

CATH REFERRAL

DATE OF REQUEST (DOR): [] - [] - []

Date Format YYYY-MM-DD IMPORTANT: Notify CATH centre of any change in the patient's condition

PHYSICIAN DETAILS

NAME of Referring Physician, Type (Specialist/Family/GP), NAME of GP/Family Physician, Date of Request for Specialist Consult, NAME of Requested Procedural Physician(s)

PRIMARY REASON FOR REFERRAL

SECONDARY REASON

Coronary Disease (CAD), Aortic Stenosis, Heart Failure, Echo valve area, Echo gradient, Arrhythmia, Other

REQUEST TYPE

Referral for CATH and consultation regarding subsequent management, No consult required - CATH only

URGENCY (estimate from Referring Physician) (select 1 only)

Emergent, Urgent (while still in hospital), Urgent (within 2 wks), Elective

PATIENT WAIT LOCATION

Hospital, Home, ICU/CCU, Ward, Other, Translator Required?

RECENT or PREVIOUS MI

History of MI, Recent MI (Within 30 Days)

CCS/ACS ANGINA CLASS

Stable CAD, Acute Coronary Syndrome (ACS)

HEART FAILURE CLASS (NYHA)

I, II, III, IV, Not applicable

REST ECG

Done, Not done, Ischemic changes at rest?, Type

EXERCISE ECG

Done, Not done, Risk: Not applicable, Low, High, Uninterpretable

FUNCTIONAL IMAGING

Done, Not done, Risk: Low, High, Not applicable

LV FUNCTION

Method: Other, ECHO, MUGA, Ventriculogram, Findings, LV Function Percentage, Date of EF Assessment

COMORBIDITY ASSESSMENT

Creatinine, Dialysis, Diabetes, History of Smoking, Hypertension, Hyperlipidemia, Cerebral Vascular Disease (CVD), Peripheral Vascular Disease (PVD), COPD, Previous (CABG) Bypass Surgery, LIMA, Previous PCI, Anticoagulant, On IIb/IIIa Inhibitors, Dye Allergy, Possible Intracardiac Thrombus, Infective Endocarditis, Congenital Heart Disease, History of CHF, Ethnicity, Height, Weight

Patient Information (Addressograph): Pt Name, DOB, MRN/Hospital Chart #, Address, City/Town, Province, Postal Code, E-mail Contact, Home Phone #, Other Contact #, Health Card Number

For Coordinator Use ONLY

Referral Date, Acceptance Date, Inpt Admit Date, Booking Date, Transfer Date, Discharge Date

Scheduling Details

DART, CANCELLATION, MEDICAL DELAY

FAX CATH Report to:

Person/Organization, Fax Number, E-mail

SPECIAL INSTRUCTIONS and/or BRIEF HISTORY

Previous CATH done outside of Ontario

OTHER FACTORS affecting prioritization

Other clinical factors, Non-clinical factors

PATIENT OPTIONS for Timely Access to Care

Check box if you (physician) have discussed with this patient (and/or significant others) timely access to care options for this procedure.

MD SIGNATURE

Date (YYYY-MM-DD):

**blood work
required for cath*

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Attending Physician	Send Extra Copies to
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<input type="checkbox"/> STAT	Clinical Comments	<input type="checkbox"/> Fetal Specimen
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<input type="checkbox"/> Separate and hold sample <input type="checkbox"/> Add selected tests to Previous Order #	Date actually collected (YYYY MM DD)	Time (HH:MM)	Collected by	Meter/Lab Glucose Comparison Meter Operator #	Meter Glucose Result mmol/L
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Rapid Whole Blood Testing

arterial capillary
 central venous peripheral venous
 umbilical artery umbilical vein fetal

All tests in **this** section are always run together, but are reported only if you mark the checkbox.

Glucose
 CA⁺⁺ (Ionized Calcium)
 Na⁺ (Sodium) and Cl⁻ (Chloride)
 K⁺ (Potassium)
 Blood Gases and CO-Oximetry[†]
Inspired O₂ room air
O₂ flow rate _____ L/min or FIO₂ _____ %

[†]CO-Ox includes calculated P₅₀ if specimen is **venous** blood

Drugs Enter **actual collection time** above.
See "Guidelines of Therapeutic Drug Monitoring" in Mount Sinai Hospital Pharmacy Formulary.

