Rapid Access Cardiology Clinic
Clinical Case Presentations and Overview

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THIS IS MODERN MEDICINE

Outline:

- Overview of the Rapid Access Cardiology Clinic service (RACC)

- Clinical Case presentations

Rapid Access Description/Function

- Consultant/cardiology CNS led service

- Providing timely Cardiac assessment for patients with symptoms/signs concerning for:
  - Chronic coronary syndromes
  - Valvular heart disease
  - Heart failure
  - Stable arrhythmias
  - Other specialised Cardiac Care - Cardiac oncology, sport cardiology, congenital heart disease etc
  - To exclude cardiac aetiologies

- Patients undergo a full clinical assessment by consultant and CNS with initial investigations

Rapid Access Cardiology Clinic (RACC)

Aims of the service

- Safely and efficiently **identify patients** with or at risk of cardiac disease.
- Provide **timely assessment** of patients with signs/symptoms suggestive of cardiac disease who require urgent cardiac consultation.
- Arrange for further **evaluation/testing/procedures/routine outpatient follow up**

RACC is now capable of seeing 24 patients per day

- GP referrals
- Referrals from Beacon Emergency Department
- Self referrals
- Referrals from Consultants

RACC Workflow

- A **specialist Nurse** will carry out the initial assessment, triage the patient and arrange investigations

- The **Consultant Cardiologist** will clinically assess patient and review all testing including ECHO/EST/ECG & formulate plan

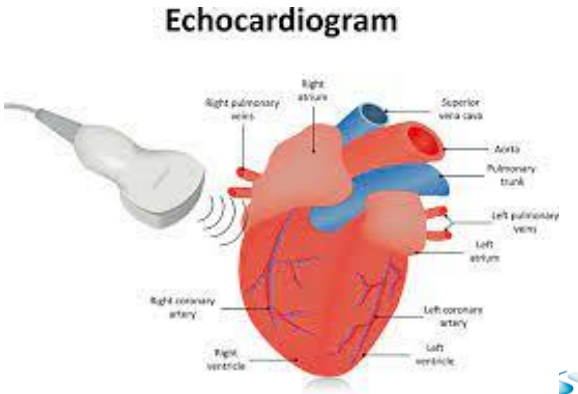
- Appointment will last approximately **2 hours** in total.

- Follow-care arranged **prior** to patients discharge

Overview of RACC Testing

Same day testing:

- Blood testing
- Exercise stress testing
- Echocardiogram
- ECG
- 24 hr Blood pressure monitoring
- CXRay (if needed)
- CTPA (If needed)
- Holter monitor



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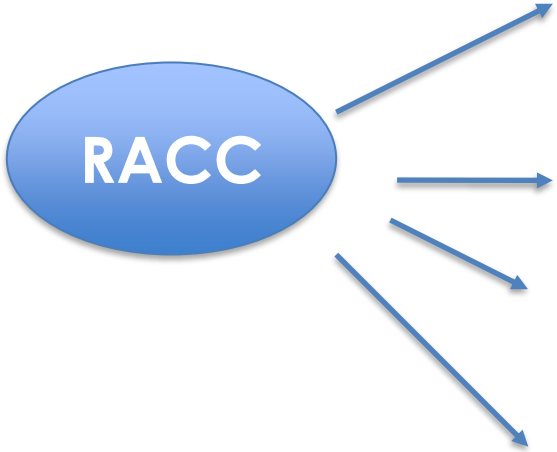
Potential Outcomes



Routine follow up with GP/alternative specialist care if all tests negative and no acute issues.

