

Nurse-Led Rapid Access Angina Clinic

Patient Name
 NHS Number
 Date of Birth

Referring Clinician
 GP Practice:

Guidance notes

This clinic is for the rapid assessment and investigation of suspected angina. Patients who are felt to have angina should be commenced on antianginal therapy in accordance with NICE Guideline CG126.

Patients with suspected acute coronary syndromes (as per NICE Guideline GC95) should be admitted via the Medical Triage Unit. Patients with ongoing cardiac chest pain or acute ECG changes should be admitted urgently via 999 ambulance.

Patients referred to this clinic will see a specialist nurse trained in the assessment of angina.

Patients with other cardiac symptoms (e.g.: palpitations), or chest pain in the context of suspected heart valve disease, should be referred to a consultant cardiology clinic. This is a nurse-led service and other conditions fall outside of their scope of practice and such referrals will unfortunately not be able to be seen. Patients under follow-up in a cardiology clinic should be flagged to the specific consultant.

Referral criteria

Essential criteria for referral (all 3 must be ticked):

- ☐ Angina (at least 2 of the following criteria)
 - Constricting discomfort in the front of the chest, or in the neck, shoulders, jaw, or arms
 - Precipitated by physical exertion
 - Relieved by rest or glyceryl trinitrate (GTN) within about 5 minutes
- ☐ Onset within 12 weeks
- ☐ Male aged >30 or female aged >40

Does the patient have a murmur? (Please specify):

Patients who do not meet these criteria are not eligible to be seen in this clinic.

Supporting information

This clinic is open to all patients with new-onset angina but please confirm if this patient has known coronary artery disease (previous investigations, PCI or bypass grafting):

If procedures have been performed elsewhere, it would be extremely helpful if any relevant correspondence could be attached please.

Please confirm any other cardiac risk factors:

- ☐ Smoker or ex-smoker
- ☐ Diabetes
- ☐ Hypertension
- ☐ Dyslipidaemia
- ☐ Family history of **premature** coronary artery disease
- ☐ Other proven cardiovascular/atheromatous disease; specify:

Please ensure an ECG, recent blood pressure and blood results (renal function, lipid profile, HbA1c) are included with the referral, along with a list of the patient's current medication. Thank you.

Current Medication:

Referral Metrics:	
Body Mass Index (BMI)	
Blood Pressure	
Smoking Status	
Pulse	
Haemoglobin	
HbA1c	

Renal Function:

Lipid Profile (Non-Fasting):

ECG Attached: ☐