**Système de gestion de l'accès aux services**

DT9017

# Requisition Form
# CARDIAC SURGERY

## Section for Referring Physician

| 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:** ☐ Home ☐ Transfer (Referring Hospital) Ward: _____
☐ Hospitalized – Internal ☐ 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

#### Additional Information

| Weight (kg) | Height (m) | Blood Group: _____ | ☐ Autologus Transfusion | ☐ No Transfusion Allowed | Natural Teeth: ☐ Yes ☐ No | Dental Visit < 6 months ☐ Yes ☐ No |
|---|---|---|---|---|---|---|
| | | | | | | |

#### Infection

☐ MRSA[1]+ ☐ VRE[2]+ ☐ Other: _____

#### Previous Cardiac Catheterization

| ☐ Yes ☐ No | Date | Hospital | Angiographer |
|---|---|---|---|
| | | | |

| Consent to release information | ☐ Signed | ☐ Not signed |
|---|---|---|

### Reason for Request

**Coronary Artery Disease:** ☐ Left main ☐ 3 vessels ☐ 2 vessels ☐ 1 vessel

**Valvular Stenosis:** ☐ Yes ☐ No If yes: ☐ Aortic ☐ Mitral ☐ Pulmonary ☐ Tricuspid

**Valvular Regurgitation:** ☐ Yes ☐ No If yes: ☐ Aortic ☐ Mitral ☐ Pulmonary ☐ Tricuspid

**Other:** ☐ Congenital ☐ Cardiomyopathy ☐ Thoracic Aorta ☐ Pacemaker
☐ Other: _____

**Referral:** ☐ Service ☐ Dr. _____

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

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

## Clinical Information

### Cardiac

**Functional Classification (RQCT):** ☐ I ☐ II ☐ III ☐ IV-A ☐ IV-B ☐ IV-C1 ☐ IV-C2

**Insufficiency Classification (NYHA):** ☐ 1 ☐ 2 ☐ 3 ☐ 4

**Ejection Fraction:** ☐ Unknown _____ % **Test:** ☐ Echocardiography ☐ Angiography ☐ Nuclear Medecine

**Myocardial Infarction:** ☐ Acute ☐ < 1 week ☐ < 3 months ☐ > 3 months

**Intra-aortic Balloon Pump:** ☐ Yes ☐ No

**Diabetes:** ☐ Yes ☐ No If yes: ☐ Treated by diet ☐ NIDDM ☐ IDDM

**Varicose veins:** ☐ Yes ☐ No

**Stripping:** ☐ Yes ☐ No If yes: ☐ Right ☐ Left ☐ Bilateral

### Medication

☐ ASA (Aspirin) – If stopped, date _____ ☐ Plavix – If stopped, date _____ **Heparin:** ☐ Standard ☐ LMW

☐ GP IIB IIIA Antagonists – If stopped, date and time _____

☐ Coumadin – If stopped, date _____ ☐ Other: _____

### Allergies

☐ Penicillin ☐ Iodine ☐ Latex ☐ Other: _____

## Proposed surgery(ies)

**CABG:** ☐ x1 ☐ x2 ☐ x3 ☐ x4 ☐ x5 ☐ x6 ☐ Mammary x1 ☐ Mammary x2 ☐ Radial (R) ☐ Radial (L)

☐ **Valve Replacement:** ☐ Mitral ☐ Aortic ☐ Tricuspid

☐ **Valve Repair:** ☐ Mitral ☐ Aortic ☐ Tricuspid

**Redo:** ☐ Yes ☐ No ☐ CPB ☐ OPCAB ☐ **Other:** _____

| Remarks | Medical Summary |
|---|---|
| | Included ☐ To follow ☐ |

| Priority (RQCT) | Referring Physician | | Date |
|---|---|---|---|
| | Name (please print) | Signature | Year Month Day |
| | | | |

## ADDITIONAL INFORMATION AND OTHER RISK FACTORS

### Cardiac

☐ Malignant Ventricular Arrhythmia ☐ A-V Block ☐ Cardiogenic Shock ☐ PTCA Complications

☐ Active Endocarditis ☐ Rapid Atrial Fibrillation ☐ Other: _____

### Vascular Disease

**Cerebro-Vascular Disease:** ☐ Yes ☐ No **CVA:** ☐ Yes ☐ No

### Metabolic Disease

**Controlled Hypertension:** ☐ Yes ☐ No **Creatinine:** _____ µmol/L **Dialysis:** ☐ Yes ☐ No

**Lipids:** Cholesterol _____ mmol/L HDL _____ mmol/L LDL _____ mmol/L

Triglycerides _____ mmol/L

### Pulmonary

**Smoker:** ☐ Yes ☐ No **Asthma:** ☐ Yes ☐ No **Endotracheal Intubation:** ☐ Yes ☐ No

**COPD:** ☐ Yes ☐ No FEVI: _____ /L **Pulmonary Hypertension (mean > 30 mm Hg):** ☐ Yes ☐ No

| Name | Title | Signature | Date |
|---|---|---|---|
| | | | Year Month Day |
| | | | |

| Access to Cardiac Surgery – Priority Classification (CMQ[1] – RQCT[2]) | | | |
|---|---|---|---|
| **Diagnosis** | | **Priority** | **Delays** |
| Acute Coronary Syndrome:<br><br>Acute Valvular Syndrome:<br>Acute Vascular Syndrome: | • Hemodynamically unstable<br>• Malignant arrhythmias<br>• Hemodynamically unstable<br>• Aortic dissection<br>• Hemodynamically unstable | **1**<br>(very urgent) | < = 24 hours |
| Acute Coronary or Valvular Syndrome: | • Resistant to medical treatment via intravenous<br>• Severe left main disease | **2**<br>(urgent) | < = 72 hours |
| Stabilized Acute Coronary Syndrome:<br><br><br>Non-Acute Coronary Syndrome:<br>Severe Valvular Syndrome: | • Precarious state<br>• Under optimal medical control<br>*Unless otherwise instructed, user under parenteral therapy*<br>• Functional Classification IV<br>• Precarious state<br>• Hemodynamically stable<br>• Under optimal medical control<br>• NYHA 4<br>*Hospitalized user who cannot be discharged without being operated* | **3**<br>(semi-urgent) | < = 2 weeks |
| Non-Acute Coronary Syndrome:<br>Stable Valvular Syndrome: | • Functional Classification III<br>• NYHA 3<br>*Non-hospitalized users* | **4**<br>(semi-elective) | < = 6 weeks |
| Other Situations | | **5**<br>(elective) | < = 3 months |

| Functional Classification (CMQ[1] – RQCT[2]) | |
|---|---|
| **Class** | **Description** |
| I | Asymptomatic or limitations occuring 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 limitations 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 rythmically unstable regardless of treatment. Also includes primary or rescue angioplasty for acute MI, aortic dissection and ruptured aneurysm. |

| Insufficiency Classification (NYHA)[3] | |
|---|---|
| **Class** | **Description** |
| Class 1 | Users with no limitation of activities; they suffer no symptoms from ordinary activities. |
| Class 2 | Users with slight, mild limitation of activity; they are comfortable with rest or with mild exertion. |
| Class 3 | Users with marked limitation of activity; they are comfortable only at rest. |
| Class 4 | Users who should be at complete rest, confined to bed or chair; any physical activity brings on discomfort and symptoms occur at rest. |

(1) CMQ: Collège des médecins du Québec
(2) RQCT: Réseau québécois de cardiologie tertiaire
(3) NYHA: New York Heart Association