

Primary Care

RED FLAG SYMPTOMS

Children and adults <45yrs present with :

Syncope:

- exertional
- unexplained
- non-vasovagal

Exertional chest pain

Palpitation with lightheadedness

Suspected case or family history of:

Cardiomyopathies including

- Hypertrophic
- Dilated
- Arrhythmogenic

Channelopathies including

- LQTS
- Brugada syndrome

Marfan's or other Aortopathies

Family history of unexplained sudden death (SADS) or premature SCD (<45)

Secondary Care Local DGH

FAST TRACK to one stop clinic:
Chest pain clinic
Syncope clinic
Arrhythmia clinic
A and E

In-patient admissions:
cardiac arrest, syncope, VT and heart failure

Incidental or other findings:
Patients referred for other reason

Evidence/suspicion of inherited heart disease - liaise with inherited cardiac disease clinic (ICC) for support and advice including **Multidisciplinary Team** meeting.

DIRECT REFERRAL
(out- patient and in-patient)

Inherited Cardiovascular Condition (ICC) Clinic within Academic Health Science Network

Positive diagnosis:
If high risk follow-up in ICC clinic. If low risk refer back to secondary or primary care with management plan

Equivocal diagnosis:
Follow-up in ICC.

Negative diagnosis:
Reassure and discharge back to primary care.

DIRECT REFERRAL TO ICC CLINIC

Shared management by local DGH & ICC clinic