BC INHERITED ARRHYTHMIA PROGRAM

St. Paul's Hospital (Vancouver)

Ph: 604-682-2344 Ext. 66766



BC Children's Hospital Ph: 604-875-2295 Royal Jubilee Hospital (Victoria) & Northern Outreach Clinic (Hazelton) Ph: 250-727-4461

REQUEST FOR NEONATAL ECG REVIEW for Newborns at Risk for Long QT syndrome (LQTS)

To request pediatric cardiology review of an infant's electrocardiogram (ECG) due to a parental history of LQTS, healthcare providers should complete this form and:

1. Fax to Dr. S. Sanatani, pediatric electrophysiologist at BC Children's Hospital. Fax: 604-875-3463 **INCLUDE THIS COVER SHEET WITH THE ECG**

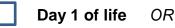
2. Please fax a referral (604-875-3463) for the child. Complete BCIAP referral form and include all pertinent medical records, family history details, and results of LQTS genetic testing in parent(s).

A response will be faxed or phoned to you at the numbers you provide below.

Name of Infant:	 DOB:

PHN:

As per BCIAP '*Pregnancy and Neonatal Guide for LQTS Types 1 and 2*', this ECG was performed at (*select one*):



3 weeks of age

Parental Name(s): _____

Details of parental LQTS diagnosis, any noted concerns for infant, other pertinent information: *Attach parental LQTS genetic test results, if available.*

 Requested by:

 Name of Healthcare Provider:

 Phone:

 Fax:

 Signature:

Reception #___



CHILDREN'S HEART CENTRE CLINICAL SERVICES REQUEST

PRINT Demographic Data <u>OR</u> Stamp Addressograph BCCH MRN: Patient Name (LAST, First): DOB: DD/MM/YY: Patient Phone #: PHN:

*please see reverse of form for instructions

REFERRING SERVICE MUST COMPLETE THIS SECTION – Incomplete Form WILL Delay Service!						
DATE OF REQUEST:			SERVICES REQUESTED			
REQUESTING PHYSICIAN/NP (Please Print)						
CONTACT NUMBER – Physician/NP	 ECHO (<i>Consult required < 3 yrs age</i>) CARDIOLOGY CONSULT 					
*CONSULT CARDIOLOGIST (not required for new patient referrals)			HOLTER MONITOR			
□ OUTPATIENT (□ Oncology □ PSCA □ Mental Health □ Medical Day Unit □ Emerg □ Other)						
INPATIENT (Unit) Isolation Protocol Portable			Inpatient Weight (kg)			
*Inpatient ECHO requests (except oncology) require discussion with cardiology service for approval						
Pertinent Patient History (include Cardiac Diagnosis if known)						
	t) CONTACT NUMBER – Physician/NP or new patient referrals) PSCA Mental Health Medical Day Unit Isolation Protocol Portable y) require discussion with cardiology service for approval	t) CONTACT NUMBER –Physician/NP CA CA CONTACT NUMBER –Physician/NP CA	Image: Normal Services Requires a service service for approval Image: Normal Service for approval Image: Normal Service service for approval Image: Normal Service service for approval			

HEART CENTRE USE ONLY

APPOINTMENT DATE:		OUTPATIENT Height (cm)			
New Patient Follow up Sedation		OUTPATIENT Weight (kg)			
Notes:					
CARDIOLOGY MD/NP USE ONLY					
 Dobutamine Stress Echo TEE Bubble Study Septostomy 	 Signal Average ECG Holter Scan Holter Hookup (24hrs 48hrs) ETT Exercise Test (Select Protocols Below) BCCH Bruce Cycle Stress Echo VO2 Exercise Preso 	MIBI cription Consult	 ICD, CRT Pacemaker (Single Dual) Loop Recorder Cardiac Screen Tilt Table Test 		
ECHO OFFICE ONLY M/2D/Dop 2D/Dop 2D Portable Isolation Sedation Epicardial 3D Transit Time Sonographer	KEY INFORMATION REQUIRED				



CHILDREN'S HEART CENTRE CLINICAL SERVICES REQUEST

Children's Heart Centre Room 1F3 – 4480 Oak Street, Vancouver BC, V6H 3V4 Telephone: (604) 875-2120/FAX: (604) 875-3463

OUTPATIENT REFERRAL INSTRUCTIONS:

- 1. ECG only General practitioners and pediatricians can refer patients from the ages of 0-18 years for an ECG. FAX request form to (604) 875-3463.
- ECHO only Requests from General Practitioners require a Cardiologist Consult. Pediatricians may refer children from the ages of 3 years and older. Pediatrician referrals for children younger than 3 years require a Cardiologist Consult (due to possible sedation) in addition to ECHO testing. FAX request form to (604) 875-3463.
- 3. HOLTER only Pediatricians can refer patients for Holter from the ages of 0-18 years. FAX request form to (604) 875-3463

CARDIOLOGIST CONSULTATIONS:

To book a new referral or referral for a consultation with one of the BC Children's Heart Centre Cardiologists, please FAX referral to (604) 875-3463. Once the request is received, the Cardiologist will determine the kind of testing required and an appointment will be made.

URGENT APPOINTMENTS:

If this is an URGENT request, please FAX to (604) 875-3463, <u>Attention: Cardiologist on call</u>, or call hospital paging @ (604) 875-2161 and ask for the Cardiologist on call.

INPATIENT REQUESTS:

- 1. ECG only: Dial Local 2120 (Cardiology Front Desk) or Local 7114 (ECG office).
- 2. ECHO only: All ECHO requests require discussion with cardiology before testing. Page the Cardiology Fellow on call.
- 3. Oncology Echo only requests (> 3 years old) FAX request form to 2774. Dial Local 2120 (Cardiology Front Desk) or Local 7041(Echo office) if request is urgent.

*Please indicate all testing required on <u>one</u> Clinical Services Request form, do not send a separate request forms for each test required.