

Statewide Referral Criteria (SRC)

HealthLink Smart Form changes for GP referrers

TASMANIAN HEALTH SERVICE

Cardiology ADULT

Requested Information ▲

Cardiology ADULT

Attachments / Reports

No reports selected
No files attached

Medications, Allergies, Alerts

No long term medications specified
No medications specified
No medical warnings specified

No patient ID available
No date of birth

Referrer Information ▲

Sam Brodribb

Expectation of referral* For advice and management

Referral period* 12 Months

Reason for Referral* Heart Failure

Click to view more [Heart Failure](#) information

Are you the patient's usual GP?* Yes No

Are there other relevant specialists or healthcare providers involved in the patient's care?* Yes No

Emergency Referral Criteria

Show emergency referral criteria* Display Hide

Referral Criteria (select all that apply)*

Newly diagnosed heart failure with worsening symptoms but without any emergency referral concerning features (select to display above)

Established heart failure on medical therapy with clinical signs of decompensation, but without any listed emergency referral concerning features (select to display above)

Established heart failure on medical therapy with worsening emergency referral concerning features (select to display above)

Suspected or newly diagnosed left ventricular dysfunction with emergency referral concerning features (select to display above)

Patients with established heart failure on optimal medical therapy requiring emergency referral concerning features (select to display above)

SRC Clinical Urgency* Category 1

This referral meets the criteria for an appointment within **Category 1** timeframes for this service.

Do you agree with the proposed category?* Agree Disagree

[Estimated Appointment Waiting Times](#)

Urgent i

Click on the **i** below to review **Additional required referral information** to ensure that **ALL** required information has been provided.

Additional required referral information i

Essential supporting information

Please attach or provide details of the following. Your referral may be returned without these.

<p>Pathology:</p> <ul style="list-style-type: none"> • FBC • UEC • LFT • Lipids (chol, TG, HDL, LDL) • HbA1c (if diabetic) • TSH 	<p>Imaging:</p> <ul style="list-style-type: none"> • CXR report 	<p>Investigations/Other:</p> <ul style="list-style-type: none"> • ECG • Most recent Echocardiogram (if available)
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Have you included all essential information including investigations and tests?* Yes No

Please select

- Atrial Fibrillation/Flutter
- Chest pain
- Heart Failure
- Hypertension
- Lipid disorders
- Murmur
- Palpitations
- Pulmonary hypertension
- Supraventricular tachycardia
- Syncope
- Other non-SRC condition

Based on the specialty selected, a defined list of Reason for Referral will be available.

If unknown/other, select Other-Non SRC condition.

Emergency Referral Criteria

Show emergency referral criteria* Display Hide

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or follow local emergency care protocols or seek emergent medical advice if in a remote region. Clinical judgement should always be considered in addition to these criteria. Criteria for Emergency include:

- Atrial fibrillation / flutter with any of the following concerning features:
 - haemodynamic instability
 - shortness of breath
 - chest pain
 - syncope/pre syncope/dizziness
 - known Wolff-Parkinson-White
 - neurological deficit indicative of TIA/stroke
 - uncontrolled Tachycardia/heart rate despite medical therapy

Select **Referral Criteria** ensuring all that apply are selected.

Handy hints:

- If none apply, change 'Reason for Referral' to "Other-Non SRC condition".
- You can select anywhere on the line of text to select the item.

Review the **SRC Clinical Urgency**. This indicates a 'proposed' triage category (likely outcome) based on the SRC criteria selections.

If an SRC category is not available for the condition, a "Not Available" value will display.

Optional SRC referrals enable a prioritised triage ordering. Mark **urgent only** where time critical appointment is required.

Review all **Essential supporting information** and ensure all are attached.

Handy hint - You may like to park the referral if any are missing and resubmit once ready.

Optional If you **disagree** with the proposed triage category, please share reason.

Do you agree with the proposed category?* Agree Disagree

Please explain*

Click the 'i' to review all **additional required information** for the referral and ensure all items are addressed.

Handy hint - You may like to highlight/copy/paste into the text box and then answer each individual item.

Heart Failure information

1. BP
2. Weight, height & BMI.
3. Recent fluctuations in weight indicative of cardiac dysfunction (if known).
4. [New York Heart Association \(NYHA\) class](#).

Ok

Optional If you are **unable to provide required attachments**, please share reason.

Have you included all essential information including investigations and tests?* Yes No

Provide reason*