

# Cardiology Referral Guidelines

## Contents

Atrial Fibrillation: .....	1
Cardiomyopathy.....	1
Congestive Heart Failure.....	1
Chest Pain/Angina Persistent.....	2
Murmur:.....	2
Palpitations: .....	2
Shortness of Breath .....	2
Symptomatic Bradycardia .....	3
Syncope.....	3

## Atrial Fibrillation:

ECG (within 30 days)

TSH, CMP, CBC (within 3 months)

Echocardiogram (within 3 months)

Consider referral to sleep studies (REF99) or pulmonary consult (within 1 year)

## Cardiomyopathy

ECG (within 30 days)

TSH, CMP, CBC (within 3 months)

Echocardiogram (within 3 months)

## Congestive Heart Failure

ECG (within 30 days)

TSH, CMP, CBC (within 3 months)

Echocardiogram (within 3 months)

## Chest Pain/Angina Persistent

ECG (within 30 days)

TSH, CMP, CBC (within 3 months)

Chest x-ray (within 1 month)

Fasting Lipid (within one year)

Consider stress test (within 6 months)

## Murmur:

ECG (within 30 days)

Echocardiogram (within 3 months)

Based on results follow-up is considered

## Palpitations:

ECG (within 30 days)

TSH, CMP, CBC (within 3 months)

Ambulatory monitoring (Holter Monitor/Zio Patch 3 day study) (within 6 months)

## Shortness of Breath

ECG (within 30 days)

CMP, CBC (within 3 months)

Chest x-ray (within 30 days)

Consider PFT with DLCO (within one year)

Consider Echocardiogram (within 3 months)

# Symptomatic Bradycardia

ECG (within 30 days)

TSH (within 3 months)

Holter Monitor (within 3 months)

# Syncopal

ECG (within 30 days)

CMP and CBC (within 3 months)

Echocardiogram (within 3 months)

Consider Stress Test (within one year)

Provider Decision Support

10/05/2021 Dr Love

