



DT9018

Requisition Form HEMODYNAMIC

Section for Referring Physicians

Date of Request	Year	Month	Day

User (Additional Information)			
Chart number of referring hospital	Chart number (if known) of consulted hospital	Telephone number in case of emergency	Area code

Referring Institution		
Referring Hospital Name	Site	
Referring Physician	Specialty	Permit number

Information								
User's Place of Origin: <input type="checkbox"/> Home <input type="checkbox"/> Transfer (Referring Hospital) Ward: _____ <input type="checkbox"/> Hospitalized – Internal <input type="checkbox"/> Emergency – Internal								
Referring Hospital Contact Person	Area code	Telephone number	Extension	Area code	Fax number			
E-mail	Denominalized Code (if faxed)							
User's non-availability: From	Year	Month	Day	To	Year	Month	Day	Reason
Infection				Anthropometric Data				
<input type="checkbox"/> MRSA ¹⁺ <input type="checkbox"/> VRE ²⁺ <input type="checkbox"/> Other: _____				Weight (kg)	Height (m)			
Previous Coronary Artery Bypass Surgery								
<input type="checkbox"/> Yes <input type="checkbox"/> No		Date	Hospital					

Consent to release information	<input type="checkbox"/> Signed <input type="checkbox"/> Not signed
---------------------------------------	---

Reason for Request	
<input type="checkbox"/> Coronary Angiography <input type="checkbox"/> CABG Revision <input type="checkbox"/> Right and Left Heart Catheterization <input type="checkbox"/> Angioplasty <input type="checkbox"/> Valvuloplasty <input type="checkbox"/> ASD Closure <input type="checkbox"/> Myocardial Biopsy <input type="checkbox"/> Other: _____	Referral: <input type="checkbox"/> Service <input type="checkbox"/> Dr. _____

¹ MRSA: Methicillin-Resistant Staphylococcus aureus – ² VRE: Vancomycin-Resistant Enterococci

User Identification	Name and Surname
----------------------------	------------------

Clinical Information	
Cardiac	
Coronary Syndrome: <input type="checkbox"/> Yes <input type="checkbox"/> No Myocardial Infarction: <input type="checkbox"/> Acute <input type="checkbox"/> < 1 week <input type="checkbox"/> < 3 months <input type="checkbox"/> > 3 months	
Valvular Stenosis: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Aortic <input type="checkbox"/> Mitral <input type="checkbox"/> Pulmonary <input type="checkbox"/> Tricuspid	
Valvular Insufficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Aortic <input type="checkbox"/> Mitral <input type="checkbox"/> Pulmonary <input type="checkbox"/> Tricuspid	
Functional Classification (RQCT): <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV-A <input type="checkbox"/> IV-B <input type="checkbox"/> IV-C1 <input type="checkbox"/> IV-C2 <input type="checkbox"/> Other: _____	
Vascular Disease	
Acute Vascular Syndrome: <input type="checkbox"/> Yes <input type="checkbox"/> No Stable Vascular Syndrome: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Radial Pulse present: <input type="checkbox"/> Right <input type="checkbox"/> Left Femoral Pulse present: <input type="checkbox"/> Right <input type="checkbox"/> Left	
Non-Invasive Test Results	
Resting EKG – Recurring Ischemic Changes: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stress Test: <input type="checkbox"/> < 5 Mets or BP drop Troponin +: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Myocardial Scintigraphy – Anterior Ischemia or Multiple Ischemic Zones: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ejection Fraction: <input type="checkbox"/> Unknown _____ % Test: <input type="checkbox"/> Echocardiography <input type="checkbox"/> Angiography <input type="checkbox"/> Nuclear Medicine	
Medication	
<input type="checkbox"/> ASA (Aspirin) <input type="checkbox"/> Plavix <input type="checkbox"/> GP IIB IIIA Antagonists <input type="checkbox"/> Coumadin	
Heparin: <input type="checkbox"/> Standard <input type="checkbox"/> LMW <input type="checkbox"/> Other: _____	
Metabolic Disease	
Creatinine: _____ µmol/L Dialysis: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Treated by diet <input type="checkbox"/> NIDDM <input type="checkbox"/> IDDM	
Allergies	
<input type="checkbox"/> Iodine <input type="checkbox"/> Latex <input type="checkbox"/> Other: _____	

