

# ScreenLink Calculator

## *CRT Referral*

Thu 06/06/2013

### Patient details

Name	
Address	
Postcode	
Tel. No	
DOB	
NHS No	
Hospital No	

### Referring GP / Consultant / HF matron

Name	
Address	
Tel. No	
Fax No	

### Patients GP (if not detailed above)

Name	
Address	
Tel. No	
Fax No	
Referral Date: PCT area:	

**CRT(-P or -D) is recommended according to ESC guidelines (Class I indication) because of the following reasons**

- ✓ NYHA Class III or IV
- ✓ ECHO is available and LVEF  $\leq 35\%$
- ✓ Optimal Medical Therapy = YES
- ✓ QRS width  $\geq 120\text{ms}$
- ✓ Atrial Rhythm = Sinus Rhythm

### ScreenLink Report

Etiology of Cardiomyopathy	other
NYHA Class	iv
Echo Available	Yes
LVEF % Last Echo	30 %
Prior MI	No
➤ 40 days	No
Arrhythmias History	Not selected
Prior Sudden Cardiac Arrest or VF	No
Syncope	Not selected
Survival expectation more than 1 year	yes
QRS Width	120 ms
Optimal Medical Therapy	yes
Atrial Rhythm	Sinusrhythm

### Guidelines results:

#### **CRT Therapy**

**CRT(-P or -D) is recommended according to ESC guidelines (Class I indication).**

CRT-P is recommended to reduce morbidity and mortality in patients in NYHA III and IV class who are symptomatic despite optimal medical therapy, and who have a reduced EF ( $\text{LVEF} \leq 35\%$ ) and QRS prolongation ( $\text{QRS width} \geq 120 \text{ ms}$ ): CLASS IA. CRT with defibrillator function (CRT-D) is recommended to reduce morbidity and mortality in patients in NYHA III&IV class who are symptomatic despite optimal medical therapy, and who have a reduced EF ( $\text{LVEF} \leq 35\%$ ) and QRS prolongation ( $\text{QRS width} \geq 120 \text{ ms}$ ): CLASS IA. The survival advantage of CRT-D vs. CRT-P has not been adequately addressed. Due to the documented effectiveness of ICD therapy in the prevention of sudden cardiac death, the use of a CRT-D device is commonly preferred in clinical practice in patients satisfying CRT criteria including an expectation of survival with good functional status for  $>1$  year. (European Heart Journal 2008 29(19):2388-2442. European Heart Journal (2010) 31, 2677â2687, doi:10.1093/eurheartj/ehq337

↪ **SOURCE OF REFERRAL**

(please tick one)

- ☐ Patient self presenting with symptoms
- ☐ Recent hospital admission
- ☐ Routine 'NYHA score' in chronic disease clinic
- ☐ Other (please specify) .....

**BRIEF PRESENTING HISTORY:**

(SOBAR, SOBOE, orthopnea, PND etc)

**SELF ASSESSED NYHA SCORE CLASS:**

☐ i ☐ ii

☐ iii

☐ iv

**CLINICAL FINDINGS:**

(Peripheral /pulmonary oedema, murmur etc)

BP:

.....

**MEDICATION :**

(please tick if applicable)

☐ PMH

☐ IHD

Date of prev MI (if app.) .....

☐ HBP

Date first diagnosed .....

☐ Atrial fibrillation

Date last known SR .....

☐ Known COAD/ asthma

☐ PFT? .....

Date ECG 1st reported broad QRS.....

☐ Date LV dysfunction confirmed

☐ Hospital admission in last 12 month