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N0.F.26-05/2022-ESTH(CNC)

23rd February, 2023

NOTICE

As you are aware, the Department of Cardiology currently runs a clinic for risk-stratification of patients scheduled for elective non-cardiac surgery. In order to further streamline the process and optimize care we request that the enclosed proforma be filled and sent along with patients who are referred to the clinic. This is for the attention of all referring departments.

Balram Bhargava

(Dr. Balram Bhargava)
Professor & Head Cardiology
& Chief, C.T.Centre

Distribution:

1. Chief of all centers
2. Head(s) of all departments

Copy to:

1. Director, AIIMS for kind information please
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DEPARTMENT OF CARDIOLOGY, ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

INSTRUCTIONS FOR REFERRAL OF PATIENTS TO THE PREOPERATIVE CARDIAC EVALUATION CLINIC
(Thursday, 10:00 am - 1:00 pm, Rooms 10 & 12, CNC OPD)

This form is for the referral of out-patients for risk assessment and management prior to undergoing **ELECTIVE NON-CARDIAC SURGERY** which requires **OVERNIGHT ADMISSION**. Patients already admitted for surgery will be seen by the on-call Senior Resident/Consultant. Patients may be referred if:

Patient has any ONE of the following:

1. Known coronary artery or peripheral vascular (including carotid) disease
2. History of stroke or transient ischemic attack
3. Known valvular heart disease or has had valve replacement surgery
4. Known left ventricular systolic dysfunction or documented congestive heart failure
5. Known pulmonary artery hypertension

If none of the above applies and patient is ≥40 YEARS OF AGE, refer if patient has any TWO of the following:

1. Vascular or other major surgery (i.e., intraperitoneal, intrathoracic or major orthopaedic)
2. Hypertension
3. Diabetes on treatment with OHA/insulin
4. Current smoker or tobacco user
5. Preoperative serum creatinine ≥ 2 mg/dL
6. Atrial fibrillation
7. Age ≥ 70 years

YES NO

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YES NO

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PLEASE SEND THIS COMPLETED FORM WITH PATIENT

Please note that patients who **DO NOT FULFILL THE ABOVE CRITERIA** for referral are low risk for preoperative cardiac events and **WILL NOT BE SEEN** in the clinic for this purpose

Eligible patients should be referred to the clinic clearly mentioning the following details:

- a. Type of surgery for which the patient is scheduled
- b. The underlying condition mandating the surgical procedure
- c. The tentative dates of the procedure

The results of the following investigations will also need to be sent along at the time of referral:

- a. Hemogram
- b. Basic biochemistry (renal function and blood sugar)
- c. ECG
- d. Chest X-ray film

PLEASE SEND THIS COMPLETED FORM WITH PATIENT