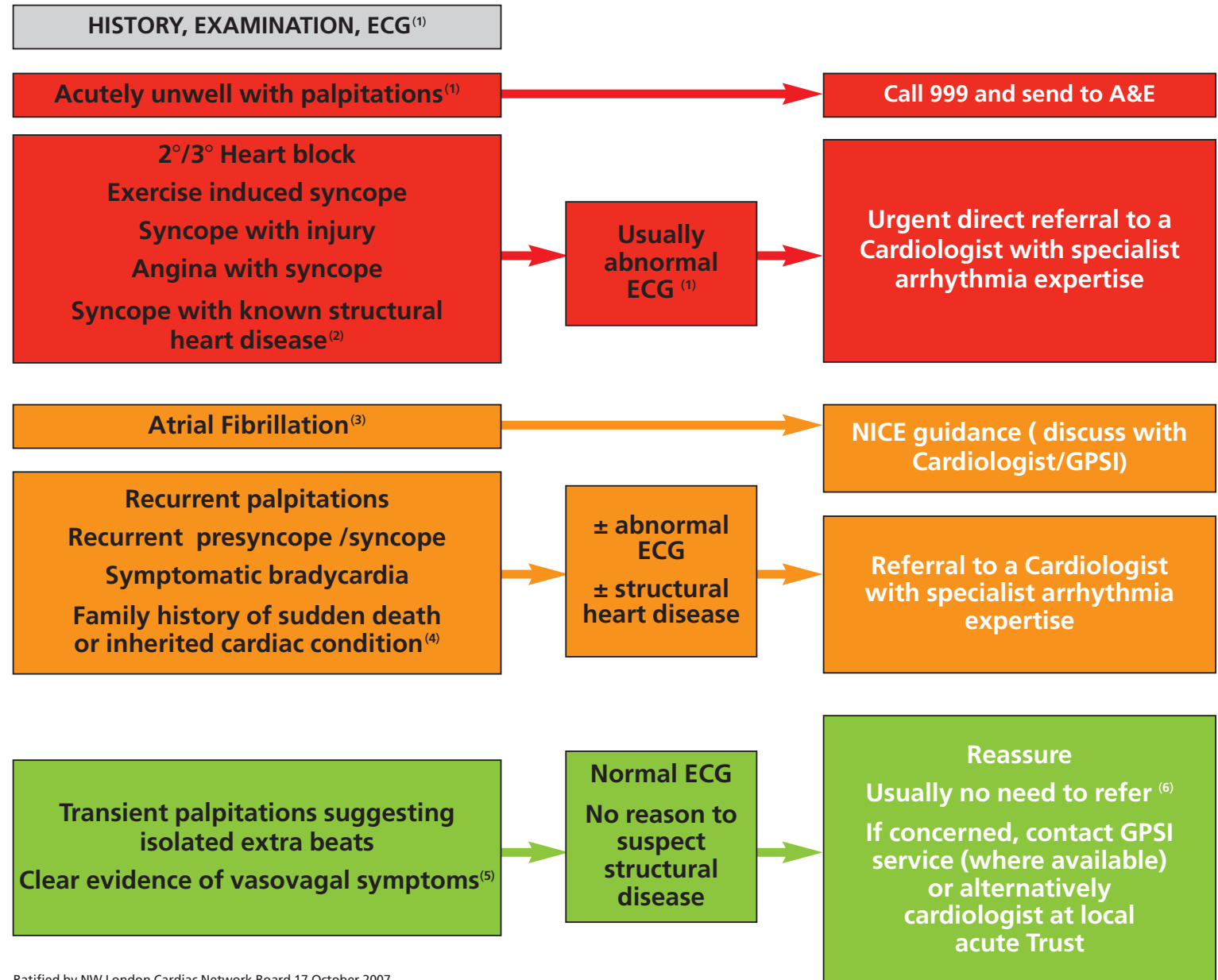
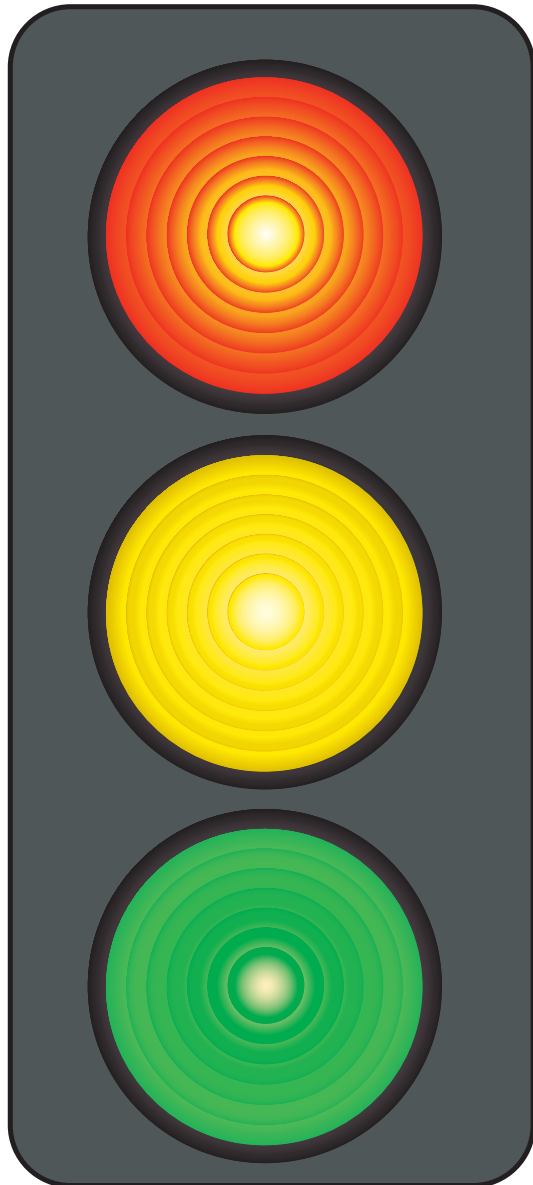




