyspnoea, palpitations, presyncope, syncope, chest pain • Cardiac murmurs • Physical signs of heart failure • Screening and surveillance in patients with hypertension, known valvular dysfunction, suspected pulmonary hypertension, family history of cardiomyopathy, exposure to cardiotoxic drugs (Clozapine, some chemotherapeutic agents) • Evaluation of known or suspected adult congenital heart disease 	GP's, specialists, cardiologists
Cardiac Inherited Diseases Clinic (CID)	<ul style="list-style-type: none"> • Personal or family history of Long QT Syndrome, Short QT Syndrome, Brugada Syndrome or Catecholaminergic Polymorphic Ventricular Tachycardia • Survivor of an unexplained sudden death below the age of 40 years • Family history of an unexplained sudden death below the age of 40 years • Recurrent unexplained syncope (>1 episode) • QTc > 460 ms in males, QTc > 480 ms in females • QTc ≤ 360 ms • Type 1, 11 or 111 Brugada pattern on ECG • Short coupled ventricular ectopic beats (< 300 ms) • Polymorphic ventricular arrhythmias (> 4 consecutive ventricular beats of differing morphology) 	GP's, specialists, cardiologists
Dobutamine echocardiography	Indications as for stress echocardiography but specifically for those with muscular skeletal limitations who are unable exercise on a treadmill	GP's, specialists, cardiologists
Exercise stress echocardiography	<ul style="list-style-type: none"> • Investigation of chest pain, where there is a suspicion of underlying CAD or for the exclusion of IHD • Younger women with chest pain, in whom stress ECG testing is limited by significant false positive and false negative results and in avoiding radiation associated with cardiac CT • Investigation of patients with exertional dyspnoea allowing assessment of left ventricular systolic and diastolic dysfunction, evaluation of pulmonary artery pressure and can exclude ischaemia in these patients • Evaluation of complex patients with valvular heart disease managed by a cardiologist 	GP's, specialists, cardiologists
General Paediatric Cardiology Clinic	Babies or children with known congenital heart disease, or who have symptoms of palpitations, syncope or presyncope, chest pain or significant non-cardiac disease	GP's, specialists

Loop event monitoring	<ul style="list-style-type: none"> • Infrequent short duration palpitations unable to be captured on ECG or holter monitor • Unexplained syncope / transient loss of consciousness 	GP's, specialists, cardiologists
Pacemaker & implantable cardiac device monitoring	Patients with an implanted permanent pacemaker or implantable cardiac defibrillator device	GP's, specialists, cardiologists
Paediatric exercise stress testing (paediatric EST)	<ul style="list-style-type: none"> • Evaluation of exercise capacity and symptoms in children or adolescents with congenital heart disease • Assessment of exercise capacity and symptoms in children or adolescents with known acquired heart disease • Evaluation of chest pain • Investigation of heart rhythm disorders, including known or suspected exercise induced arrhythmias • Evaluation of heart rate and blood pressure response to exercise • Evaluation of systemic arterial oxygen saturation response to exercise in patients with cyanotic congenital heart disease 	Paediatric cardiologists
Paediatric Murmur Clinic (PMC)	Babies or children with a heart murmur who do NOT have symptoms of palpitations, syncope or presyncope, chest pain or significant non-cardiac disease	GP's, specialists
Paediatric transthoracic echocardiography (paediatric TTE)	<ul style="list-style-type: none"> • Evaluation of known or suspected congenital heart disease • Evaluation of cardiac murmurs • Evaluation of patients with signs of heart failure • Evaluation of known or suspected pulmonary hypertension • Evaluation of patient with a family history of cardiomyopathy • Evaluation of known patent ductus arteriosus in preterm infants* • Evaluation of known or suspected Kawasaki disease • Surveillance in patients with systemic hypertension or exposure to cardiotoxic drugs (Clozapine, some chemotherapeutic agents)* 	Paediatric cardiologists (* specialists as indicated for designated indications)
Rapid Assessment Chest Pain Clinic (RACPC)	<p>Chest pain suspected to be of cardiac origin including</p> <ul style="list-style-type: none"> • Recent onset of chest pain • Increasing chest pain • Change in pattern of chest pain • Chest pain of uncertain origin • Other chest pain of concern 	GP's, specialists
Transoesophageal echocardiography (TOE)	<ul style="list-style-type: none"> • Assessment of valvular conditions • Congenital heart disease • Investigation of a cardiac source of embolism in stroke/TIA patients • Investigation for possible infective endocarditis 	Specialists, cardiologists (a TTE must have been performed prior to TOE)