

CARDIOVASCULAR SCORING GUIDE

Saskatchewan
OPEN HEART SURGERY REFERRAL

Procedure: CABG PTCA AVR MVR Other _____		Date of Referral: _____	
Diagnosis _____		Surgeon _____	
TRIAGE SCORE: (circle)		EMERGENCY <2.1 (immediate)	SEMI-URGENT 4.01 - 5.00 (15 - 42 Days)
		URGENT 2.1 - 4.00 (1-14 Days)	ELECTIVE >5.00 (43-180 Days)
Calculated Triage Score _____		Maximum Recommended Wait Time _____ (Days)	
♥ ANGINA CLASS♥ (Physician to complete this)			
<input type="checkbox"/> CCS I	Asymptomatic.	<input type="checkbox"/> CCS IVB	Admitted with unstable angina. Patient experiencing pain on minimal activity or at rest despite aggressive medical therapy. Does NOT require IV nitroglycerin.
<input type="checkbox"/> CCS II	Angina on strenuous exertion - walking or climbing stairs rapidly.	<input type="checkbox"/> CCS IVC	Admitted with unstable angina. Parental therapy or IABP required for symptoms and hemodynamic instability.
<input type="checkbox"/> CCS III	Angina on walking one or two level blocks.		
<input type="checkbox"/> CCS IVA	Unstable angina. Patient becomes pain free with aggressive medical therapy.		
CORONARY ANATOMY (Please detail percentage of stenosis)			
Left Main _____%	Proximal LAD _____%	Distal LAD _____%	Left Circumflex _____% Right Coronary _____%
LEFT VENTRICULAR FUNCTION Ejection Fraction: <input type="checkbox"/> Normal <input type="checkbox"/> 35-50% <input type="checkbox"/> 20-34% <input type="checkbox"/> <20%			
ISCHEMIC RISK (As estimated from noninvasive tests)			
<input type="checkbox"/> HIGH RISK Poor performance on treadmill testing, with early and unresolved ST segment changes on ECG, thallium defects on exercise or dipyridamole stress testing involving either a portion of the anterior wall or multiple areas. Ambulatory ECG monitoring shows prolonged and unequivocal ischemia			
<input type="checkbox"/> LOW Associated with minor or no convincing findings on exercise, ECG, holter monitor, or radionuclide scanning			
<input type="checkbox"/> UNKNOWN			
<input type="checkbox"/> Exercise Test	<input type="checkbox"/> ECG with pain	<input type="checkbox"/> Exercise RNA	<input type="checkbox"/> Holter Monitor <input type="checkbox"/> Thallium Scan
COMORBIDITY ASSESSMENT <i>Cardiosciences Analyst to complete this</i>		HIGH LOW	
Height _____ cm	Weight _____ kg	Serum Creatinine (last) _____ umol/L Date _____	
Diabetes	Cerebrovascular Disease	COPD	Other Factors
<input type="checkbox"/> Diet Controlled	<input type="checkbox"/> CVA _____ (DMY)	<input type="checkbox"/> Steroids	<input type="checkbox"/> Peripheral Vascular Disease
<input type="checkbox"/> Oral Hypoglycemics	<input type="checkbox"/> TIA	<input type="checkbox"/> Bronchodilators	<input type="checkbox"/> Congestive Heart Failure
<input type="checkbox"/> Insulin Dependent	<input type="checkbox"/> Carotid Stenosis	_____ Most recent	<input type="checkbox"/> Infective Endocarditis Active <input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Unilateral <input type="checkbox"/> Bilateral	non emergent FeV1	<input type="checkbox"/> Smoking => Current <input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> Previous Endarterectomy		PPY _____
	<input type="checkbox"/> Unknown/Other _____		<input type="checkbox"/> Dialysis
PAST PATIENT HISTORY			
Cardiac Catheterization	Date of most recent _____		
Recent MI (<30 days)	Date _____	Region of MI _____	
Remote MI (>31 days)	Date _____	Region of MI _____	
Previous PTCA	Date _____	Vessels _____	
	Date _____	Vessels _____	
Previous Open	Date _____	CABG/Valve _____	
Heart Surgery	Date _____	CABG/Valve _____	
HEART FAILURE CLASS (NYHA) I II III IV			
Aortic Valve: Gradient _____	Regurgitation: 0 1 2 3 4	Stenosis: Mild Moderate Severe	
Mitral Valve: Gradient _____	Regurgitation: 0 1 2 3 4	Stenosis: Mild Moderate Severe	
Other Valve: Gradient _____	Regurgitation: 0 1 2 3 4	Stenosis: Mild Moderate Severe	

PLEASE ADVISE OF ANY CHANGES TO THE AFORE MENTIONED DATA AS THIS MAY HAVE AN IMPACT ON THE PATIENTS URGENCY RATING SCORE

Cardiologist Signature _____ Analyst _____ Surgeon Signature _____

♥♥Return Completed Form to Cardiosciences Health Information Analyst♥♥

CARDIOSCIENCES - DATA DEFINITIONS AND CODES

Recent MI and Previous CABG are factors only for patients with Class 4B or 4C angina.

Anatomy is based on:

- 1=LM disease \geq 50%
- 2=Proximal LAD and 2 or 3 vessel CAD
- 3=3 vessel CAD without Proximal LAD
- 4=Single vessel CAD with Proximal LAD
- 5= 1 or 2 vessel CAD without Proximal LAD

LV is based on:

- 1=EF >50% (normal)
- 2=EF 35-50%
- 3=EF 20-34%
- 4=EF <20%

NYHA

- 1=Ordinary physical activity does not cause fatigue, palpitation or dyspnea.
- 2=Comfortable at rest and doing light duties but anything greater than that results in fatigue, palpitation or dyspnea.
- 3=Ordinary physical activity results in fatigue, palpitation or dyspnea.
- 4=Inadequate cardiac output, pulmonary congestion, systemic congestion may be present at rest.

Height - Height of patient in cm

Weight - Weight of patient in kg

Smoking - Yes if patient has a history of smoking

Current Smoker

Yes if patient is smoking, no claims are made of having stopped smoking.

Pack Year (PPY)

Number of packs smoked per day times number of years smoking.

Serum Creatinine

The value of the patient's most recent serum creatinine test before surgery in mmol. If the patient has a repeat test before surgery, update value.

Date of Serum Creatinine - Date of test performed.

Dialysis - Yes if patient has a history of dialysis.

Diabetes

Yes if the patient has diabetes and indicate how it is controlled.

Cerebrovascular Disease

Yes if the patient has a history of cerebrovascular disease.

CVA

Check box if patient had a stroke and indicate date of most recent stroke.

TIA

Check box if patient has had a TIA, mark unknown if no documentation is available to verify that the patient had a TIA

Carotid Stenosis - This includes all cases with stenosis of 50% or more.

COPD

Yes if patient has chronic obstructive lung disease requiring the use of bronchodilators or steroids.

Bronchodilators/Steroids - Check box if patient uses either of these.

FEV1

The most recent FEV1 available outside of the Emergency Room (eg. Clinic). Actual value to be entered 0-100.

Peripheral Vascular Disease

Check box if patient has a history of intermittent claudication, decreased pedal pulses, or previous peripheral vascular surgery.

Congestive Heart Failure

Check box if patient has any of the typical signs of CHF (eg crackles, pulmonary edema or pleural effusion) requiring medical treatment such as diuretics, digitalis.

Infective Endocarditis

Check box if patient has a history of infective endocarditis.

Infective Endocarditis Active

Yes if infective endocarditis is active (under active treatment of antibiotics and has not had a negative blood count)

No if infective endocarditis is no longer active.

