

# Perioperative Cardiology Multidisciplinary Team Meeting Referral

Patient Sticker

Referring Anaesthetist: \_\_\_\_\_

Surgery date: \_\_\_\_\_

## 1. Previous Cardiorespiratory History

- Ischaemic heart disease
- Heart failure
- Valvular heart disease
- Arrhythmia
- Other/Unknown:
- COPD/Respiratory disease

## 2. Current symptoms

- Chest pain when? \_\_\_\_\_
- SOB when? \_\_\_\_\_
- Pulmonary oedema
- Orthopnoea/PND/peripheral oedema
- Palpitations
- Other \_\_\_\_\_

## 3. Current investigations

- ECG
- Echocardiogram
- Stress test/Sestamibi scan/Stress echo
- CT coronary angiogram
- Angiogram
- Holter monitor
- Spirometry
- Other: \_\_\_\_\_

## 4. Question/s for meeting

- Interpretation of abnormal investigations
- Are investigations indicated prior to surgery?
- Is any management indicated prior to surgery?
- Should this patient proceed to surgery?
- When should proposed surgery occur?
- Management of antiplatelet medications
- Management of other medications
- Other: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

Attendees (Cardiology and Anaesthetics): \_\_\_\_\_

## Meeting Recommendations (may be more than one)

- Proceed to surgery as planned
- Further testing before procedure
- Cardiology review required
- Defer Surgery (**MUST** be discussed with surgeon)
- Further testing after procedure
- Other \_\_\_\_\_

Details: \_\_\_\_\_

Details: \_\_\_\_\_

Before procedure **OR** After procedure (Circle one)

With who: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_