

# Cardiac Inpatient Inter-hospital Transfer Guideline

## For level 3–6 Clinical Services Capability Framework (CSCF) sites

*The following criteria serve as a guide and should not replace expert clinical judgement or communication between sites. This guideline has been developed and endorsed by the Statewide Cardiac Clinical Network.*

### Level 1 and 2 CSCF sites:

Follow relevant Clinical Pathway, and early discussion with Cardiology 'hub' site with view to immediate (<12hr) transfer, except for Troponin (Tn) negative chest pain, which would follow local process.

### Definition of target time:

Time between presentation at referring hospital and arrival at receiving hospital.

Acute Coronary Syndrome	
Target Time	Criteria
Immediate	<ul style="list-style-type: none"> <li>• Acute STEMI for primary Percutaneous Coronary Intervention (PCI)</li> <li>• STEMI post-thrombolysis (administer thrombolysis and send immediately)</li> <li>• Recurrent Ventricular Tachycardia (VT) / Ventricular Fibrillation (VF) post-Myocardial Infarction (MI)</li> <li>• Mechanical complication post-MI (MR / VSD / Cardiac Rupture)</li> <li>• Medically refractory high-risk Acute Coronary Syndrome (ACS)</li> <li>• Cardiogenic shock in patient suitable for intervention</li> </ul>
24 Hours	<ul style="list-style-type: none"> <li>• High risk NSTEMI patient with TIMI score &gt;4</li> <li>• Recurrent post-infarct angina</li> <li>• Heart Failure post-MI</li> <li>• All other patients post-STEMI</li> </ul>
48 Hours	<ul style="list-style-type: none"> <li>• NSTEMI with Low (&lt;4) TIMI / GRACE score (Tn +ve)</li> </ul>
72 Hours	<ul style="list-style-type: none"> <li>• Intermediate risk chest pain unable to be stratified with a functional study locally (Tn -ve / no ECG changes)</li> </ul>

Electro-physiology	
Target Time	Criteria
Immediate	<ul style="list-style-type: none"> <li>• Recurrent VT despite antiarrhythmic therapy or repeated ICD shocks</li> <li>• Arrhythmias with haemodynamic compromise (i.e. hypotension / heart failure / cardiogenic shock)</li> <li>• Bradycardia requiring a temporary pacing wire at regional hospital</li> </ul>
24 Hours	<ul style="list-style-type: none"> <li>• Bradycardia / heart block with IV infusion support at regional hospital</li> <li>• Suspected device malfunction</li> <li>• Ventricular Tachycardia</li> </ul>
48 Hours	<ul style="list-style-type: none"> <li>• Suspected device infection</li> <li>• Symptomatic bradycardia for permanent pacemaker implantation, not requiring temporary pacing wire or IV infusion support</li> </ul>
72 Hours	<ul style="list-style-type: none"> <li>• Symptoms suspected of arrhythmic origin, but no definite cause identified at initial presentation</li> </ul>

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General Cardiology	
Target Time	Criteria
Immediate	<ul style="list-style-type: none"> <li>• Pericardial effusion with tamponade</li> <li>• Acute pulmonary oedema (post stabilisation) with significant or suspected valve pathology</li> <li>• Haemodynamically unstable mechanical valve prosthesis dysfunction - notify surgical team</li> <li>• Endocarditis with severe valve regurgitation / suspected abscess</li> <li>• Large pulmonary embolism with hemodynamic instability / limited cardiopulmonary reserve</li> <li>• Presumed myocarditis / severe cardiac failure requiring inotropes</li> <li>• Cardiogenic shock with increasing inotrope requirements (irrespective of aetiology)</li> </ul>
24 Hours	<ul style="list-style-type: none"> <li>• Severe AS with syncope, pulmonary congestion or Tn / CK elevation</li> <li>• Presumed endocarditis for evaluation</li> <li>• Presumed myocarditis with Ejection Fraction (EF) &lt;30%</li> </ul>
48 Hours	<ul style="list-style-type: none"> <li>• Large pericardial effusion (no tamponade) for diagnostic evaluation</li> <li>• Newly diagnosed heart failure with EF &lt;20%</li> <li>• Previously stabilised heart failure patient with EF &lt;30% not tolerant of medical therapy</li> </ul>
72 Hours	<ul style="list-style-type: none"> <li>• Newly diagnosed heart failure EF &lt;30%, stable but where advanced imaging modalities or biopsy are considered essential</li> <li>• EF &lt;30% recurrently hospitalised with decompensated heart failure with potential for advanced heart failure therapies</li> </ul>

Cardiac Surgery	
Target Time	Criteria
Immediate	<ul style="list-style-type: none"> <li>• Critical (&gt;90%) left main stenosis for surgery</li> <li>• Significant (&gt;50%) left main stenosis, with NSTEMACS</li> <li>• Surgical grade multi-vessel Coronary Artery Disease with hypotension / recurrent chest pain on heparin / requiring IABP insertion</li> <li>• Mechanical complication post myocardial infarction</li> <li>• Aortic dissection involving proximal aorta for open heart surgery</li> <li>• Post PCI complication requiring open heart surgery</li> <li>• Penetrating cardiac trauma / chest injury with circulatory failure</li> </ul>
24 Hours	<ul style="list-style-type: none"> <li>• Significant (70–90%) left main, stable angina pectoris</li> <li>• Myxoma and other intracardiac mass with embolic and obstructive risk</li> </ul>
48 Hours	<ul style="list-style-type: none"> <li>• Prosthetic valve endocarditis</li> <li>• Sternal infection</li> <li>• Severe 3 vessel disease requiring in-patient revascularisation, consult surgical team</li> </ul>
72 Hours	<ul style="list-style-type: none"> <li>• Readmission of patient awaiting cardiac surgery to regional hospital</li> </ul>