

Examination Required: **CT CORONARY ANGIOGRAM** **CALCIUM SCORE**

Patients Name	D.O.B	Referrer Name / Signature
Address	NHI	Date
	Phone	
Clinical Details		Copy to
		Scan Urgency

CLINICIAN CHECKLIST (COMPLETE FOR ALL PATIENTS)

- | | | |
|--|---------------------|--------------|
| <input type="checkbox"/> Pacemaker or ICD | Resting heart rate: | Age years: |
| <input type="checkbox"/> AF or arrhythmia | Height cm: | Weight kg: |
| <input type="checkbox"/> Coronary stents or CABG | GFR: | Date of GFR: |

Details:

APPROPRIATENESS CRITERIA (ONLY REQUIRED FOR SOUTHERN CROSS INSURANCE)

- Chest pain or other cardiac symptoms suggesting CAD, with a low or intermediate pre-test probability of CAD when exercise or pharmacologic stress testing is not possible or contraindicated.
- Recent exercise treadmill test for the investigation of suspected CAD symptoms with result that cannot be interpreted or is equivocal.
- Unequivocally negative exercise test with ongoing symptoms strongly suggestive of ischemia.
- Preoperative assessment of coronary arteries prior to elective cardiac valve or aortic aneurysm surgery.
- Suspected mass or other morphologic abnormality of the heart, pericardium or great vessels on echo.
- New onset heart failure or dilated cardiomyopathy previously evaluated by echo, where ischemia is suspected aetiology.
- Symptomatic (ischemic equivalent) or evidence of major silent ischemia following CABG, CTCA for evaluation of graft patency.
- Chronic total occlusion (CTO) for definitive intervention. CTCA to help determine the most appropriate therapeutic approach.
- Post revascularization following coronary angioplasty involving stent placement in the left main coronary artery. CTCA in lieu of an anglogram.

PLEASE PRESCRIBE B- BLOCKER AND GTN TARGET HR <70 BPM FOR OPTIMAL CT CORONARY ANGIOGRAPHY

It is the referring clinicians responsibility to screen for contraindications to β -blocker and GTN spray. If there are no contraindications please prescribe Metoprolol and GTN. Prescribed drugs will be administered by Radiology staff on the day of the scan according to the Cardiac CTA β -blocker/GTN protocol.

 Patient not suitable for additional drugs to slow heart rate

- | | | | |
|---|--|---|--|
| Is the patient taking a β -blocker? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does patient use GTN spray? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contraindication to β -blocker? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Contraindication to GTN spray? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Is the patient taking a CA channel blocker? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Drug and Dose	Prescribing Dr signature	Radiology administration record
Metoprolol 100mg PO stat		
Additional Metoprolol 50mg PO PRN		
GTN 1 spray S/L prior to scan		
Prescribing Dr print surname, MCNZ number		Date