Discharge Summary sent to referring GP

Remain under cardiologist care for further management if needing ongoing cardiac follow up/routine surveillance

Admission under the consulting cardiologist

RACC Versus ED Versus Clinic

RACC is suitable for all cardiac patients who are clinically and hemodynamically stable but necessitating urgent cardiac evaluation (concern for progressive underlying heart disease)

RACC is unsuitable for dealing with Clinically Unstable, electrically & Hemodynamically unstable cardiac patients

In low risk patients with chronic, non-progressive symptoms or mild to moderately poorly controlled risk factors - outpatient routine clinic appointment reasonable

Suitable for referral to ED

- **Ongoing acute chest pain** with a concern for **ACS/STEMI**
- **Suspected CVA/TIA/High BP (≥200mmHG)** with any neurological deficits
- **Suspected PE**
- **Suspected infection/sepsis**
- **Acute Congestive Cardiac Failure**
- **Ongoing symptomatic arrhythmia – (*Bradycardia/tachycardia/unstable/Hypotensive/Hemodynamically Unstable***
  - HR≤40bpm with any suggestion of Complete Heart Block/ 2nd degree HB - mobitz II
  - BP≤90mmHG
  - VT/SVT/Fast Afib/Flutter)
  - Significant shortness of breath/hypoxia
  - SpO2 ≤90% on room air
  - Non-cardiac urgent complaint

RAPID ACCESS CARDIOLOGY CLINIC

Case Presentation no 1

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Presentation

31 year old female. Self referral

Four month history of palpitations and dizziness with SOB on exertion.

- Relieved with rest. Lasts minutes.
- Associated throat tightness.
- No presyncope/syncope.

Previous History

Medical	Panic attacks (Counselling) Migraines
Surgical	Nil
Cardiac	Nil

Cardiovascular Risk Factors

- No HTN
- No cholesterol
- No diabetes
- Non smoker
- No stress
- No alcohol
- Positive family history.
  - Mother stroke
- Exercise – Professional dancer. Not exercising at present due to symptoms.

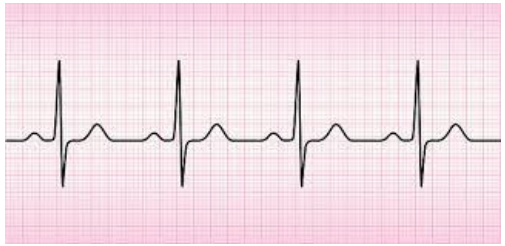
Medications

- Commenced on Xanax by GP.
  - Stopped taking it two months ago.

- **No Known Drug allergies**

On Examination

- BP – Left – 115/67 Right – 119/80
  –No postural drop.
- HR – 74bpm (regular)
- SpO2 – 100% RA
- Resp – 16/min
- Temp – 36.8



- ECG – Sinus rhythm rate 60bpm. Biphasic T wave III & T wave inversion V2
- JVP - normal
- No pedal oedema
- No PND/Orthopnea
- Equal bilateral air entry
- HS 1 & 2

Plan Of Care For Patient

Echo

EST

Holter Monitor

Bloods - FBC, U&E, LFT's, Lipids, Glucose, BNP, D-dimer, Troponin & TFTS

For review by Cardiologist

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Outcomes

Bloods - Normal.

Echo – No wall motion abnormalities. No valve disease. Good LV function

EST - Stopped after nine minutes due to chest discomfort 8/10. Relieved with rest. Inferior/Lateral changes.

Reviewed by Cardiologist

For CT Coronary Angiogram.

- Anomalous Origin of Right Coronary Artery from Left Coronary Sinus.
- Discussed at Cardiology MDT meeting.
- Referred for surgery.

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Case Presentation no 2

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Presentation

72 year old gentleman.

Two episodes of chest discomfort and SOB on exertion lasting up to 5 minutes.

- Relieved with rest.
- Radiating down both arms.

Referred to ED by GP

Normal troponin and ECG. Discharged home.

Plan - refer to Rapid Access Cardiology Clinic

Appointment given for the next week.

Further chest pain day prior to appointment.