Remarks

Medical Summary
Included <input type="checkbox"/> To follow <input type="checkbox"/>

Referring Physician	Name (please print)	Signature	Date	Year	Month	Day

Functional Classification (CMQ⁽¹⁾ – RQCT⁽²⁾)	
Class	Description
I	Asymptomatic or limitations occurring during strenuous, prolonged or unusual physical activities.
II	Slight limitations during regular activities. May occur while walking or climbing stairs.
III	Marked limitations during regular activities.
IV-A	Severe limitation or unstable state, now stabilized with oral medications.
IV-B	Severe limitation or unstable state. Limitation persists during light activities or at rest regardless optimal medical treatment.
IV-C1	Severe limitation or unstable state resistant to medical treatment and requiring intravenous treatment.
IV-C2	Severe limitation or unstable state requiring intravenous treatment and remaining hemodynamically or rhythmically unstable regardless of treatment. Also includes primary or rescue angioplasty for acute MI, aortic dissection and ruptured aneurysm.

(1) CMQ: Collège des médecins du Québec
 (2) RQCT: Réseau québécois de cardiologie tertiaire

Access to Hemodynamic – Priority Classification (CMQ ⁽¹⁾ – RQCT ⁽²⁾)					
Clinical Info.	Functional Class (RQCT)	Risk Level	Diagnosis	Priority	Delays
Coronary Coronary Valvular Vascular	IV-C2	N/A ⁽³⁾	Acute coronary syndrome with rythmic or hemodynamically instability Primary or rescue angioplasty for acute MI Acute valvular syndrome with rythmic or hemodynamically instability Acute vascular syndrome	1 1 1 1	Immediately Immediately Immediately Immediately
Coronary Valvular	IV-C1	N/A	Acute coronary syndrome resistant to optimal medical treatment including intravenous treatment Acute valvular syndrome resistant to optimal medical treatment including intravenous treatment	2 2	< = 24 hours < = 24 hours
Coronary Valvular	IV-B	N/A	Acute coronary syndrome improved with optimal medical treatment but persistant during minimal effort Acute valvular syndrome improved with optimal medical treatment but persistant during minimal effort without intravenous treatment	3.1 3.1	< = 72 hours < = 72 hours
Coronary Valvular Coronary	IV-A	High risk N/A Low risk	Acute coronary syndrome stabilized with oral medication, high risk Severe symptomatic valvular syndrome stabilized Acute coronary syndrome stabilized with oral medication, low risk	3.2 3.2 4	< = 1 week < = 1 week < = 2 weeks
Coronary Valvular Coronary	III	High risk N/A Low risk	High risk coronary syndrome Stable valvular syndrome Low risk coronary syndrome	4 4 5.1	< = 2 weeks < = 2 weeks < = 1 month
Coronary Valvular Coronary	II	High risk N/A Low risk	High risk coronary syndrome Stable valvular syndrome Low risk coronary syndrome	5.1 5.1 5.2	< = 1 month < = 1 month < = 2 months
Coronary Valvular Coronary Vascular	I N/A	High risk N/A Low risk N/A	High risk coronary syndrome Stable valvular syndrome Low risk coronary syndrome Stable vascular syndrome	5.1 5.1 5.2 5.2	< = 1 month < = 1 month < = 2 months < = 2 months

Note: The non-invasive test results performed are used to define the high risk and low risk variables. Thus, the notion of a user at hight risk of cardiovascular complications determines, with other clinical informations, the user's priority level. A user will be at high risk with a positive non-invasive test result or with a left ventricular ejection fraction lower or equal to 40%.

(1) CMQ: Collège des médecins du Québec

(2) RQCT: Réseau québécois de cardiologie tertiaire

(3) N/A: Non-applicable