Digoxin Theophylline
 Carbamazepine Li⁺ (Lithium)
 Phenobarbital Phenytoin

Antibiotics

Gentamicin Tobramycin
 Vancomycin

Select intended timing

pre-dose/trough post-dose/peak
 random

When was last dose given (or infusion started)?

Date (YYYY MM DD)	Time (HH:MM)
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Time when last infusion ended (if applicable)

(HH:MM)

Toxicology (not for forensic cases)

Acetaminophen Salicylate
 Ethanol (Alcohol - urine or blood)

Note: The in-house ethanol method cannot detect methanol, isopropanol, or ethylene glycol. If any of these are suspected then send **blood specimen** to the Hospital for SickKids Toxicology Laboratory.

Rapid Urine Drug Screens (select)

amphetamine cocaine cannabinoids
 methadone opiates barbiturates
 benzodiazepines tricyclic antidepressants

In cases of suspected poisoning or overdose by drugs that are not represented in the entire menu above, use the "Hospital for SickKids Toxicology Requisition."

General Chemistry
Do not duplicate if ordered under Rapid Whole Blood Testing

Glucose fasting post-prandial
 Na⁺ (Sodium) and Cl⁻ (Chloride)
 K⁺ (Potassium)
 CO₂ (Carbon Dioxide, Total)
 Creatinine Urea

Bilirubin, Total Bilirubin, Direct
 Ca (Calcium, Total)
 PO₄ (Phosphate, Inorganic)
 Mg (Magnesium, Total)
 Urate (Uric Acid)
 Lactic Acid (Grey top (fluoride) tube - **send on ice**)
 Osmolality Ketones screen
 NH₃ (Ammonia) (Lavender top tube (EDTA anticoagulant only) - **send on ice**)

Enzymes

Amylase
 ALP (Alkaline Phosphatase)
 GGT (Gamma-Glutamyl Transferase)
 AST (Aspartate Transaminase)
 ALT (Alanine Transaminase)
 CK (Creatine Kinase, Total)

Cardiac - (optimal time since onset of symptoms)

Troponin (more than 6 hours)
 CKMB mass immunoassay (6 to 18 hours)

Proteins

Protein, Total Albumin
 C-Reactive Protein Haptoglobin
 C4 Complement C3 Complement
 IgG IgA IgM (immunoglobulins)
 Serum Protein Electrophoresis (SPE)
 Monoclonal Protein Typing (immunofixation)
 Monoclonal Protein Quantitation (M Band)

Lipids (14-hour fast preferred)

Cholesterol, Total Triglycerides, Total
 HDL (high density lipoprotein cholesterol)
 LDL (low density lipoprotein cholesterol)

Micronutrients

Fe (iron and binding capacity) Ferritin
 Vitamin B12 Folate, Erythrocyte
 25-Hydroxy-Vitamin D

Pregnancy Test

hCG (Chorionic Gonadotropin)

Diabetes Mellitus

HbA_{1c} (Glycohemoglobin) (Lavender top tube)
 Random **Urine** Microsensitive Albumin
 C-Peptide Insulin
 Fructosamine

Thyroid Hormones

TSH (Thyrotropin)
 FT₄ (Thyroxine, Free)
 Triiodothyronine

Polypeptide Hormones

FSH (Follicle Stimulating Hormone)
 Prolactin
 PTH (Parathyroid Hormone)
 LH (Luteinizing Hormone)
 GH (Growth Hormone)

Steroid Hormones

Cortisol desamethasone suppression
 Testosterone Sex Steroid Binding Globulin
 Progesterone Estradiol
 DHEAS (Dehydroepiandrosterone-Sulfate)
 1,25-Dihydroxy-Cholecalciferol

Oncology

AFP (Alpha-Fetoprotein) CA-125
 CEA (Carcinoembryonic Antigen)
 LD (Lactate Dehydrogenase)
 PSA (Prostate Specific Antigen)

Cerebrospinal Fluid cerebroventricular

Glucose
 Protein, Total

Body Cavity Fluid

pleural peritoneal pericardial
 Other fluid
 Glucose Protein, Total Albumin
 LD (Lactate Dehydrogenase)
 Creatinine Amylase

Synovial (Joint) Fluid

Glucose Protein, Total
 C4 Complement C3 Complement
 Lactic Acid (Grey-top (fluoride) tube - **send on ice**)

Specify Additional Biochemistry Tests

CR, INR

