

## RAPID ACCESS CHEST PAIN REFERRAL

Department of Cardiology North Devon Hospital Barnstaple EX31 4JB

### Patient Details:

Name:	Date of Birth:
Address:	NHS Number:
	Postcode:
	Home:
Male / Female	Mobile:

### Referring GP Details:

Name:	Practice:
Telephone Number:	Fax Number:
Date of Referral:	Email:

<b>Is the chest pain / discomfort:</b>	<b>YES</b>	<b>NO</b>
Constricting in the chest, neck, shoulders, jaw or arms		
Precipitated by physical exertion		
Relieved by rest or GTN in approx 5 mins		
<b>Cardiovascular Risk Factors</b>		
Diabetic		
Smoker		
Hyperlipidaemia (Total cholesterol >6.47mmol/litre)		
Hypertension		
Family history of Coronary Artery Disease (CAD)		
<b>History of established CAD</b> (Previous MI, Angioplasty, Bypass surgery)		
<b>Recent bloods taken for Hb/cholesterol/glucose?</b> Results will be accessed via computer.		

**A RECENT ECG MUST BE ATTACHED OR THE REFERRAL WILL NOT BE PROCESSED**

Other Significant Past Medical History:

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## **RAPID ACCESS CHEST PAIN CLINIC**

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### **Referral Criteria for Rapid Access Chest Pain Clinic (RACPC)**

The RACPC is designed to allow the rapid assessment of recent onset chest pain in people at risk of coronary heart disease. This will involve a clinical assessment and depending on the estimated likelihood of CAD the patient will be offered further diagnostic investigations.

Exclusions to referral to RACPC therefore are patients with:

- **Continuous or very prolonged cardiac pain at rest** (If possible unstable Angina/MI please admit as usual)
- **Pain unrelated to activity**
- **Pain brought on by breathing in**
- **Pain associated with symptoms such as dizziness, palpitations, tingling or difficulty swallowing**

Consider causes of chest pain other than angina (such as gastrointestinal or musculoskeletal pain).

## Estimated likelihood of CAD scoring<sup>1</sup>

Features of stable angina:

Anginal pain is:

- constricting discomfort in the front of the chest, neck, shoulders, jaw or arms
- precipitated by physical exertion
- relieved by rest or GTN in about 5 minutes.

People with typical angina have all the above anginal pain features, people with atypical angina have two of the features and people with non-anginal chest pain have one or none of the features.

Percentage of people estimated to have CAD according to typicality of symptoms (see features of stable angina above), age, sex and risk factors

Age (Years)	Non-anginal chest pain				Atypical angina				Typical angina			
	Men		Women		Men		Women		Men		Women	
	Lo	Hi	Lo	Hi	Lo	Hi	Lo	Hi	Lo	Hi	Lo	Hi
35	3	35	1	19	8	59	2	39	30	88	10	78
45	9	47	2	22	21	70	5	43	51	92	20	79
55	23	59	4	25	45	79	10	47	80	95	38	82
65	49	69	9	29	71	86	20	51	93	97	56	84

Men Age 70+ with atypical or typical symptoms, assume an estimate > 90%  
 Women Age 70+, assume an estimate of 61-90% EXCEPT women at high risk AND with typical symptoms where a risk of >90% should be assumed.

Hi = High risk = diabetes, smoking and hyperlipidaemia

Lo = Low risk = none of these three

The shaded area represents people with symptoms of non-anginal chest pain, who would not be investigated for stable angina routinely.

<sup>1</sup> . NICE (March 2010) Chest Pain of Recent Onset – Assessment and diagnosis of recent onset chest pain or discomfort of suspected cardiac origin, Clinical Guidance 95