HPH Guidelines for Transfer to Straub or Pali Momi for Cardiology Evaluation

Effective November 28, 2016

The following guidelines are designed to provide guidance to practicing clinicians regarding the types of cardiac conditions for which transfer is required, may be required in certain circumstances, or is not required. These guidelines are not intended to supersede the medical judgment of the attending provider.

1. Conditions **requiring urgent transfer** due to life threatening nature of condition (patient must be stabilized for transfer. Discussion with receiving cardiologist Re: stability is strongly suggested):

    a. ST elevation myocardial infarction
    b. Unstable angina with refractory chest pain or hemodynamic/electrical instability
    c. NSTEMI with refractory chest pain or hemodynamic/electrical instability
    d. Significant ischemic EKG changes with positive troponin
    e. Post-cardiac arrest with shock if neurologic function is preserved
    f. Incessant arrhythmia due to myocardial ischemia
    g. Need for emergent pacemaker placement, i.e. complete heart block. (May need temporary pacemaker placement before transfer- discussion with receiving cardiologist suggested)
    h. Acute decompensated CHF requiring higher level of care (evaluation for possible LVAD or cardiac transplantation

2. Conditions that **may require transfer** but discussion between attending physician and receiving Cardiologist on call is requested (Cardiology to Cardiology discussion is strongly recommended; therefore Cardiology consultation at sending facility is suggested before request for transfer):
    a. Elevated troponin without clear ischemic findings and initial presenting symptoms suggesting non-cardiac cause (e.g. abdominal pain) or patient is admitted for a non-cardiac diagnosis
    b. Elevated troponin from suspected ACS in patient with renal dysfunction (creatinine > 1.5)
    c. Endocarditis or acute valve incompetence of any cause
    d. Any valve replacement consideration, including percutaneous approach

3. Conditions that **likely do NOT require transfer**:
    a. AICD firing (transfer only required for malfunction noted after interrogation. Discuss with EP on call if questions)
    b. Terminal illnesses:
        i. Irreversible shock after MI/arrest, not expected to survive
        ii. End stage CHF (EF < 10%) if felt NOT to be a candidate for LVAD/transplant
        iii. Competing comorbidities (malignancy, neurologic conditions, etc.) that significantly limit life expectancy

NOTE: All patients being transferred for urgent cardiac catheterization:

- **Should be on a unfractionated heparin drip with coronary thrombosis dosing – 60 units/kg bolus with 12 units/kg/hr infusion**
- **SHOULD NOT be given an ADP receptor inhibitor (Plavix (clopidogrel), Effient (prasugrel), or Brillinta (ticagrelor) UNLESS patient is already on it**

For questions regarding these guidelines, contact Amy Corliss, MD: (808) 346-8420; amy.corliss@wilcoxhealth.org
Reviewed and approved by the HPH Medical Group Leadership Council, 11/28/2016