Traffic light system for the new referral of patients with suspected cardiac arrhythmia, cardiac syncope or those with a family history of sudden cardiac death in a family member under the age of 35 years

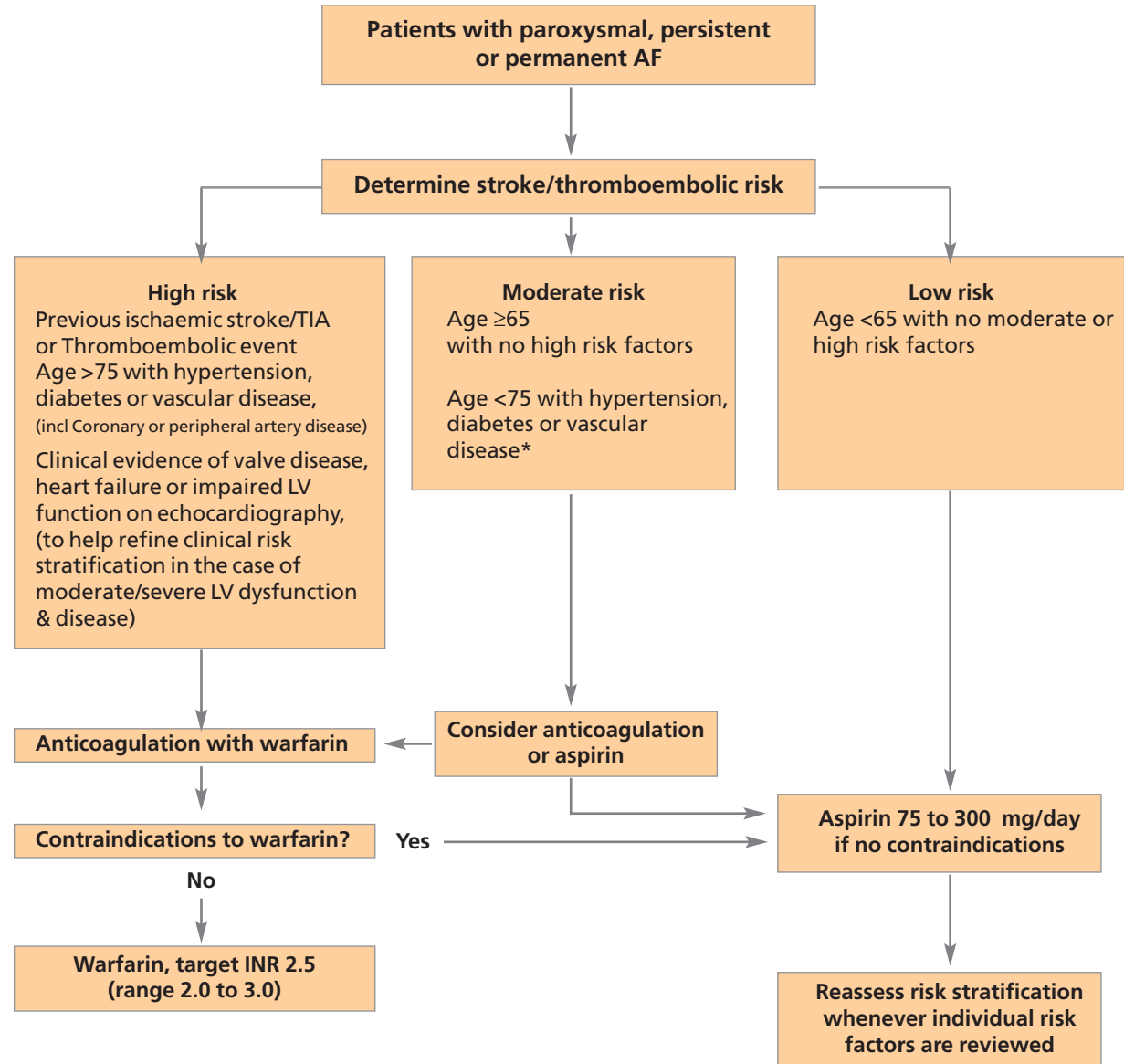


Notes for traffic lights system:

The system is intended as a guide only. It is not exhaustive and naturally clinical judgment should be used.

- (1) Abnormal ECG could include: Evidence of previous myocardial infarction or left ventricular hypertrophy, significant T wave inversion, left bundle branch block, Pre-excitation (Wolff-Parkinson-White syndrome), QT interval prolongation (>460ms). Please always include a copy of the ECG in the referral, unless the patient is acutely unwell in which case an ECG is not essential.
- (2) History of structural heart disease might include history of myocardial infarction, cardiomyopathy, valvular heart disease, cardiac failure, or left ventricular hypertrophy. Referral to specialist services is recommended.
- (3) In cases of previously unknown atrial fibrillation consult NICE AF guidelines, June 2006 (available at: <http://guidance.nice.org.uk/CG36/niceguidance/word/English>). Need anticoagulation; if > 65 years age, or with previous hypertension, diabetes, ischaemic heart disease, thyrotoxicosis, valvular heart disease, or cardiac failure. Consider whether the patient should be anticoagulated prior to referral, noting that the risk factors for stroke are not mutually exclusive but additive in producing a composite risk. If in doubt consider discussing with Cardiologist prior to referral. A summary of the NICE stroke risk algorithm is available opposite.
- (4) In cases of sudden cardiac death in those under 35yrs, screening of family members is indicated. Consider referral to Network sudden cardiac death clinic or similar specialist service. Liaison with specialist arrhythmia services is recommended.
- (5) The presence of clear evidence of vasovagal symptoms is suggested by young age, recurrent symptoms particularly with a known precipitant: e.g. cough, micturition, anxiety or crowded hot spaces. If in doubt consider outpatient cardiology/cardiology GPSI referral.
- (6) In patients designated as "Green" there should be a normal ECG and no known evidence of structural heart disease. If symptoms are persistent, or patients require further reassurance, consider outpatient cardiology/cardiology GPSI referral.

Stroke risk stratification algorithm



(NICE Guidelines, June 2006)