RAPID ACCESS CHEST PAIN CLINIC (RACPC) PROFORMA (2 WEEK)

Royal Cornwall Hospitals NHS Trust

Please note that in order to provide the appropriate service for your patient, completing the whole proforma is mandatory for accepting your referral. Failure to fully complete the proforma will result in automatic rejection of the form.

This form is only for patients with symptoms of chest pain suggestive of stable angina as in the inclusion criteria below.

If your patient does not have chest pain or has chest pain which is under one of the following headings, please see page (3) for guidance:

1. Evidence of acute myocardial infarction
2. Symptoms suggestive of unstable angina
3. Known coronary artery chronic total occlusion (CTO)
4. Currently being investigated for coronary artery disease (CAD) by a Cardiologist or by the RACPC
5. Previously investigated by a Cardiologist in the past 12 months and had documented CAD for medical management
6. Previously investigated by a Cardiologist in the past 5 years and had normal results
7. Symptoms of heart failure, valve disease or arrhythmia
8. Non cardiac chest pain

PATIENT DETAILS / IDENTIFICATION LABEL:	**GP DETAILS:**
Surname	Name
First name	GMC No
D.O.B.	Practice Code
NHS Number	GP address 1
Address 1	GP address 2
Address 2	GP address 3
Address 3	Tel No
Postcode	Email
Tel No	Date of referral
Mobile No	
Does the patient require an Interpreter Yes / No	Preferred language:

CHEST PAIN TYPE – INCLUSION CRITERIA	**Select appropriate**
Chest pain history please delete appropriately: 1. Chest pain of characteristic quality, described as any of the following: Discomfort; tightness; ache; pressure; band; squeeze; heaviness across the chest, neck, shoulders, arm or jaw. **Cardiac chest pain is not described as a sharp localised pain.** **Chest pain is a mandatory feature prior to completion of points 2, 3 and 4. If your patient does not have chest pain, please see guidance on page 3.**	Yes / No
2. Precipitated by physical exertion & / or emotional stress & / or weather.	Yes / No
3. Chest pain relieved by rest within about 5 – 10 minutes	Yes / No
4. Chest pain relieved by GTN spray in about 5 – 10 minutes	Yes / No
Please describe symptoms:	

CARDIAC RISK FACTORS				**Select appropriate**
Diabetes: Yes / No	Hypertension: Yes / No	Smoker: Yes / No	Ex-Smoker: Yes / No	Hyperlipidaemia: Yes / No
Family history (1st degree relative with CVD & age of onset in males <55, females <65): Yes / No			Familial hyperlipidaemia: Yes / No	

PAST MEDICAL HISTORY		Select appropriate				
Other known coronary heart disease:	Yes / No	Previous CT coronary angiogram:	Yes / No	CKD:	Yes / No	EGFR: Date:
Previous MI:	Yes / No Date:	Previous MPS:	Yes / No	PVD:	Yes / No	
Previous PCI:	Yes / No Date :	Atrial Fibrillation:	Yes / No	Stroke / TIA:	Yes / No	
Previous CABG:	Yes / No Date :	Asthma/COPD:	Yes / No	Obesity:	Yes / No	BMI:

OTHER SIGNIFICANT HISTORY - Please complete	
1.	
2.	
3.	
4.	
5.	

CURRENT DRUG THEARPY – Please complete			
	Medication	**Dose**	**Frequency**
1.			
2.			
3.			
4.			
5.			

DRUG ALLERGIES – Please complete			
1.		**Reaction**	
2.		**Reaction**	
3.		**Reaction**	
4.		**Reaction**	
5.		**Reaction**	

CLINICAL EXAMINATION – Please complete					
Resting heart rate:		Resting Blood Pressure:		Heart sounds normal:	Yes / No

RELEVANT INVESTIGATIONS – Please complete		
FBC:		U&E's:
Recent Echo Yes / No	If yes, please select provider: Echogenicity / RCHT Date:	Recent CXR (please book if clinically indicated) :
12 Lead ECG findings:		Most recent ECG has been attached to the form: Yes / No
Other relevant investigations:		

Referring GPs are encouraged to commence and/or optimise secondary prevention in all high risk patients awaiting assessment. Secondary prevention won't alter the sensitivity of any cardiac investigations. Medications may be modified after assessment. Please consider Aspirin, Statin, Beta-Blocker and ACEi.

Guidance and Exclusion Criteria RACPAC

	Clinical Findings	Advice
1	AMI (including Troponin +ve chest pain) or UA	Arrange for admission via ED or acute medical take.
2	Unstable angina	Arrange for admission via ED or acute medical take.
3	Patients with known coronary artery chronic total occlusion (CTO)	Refer for a routine OP general Cardiology clinic.
4	Patients who are currently being investigated by a cardiologist or by the RACPC unless under category (1)	Please discuss with the relevant Cardiologist.
5	Patients investigated by a Cardiologist and had documented CAD for medical management in the past 12 months (unless under category (1)	Refer for a routine OP general Cardiology clinic.
6	Patients investigated for CAD by a Cardiologist in the past 5 years and had normal results (unless under category (1)	Refer for a routine OP general Cardiology clinic.
7	Chest pain which is clearly not due to angina / AMI. e.g. musculo-skeletal chest pain, trauma, PE, chest infection, etc…	Treat with simple pain killers. or Refer to relevant medical / surgical team if clinically indicated.
8	Suspected valvular heart disease	Arrange transthoracic echocardiogram and if necessary refer to OP general Cardiology clinic. & Consider admission via ED or acute medical take if clinically indicated.
9	Untreated Atrial Fibrillation (or other non-life threatening arrhythmia)	Refer to OP general cardiology clinic. Consider admission via ED or acute medical take if clinically indicated.
10	Symptoms due to cardiac failure.	Referral to rapid access heart function clinic may be appropriate as per RAHFC referral criteria. Consider admission via ED or acute medical take if clinically indicated.
11	Significant co-morbidities (malignancy, significant pulmonary, renal or neurological disease) that make clinical assessment / investigation inappropriate in the RACPC	Refer for OP general Cardiology clinic.
12	Severe cognitive impairment that makes clinical assessment / investigation inappropriate in the RACPC	Refer for OP general Cardiology clinic.

