

## From 1<sup>st</sup> May 2023

### Inclusion criteria

- New onset exertional chest pain thought **likely to be angina** as per the NICE criteria **(PTO)**
- Age  $\geq 30$
- **$\geq 5\%$**  European Society of Cardiology (ESC) pre-test probability (PTP) **(PTO)**
  - **unless diabetic**
  - **female  $\geq 50$  years of age**

### Exclusion criteria

- Unstable severe chest pain at rest, refer to the emergency department.
- Non-anginal chest pain as per NICE criteria (i.e. chest pain with a definite reproducible musculoskeletal cause)
- Patients who have already attended the emergency dept. for chest pain assessment within the previous 3 months.
- Uncontrolled hypertension (Systolic  $> 180$ mmHg, Diastolic  $>110$ mmHg)
- Suspected new valve disease.
- Palpitations as main complaint
- Referrals redirected from TUH that are general 'cardiology out-patients' request.
- Currently under the care of TUH Cardiology
- Please note this is not a
  - post Covid-19 clinic OR Long Covid clinic

### How to refer

Referral letter via Healthlink to Tallaght University Hospital FAO 'Integrated Community Chest Pain Clinic'

or

Referral letter sent via email to [cpintegratedcare@tuh.ie](mailto:cpintegratedcare@tuh.ie)

### Please include in the referral letter

- Presenting complaint with details including if exertional
- Cardiovascular risk factors
- Recent bloods for lipids, HbA1c, renal, liver, TFTs, FBC

- If also complaining of 'shortness of breath/dyspnoea' as a co-existing symptom please include a recent NTP-proBNP level: there is no access to ECHO

Appointments are issued as per ESC PTP risk stratification score.

If the referral is deemed not suitable you will receive a letter regarding same.

**Anginal pain is:**

- Constricting discomfort in the front of the chest, or in the neck, shoulders, jaw or arms
- Precipitated by physical exertion
- Relieved by rest or GTN within about 5 minutes. [2010, amended 2016]

-Presence of three of the features below is defined as typical angina.

-Presence of two of the three features below is defined as atypical angina.

-Presence of one or none of the features below is defined as non-anginal chest pain.

**Typicality of chest pain as per NICE CG95**



**Patients with angina and/or dyspnoea and suspected coronary artery disease**



**Pre-test probability of coronary artery disease**

Age	Typical		Atypical		Non-anginal		Dyspnoea <sup>a</sup>	
	M	W	M	W	M	W	M	W
30-39	3%	5%	4%	3%	1%	1%	0%	3%
40-49	22%	10%	10%	6%	3%	2%	12%	3%
50-59	32%	13%	17%	6%	11%	3%	20%	9%
60-69	44%	16%	26%	11%	22%	6%	27%	14%
70+	52%	27%	34%	19%	24%	10%	32%	12%

<sup>a</sup> In addition to the classic Diamond and Forrester classes, patients with dyspnoea only or dyspnoea as the primary symptom are included. The dark green shaded regions denote the groups in which non-invasive testing is most beneficial (pre-test probability >15%). The light green shaded regions denote the groups with pre-test probability of CAD between 5-15% in which the testing for diagnosis may be considered after assessing the overall clinical likelihood based on modifiers of pre-test probability.

This patients ESC PTP IS \_\_\_\_\_%

Meets Criteria      YES/NO

## Integrated Community Chest Pain Clinic Tallaght University Hospital Referral Criteria



Tallaght  
University  
Hospital

Ospidéal  
Ollscoile  
Thamhlachta

An Academic Partner of Trinity College Dublin

Thank you for your ongoing support.

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