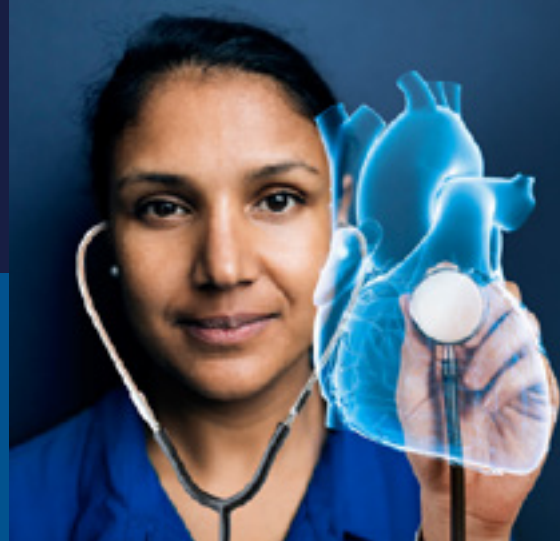


VALVULAR HEART DISEASE DIAGNOSTIC PATHWAY AND RISK-ASSESSMENT CHECKLIST



! HIGH-RISK RED FLAGS

When evaluating patients with a murmur, the following criteria are deemed high risk and favour further evaluation in an expedited time frame.

MURMUR WITH SYMPTOMS



- Haemodynamic instability
- Chest pain
- Syncope/pre-syncope/dizziness
- Signs of heart failure
- Persistent or progressive shortness of breath/ Difficulty catching breath
- Fever
- Neurological deficit
- Palpitations
- Fatigue
- Weakness
- Inability to maintain regular activity
- Lightheadedness or fainting
- Swollen ankles, feet or abdomen
- Age >65 years

PATIENT HISTORY



- Family history
- Previous valve surgery with new heart failure symptoms
- New ECG abnormalities
- New or worsening heart failure symptoms

IF ONE OR MORE RED FLAGS, FAST-TRACK FOR FURTHER EVALUATION



- ▶▶▶ *In-hospital observation OR*
- ▶▶▶ *Cardiologist who specialises in valvular heart disease**

*2020 AHA/ACC guidelines for Valvular Heart Disease.

OVER 65 YEARLY HEART VALVE ASSESSMENT

EVALUATION

- History and Physical Exam
- Chest Auscultation: once every 12 months

MURMUR PRESENT

YES

Could be the sign of underlying valvular heart disease

SYMPTOMATIC
* REFER TO MURMUR WITH SYMPTOMS

YES

REFER TO CARDIOLOGIST WHO SPECIALISES IN VALVULAR HEART DISEASE

for a Cardiac Echocardiogram
Risk Stratification and assessment

NO

REEVALUATE IN 6 MONTHS OR WHEN SYMPTOMS OCCUR.

Alternatively, refer to a cardiologist for further evaluation of symptoms. For example: exercise stress test

MURMUR CARDIAC PATIENT EVALUATION FORM

MUMUR PATIENT CHARACTERISTICS¹:

- Crescendo-decrescendo systolic murmur
- Abnormal carotid pulse
- Diastolic murmur
- Elevated JVP

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! IF ONE OR MORE **RED** FLAGS, FAST-TRACK FOR FURTHER EVALUATION ▶▶▶

PATIENT INFORMATION:

Full Name:

Date of Birth:

Date: Time of evaluation: Gender: Male Female Other, please specify

HISTORY OF SYMPTOMS

Shortness of breath?	⚠	Yes	No	Unclear/Unknown
Chest pain?	⚠	Yes	No	Unclear/Unknown
Fatigue?	⚠	Yes	No	Unclear/Unknown
Syncope ?	⚠	Yes	No	Unclear/Unknown
Difficulty exercising?	⚠	Yes	No	Unclear/Unknown
Swollen ankles and feet?	⚠	Yes	No	Unclear/Unknown
Rapid or irregular pulse?	⚠	Yes	No	Unclear/Unknown
Has the patient or family noticed a difference in their exercise tolerance?		Yes	No	Unclear/Unknown
Does the patient feel short of breath when lying flat?		Yes	No	Unclear/Unknown

MEDICAL HISTORY / PHYSICAL EXAMINATION:

Family history?	⚠	Yes	No	Unclear/Unknown
Haemodynamic instability?	⚠	Yes	No	Unclear/Unknown
NYHA Class III - IV, or worsening heart failure?	⚠	Yes	No	Unclear/Unknown
Fever?	⚠	Yes	No	Unclear/Unknown
Past medical history of valve replacement?	⚠	Yes	No	Unclear/Unknown
Prior Tests (within last 12mths)				
Holter Monitor		Yes	No	
<i>If yes, were rhythm abnormalities observed, specify:</i>				

Echocardiogram	Abnormal	Normal
	Cardiac ejection fraction less <35%	

INITIAL EVALUATION TESTS:

12-lead ECG:

Has the patient previously had an ECG that showed abnormalities?	New abnormalities	Normal
<i>If yes, describe abnormalities :</i>	Previous abnormalities	No

Blood pressure:

Supine:	1 min	3 min
Sitting:	1 min	3 min
Standing:	1 min	3 min

Symptoms during blood pressure testing?	⚠	Yes	No
Chest x-ray		Yes	No
FBC, ELFTs, TSH, fasting lipids		Yes	No
Echocardiograph report if available		Yes	No

¹Maganti, Kameswari et al. *Valvular heart disease: diagnosis and management*. Mayo Clinic proceedings vol. 85,5 (2010): 483-500. doi:10.4065/mcp.2009.0706
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