Previous History

Medical

Hiatus Hernia

BPH

Surgical

Appendicectomy

Cholecystectomy

Cardiac

Previous MI in 2000.
Angiogram nil intervention.
Medical Management

Plan Of Care For Patient

- Echo
- Bloods – FBC, U&E, LFTS, Lipids, Glucose, BNP, Troponin & TFT's
- EST – Not done as repeat Troponin positive at 26.
- Review by Cardiologist

On Examination

- BP - Left 148/68 Right 165/78
- HR - 59bpm
- SpO2 – 98% on room air
- Resp rate – 16/min
- Temp – 36.4

- ECG – NSR rate 60bpm. ST sagging Inferiorly
- JVP - normal
- No pedal oedema
- No PND
- Lungs - bilateral air entry
- HS - 1&2

Medications

Aspirin 75mg

Bisoprolol 2.5mg

Combodart 0.5mg

Zoton 30mg

Stilnoct 5mg

Atorvastatin 20mg

No Known Drug Allergies

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Cardiovascular Risk Factors

- No HTN
- Hyperlipidemia
- No diabetes
- Ex-smoker x 45 years
- No stress
- Alcohol x 5 units/week
- Positive family history.
  - Mother RIP MI age 67

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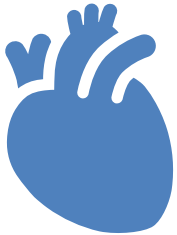
Outcomes – Following Testing



Echo – Normal wall motion no abnormalities. No valve disease. Good LV function.

Reviewed by Cardiologist

Admitted to Cath Lab for Angiogram +/- PCI

Loaded with Plavix 300mg (On Aspirin already)

Angiogram via right radial artery

- LCX – Proximal 99% and distal 70% blockage

Proceed to PCI of LCX – 2 stents to Proximal and distal vessel

Outcomes – Following Stenting

Post procedure admitted overnight for Telemetry monitoring with repeat bloods and ECG the following morning.

Discharged home the next day following review by team.

Continue previous medications plus Plavix 75mg.

For follow up in 6 weeks with repeat echo.

Latest Update – Cardiology Department

- New Cath lab, admin and recovery suit opening.
- Admin and recovery suite opened 14/08/23.
- New Cath Lab due to open January 2024.

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Case Presentation no 3

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Presentation

40 year old gentleman. GP referral for screening

Asymptomatic.
Positive family history.

Previous History

Medical	Asthma as child OGD - Reflux
Surgical	Tonsillectomy Left knee Arthroscopy
Cardiac	Nil

Cardiovascular Risk Factors

- No HTN
- No Cholesterol
- No Diabetes
- Ex Smoker x 20 years. Social smoker x 5 years
- Stress – at times. Work
- Alcohol x 8 units/week
- Family history
    - Father RIP MI age 56 (Smoker)
    - Paternal Uncles x 2 MI and PCI age 50's
    - Older Brother and Sister Hyperlipidemia

Medications

Pantoprazole 20mg

No Known Drug Allergies

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On Examination

- ECG - Sinus rhythm rate 70's. Nil acute
- JVP – normal
- No PND, Orthopnea
- No pedal oedema
- Lungs – Bilateral air entry
- HS 1&2

BP - Left – 135/67 Right - 132/73

HR – 76bpm

SpO2 – 98% on Room Air

Temp - 36.8

Resps – 16/minute

Plan Of Care For Patient

- Bloods – FBC, U&E, LFTS, Lipids, Glucose, TFTS & BNP
- ECHO
- EST
- Review by Cardiologist

Outcomes

- **Bloods** - Cholesterol mildly elevated.
  - Total - 5.3
  - LDL - 3.2
  - HDL - 1.3
  - Triglycerides - 1.8

- **Echo** – No wall motion abnormalities. No valve disease. Good LV function
- **EST** – Normal. No symptoms. No ST changes

Reassured regarding all testing carried out.
Discharged back to GP and advised to monitor Cholesterol levels

In Summary

- Refer Direct to Rapid Access Cardiology Clinic – Can call CNS' on 087 221 6363 on the day

- Referral Letter via Healthlink

  - Letter – '*Dear Dr*' rather than named referral – more Rapid Access to appointment

  - If patient is going to make their own appointment please give them a referral letter.

Questions??

Thank You For Your Attention

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