



WRHA Cardiac Sciences
Wednesday 1600 Hours Weekly

Complex Case Rounds Referral Form
Submission deadline is Monday at 1700 Hours
Call Cath Lab Booking Clerk at 204.235.3834
fax #: 204.235.3586 to submit case

Guidelines for referral are complex patients when the best treatment option is uncertain. May include left main coronary disease; 3 vessel coronary disease; adult congenital disease, complex valve cases, redo cardiac surgery cases, high surgical risk; adverse patient factors including frailty, cognitive impairment, significant comorbid disease and therapeutic uncertainty

Question to be addressed:

- I. CABG Vs. PCI Vs. Medical
II. Valve Surgery Vs. TAVI Vs. Medical
III. Transplantation
IV. VAD
V. Pericardectomy
VI. Adverse Event
VII. Other

Therapeutic Problem:

- a. Angina b. Congestive Heart Failure c. Asymptomatic LV Dysfunction d. Asymptomatic CAD e. Other

Diagnostic Category:

- a. CAD b. Valvular Disease c. Mixed CAD Valvular Disease d. Congenital
e. Pericardial f. Cardiomyopathy g. Other

Indicate favored treatment option:

- a. CABG b. Valve Surgery c. TAVI d. PCI e. Further Investigation
f. Medical Therapy g. Palliative Care/Pain Control h. Further discussion with patient about options

Referring MD Name (print): Presenting MD Name (print):

Date of Cardiac Cath

Date of CT

Date of ECHO

Date of MRI

Dementia (see back of form) None Mild Moderate Severe

Euroscore II Parameters

Age Gender Weight Serum Creatinine umol/L
Extra Cardiac Arteriopathy
Clinical Frailty Score
Previous Cardiac Surgery
Chronic Lung Disease
Active Endocarditis
Critical Preoperative State
Diabetic requiring Insulin
NYHA Class
CCS Class
LV Function
MI < 90 days
Pulmonary hypertension
Urgency: Elective Urgent Emergency Salvage
Elective, Urgent (stable, cannot be sent home), Emergency (Must be done today), Salvage (CPR/ECMO preop)
Weight of Intervention: CABG Non-CABG 2 Procedures > two 2 Procedures
Surgery on Thoracic Aorta



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For patients with liver disease:

Table with 5 columns: Measure, 1 point, 2 points, 3 points. Rows include Total bilirubin, Plasma albumin, PT INR, Ascites, and Encephalopathy.

Other significant comorbidity or concerns not listed above _____

Clinical Frailty Scale:

- 1 Very Fit Robust, active, energetic, motivated, exercise regularly
2 Well No active disease, less fit than category 1, exercise occasionally, e.g. seasonally
3 Managing Well Medical problems well controlled, not regularly active beyond routine walking
4 Vulnerable Not dependent for daily help, symptoms limit activities
5 Mildly Frail Evident slowing, transportation, heavy housework, medications, shopping, walking, meal preparation
6 Moderately Frail Help with all outside activities, keeping house, stairs, bathing, minimal assistance dressing
7 Severely Frail Completely dependent for personal care (physical or cognitive; stable not high risk of dying < 6 mon
8 Very Severely Frail Completely dependent, approaching end of life, could not recover even from a minor illness
9 Terminally ill Life expectancy <6 months

CMAJ 2005; 173(5):489-95

Dementia Scoring:

- Mild forgetting details of recent event though remembers event, repeating same question/story, social withdrawal
Moderate recent memory very impaired, can remember past life events well, personal care with prompting
Severe cannot do personal care without help

LV Function: Good (LVEF > 50%) Moderate (LVEF 31-50%) Poor (LVEF 21-30%) Very Poor (< 21%)

NYHA Class: I (no dyspnea in ordinary activity) II (slight limitation during ordinary activity) III (marked limitation during ordinary activity) IV (symptoms at rest)

CCS Class: 0 (no angina) I (angina during strenuous activity) II (angina during moderate physical activity) III (angina with everyday living activities) IV (angina at rest)

Ascites grades:

- 1: mild, only visible on ultrasound and CT
2: moderate symmetrical distension of abdomen detectable with flank bulging and shifting dullness
3: directly visible, large or gross ascites with marked abdominal distension

Hepatic encephalopathy:

- 1: Trivial lack awareness; euphoria or anxiety; shortened attention span; impaired simple math
2: Lethargy/apathy; minimal disorientation time/place; min personality change; inappropriate behavior
3: Somnolence-semi stupor but responsive to verbal stimuli; confusion; gross disorientation

Table with 3 columns: Child-Pugh Points, Life Expectancy years, Perioperative Mortality. Rows A=5-6, B=7-9, C=10-15.

Abbreviations list: CABG, CCS, ECHO, eGRF, IABP, LV, MI, NYHA, PA, PCI, RV, TAVI, VAD with their full names.



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Complex Case Rounds Response**

Date of Rounds

D	D	M	M	M	Y	Y	Y	Y	Y

Completed by the Chairperson

Referring MD: _____

Syntax Score _____

EuroSCORE II _____

1. Outcome of Discussion

- a. CABG recommended
- b. Valve surgery recommended
- c. TAVI recommended
- d. PCI recommended
- e. Further investigation recommended
 - i. Cardiac MR
 - ii. Cardiac CT
 - iii. Dobutamine Stress Echo (DSE)
 - iv. Myocardial Perfusion Scan (MIBI)
 - v. Graded Exercise Test (GXT)
 - vi. Other: _____
- f. Medical therapy recommended
- g. Palliative care / Pain Control recommended
- h. Other: _____

2. Discussion Vote

- a. Unanimous decision
- b. Majority vote
- c. No conclusion could be reached
- d. Further discussion with patient/family