niagarahealth
Extraordinary Caring. Every Person. Every Time.

CARDIAC CT REFERRAL QUESTIONNAIRE

PHONE: 905-378-4647 x46350
FAX: 905-684-6990

PATIENT INFORMATION (PLEASE PRINT)

PATIENTS LAST NAME		PATIENTS FIRST NAME		
ADDRESS		CITY	PROVINCE	POSTAL CODE
MOBILE PHONE (PREFERRED CONTACT METHOD)		HOME PHONE		
OHCN/OHIP#	VERSION CODE	DATE OF BIRTH (DD/MM/YYYY)		GENDER

SECTION 1: CLINICAL HISTORY

1. Does the patient have any of the following contraindications to:
   - Metoprolol ☐ Yes ☐ No (ex: allergies, severe asthma, 2nd/3rd degree heart block, severe aortic stenosis etc.)
   - Nitroglycerin ☐ Yes ☐ No (ex: allergy, on PDE inhibitor such as Viagra or Cialis)
2. Please provide any relevant consult notes or prior testing results:

SECTION 2: BETA – BLOCKERS

Beta-blockers are usually required for a Cardiac CT to slow the heart rate to <65 bpm.

1. What is the patient's resting HR? _____bpm
2. Is the patient on beta blockers?

   ☐ YES ➔ If **YES**, please see **section 3** and fill out drug and dose below

   Drug: _____

   Dose: _____

   ☐ NO ➔ If **NO**, does the patient have any of the following contra-indications to Beta-blockers?

   a) decompensated CHF ☐ YES ☐ NO
   b) allergy to Beta – blockers ☐ YES ☐ NO
   c) asthma or COPD on *ß2*-agonists ☐ YES ☐ NO
   d) active bronchospasm ☐ YES ☐ NO
   e) 2nd or 3rd degree heart block, or 1st degree with PR > 0.42s ☐ YES ☐ NO
   f) concurrent use of verapamil ☐ YES ☐ NO
   g) Severe/Critical Aortic Stenosis ☐ YES ☐ NO
3. Will you be prescribing a beta blocker? ☐ YES ☐ NO

   If **YES**, please see **section 3** and fill out drug and dose below

   Drug: _____

   Dose: _____
4. If your patient is already taking a routine beta, blocker, will you be prescribing an additional dose? ☐ YES ☐ NO

   If **YES**, please see **section 3** and fill out drug and dose below

   Drug: _____

   Dose: _____
5. Other comments:

SECTION 3: DOSING INFORMATION

For patients already on beta blockers

- adjust as per clinical judgement
- If the patient's own intrinsic heart rate is <65 bpm, then **NO** beta blocker is required

Beta Blocker Premedication Protocol

Give beta blocker naïve patients the following does of Metoprolol:

- 50 mg the day before at 1600 (4pm)
- 50mg the night before the scan
- 50 mg one hour before the scan

If beta-blockers are contraindicated, Lancora (Ivabradine) should be considered. A recommended protocol is as follows:

- Lancora (Ivabradine) 7.5 mg PO BID x 1 week until the day of the CT study

PLEASE NOTE: AN APPOINTMENT WILL NOT BE SCHEDULED UNTIL AN APPROPRIATE IMAGING REQUISITION AND THIS QUESTIONNAIRE ARE BOTH COMPLETED AND RECEIVED BY NIAGARA HEALTH

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