

Referrals for Cardiac Catheterization, PCI or Other Intervention

Fax to: 902-473-2271; To contact CDHA Nurse Bed Management Coordinator: 902-473-6571



Capital Health

The following information is needed for booking a patient for cardiac catheterization

- ☐ A completed **Request for Cardiac Catheterization, PCI or Other Intervention Form** (CD0720MR)
- ☐ Admission and separation form
- ☐ A dictated consultation letter describing patient's current clinical information
- ☐ List of home medication profile and if possible a medication reconciliation form
- ☐ List of current medications with dosage
- ☐ Pertinent electrocardiograms and rhythm strips
- ☐ Non-invasive tests when appropriate:
 - Reports of exercise tolerance test with ECG strips, when available
 - Reports of nuclear studies, when available
 - Results of an echocardiogram if available
- ☐ Appropriate laboratory investigations that should include CBC, INR, urea, creatinine, electrolytes and other pertinent investigations when available
- ☐ **Let us know if the patient is not on ASA and/or has a true ASA allergy**
- ☐ Please let us know if patient does not tolerate dual antiplatelet therapy (ASA, clopidogrel)

Incomplete documentation will delay your patient getting booked for transfer.

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