ADULT CARDIOLOGY CONSULTS: Inpatient, Urgent Care or Emergency Department

Preamble:

- Two physicians are on call: i) Code STEMI physician; ii) Adult Cardiology on Outside calls
- Subspecialty Adult Cardiology calls also include for differentiated consult requests: i) Echo
 Cardiologist on call; ii) EP Cardiologist on call; iii) HF Cardiologist on call; iv) Interventional
 Cardiologist on call
- VECTRS 204-949-4000 (Virtual Emergency Care and Transfer Resource Services) will begin
 coordinating calls for the STEMI Physician and Adult Cardiology on "Outside call" on Dec. 3, 2024.
 VECTRS also triages and prioritizes all ground and air inter-facility transfers (IFT's) for the two
 dispatch centres.
- The following are general guidelines only. Clinical judgement takes precedence when determining acuity and stability of patient (i.e. to determine if the consult is urgent/emergent or non-urgent).
- Urgent/Emergent Adult Cardiology "On Call Service" for phone advice only. Would not replace formal consultation and/or diagnostic investigations if required.
- Urgent/Emergent Code STEMI or Adult Cardiology "On Call" Service (24 hours/day) SBH paging transfers any calls to VECTRS. On-call Cardiologist names are not provided to callers.

ADULTY CARDIOLOGY CONSULTS coordinated by VECTRS

As of: December 3, 2024 at 08:00

1. Cardiologists On-Call:

a. Emergent and Urgent consult requests: calls are coordinated by VECTRS

i. STEMI physician

ii. Adult Cardiology on Outside Calls

b. Stable +/- differentiated consult requests: calls are <u>not</u> coordinated by VECTRS

i. Echo Cardiologist

- ii. Electrophysiology Cardiologist
- iii. Heart Failure Cardiologist
- iv. Interventional Cardiologist

2. VECTRS (Virtual Emergency Care and Transfer Resource Services) provides the following services that are pertinent to Adult Cardiology:

a. Inter-Facility Transfer (IFT) Triage and Prioritization: Nov 5, 2024

i. Ground and Air IFT - Provincial

b. Paramedic (pre-hospital) on-line medical support (OLMS) Nov 5, 2024

i. STEMI (paramedic calls)

ii. LVAD

c. Cardiology Consults - Emergent, Urgent Advice Dec 3, 2024

i. STEMI (hospital calls - ED/UC/inpatient)

ii. Adult Cardiology on Outside Call

20-Feb-2025

Level of Acuity	Cardiac diagnosis	Timeline to Response	Service	
EMERGENT	STEMI	Available 24 hours/day	OUTSIDE Winnipeg: PARAMEDIC calls (pre-hospital) • call VECTRS for consult and transport: STEMI physician added to call HOSPITAL calls (ED, UC, inpatient) • call VECTRS for consult and transport: STEMI physician added to call	
			INSIDE Winnipeg: HOSPITAL calls (ED, UC, inpatient) • call first for emergent ambulance to: WFPS STEMI Hotline 204-986-2622 • WFPS transfers to VECTRS • STEMI Physician added to call PARAMEDIC calls (pre-hospital) • current process working:	
EMERGENT	Unstable ACS Cardiogenic shock Severe heart failure Unstable arrhythmias	Available 24 hours/day	OUTSIDE Winnipeg: HOSPITAL calls (ED, UC, inpatient) • VECTRS called first by referring physician: Adult Cardiology on Outside Calls added to call • VECTRS will simultaneously arrange IFT to SBH: o depending on time/distance to SBH and transport mode: Transport Physician and transport team may be added to call INSIDE Winnipeg: • Victoria: call VECTRS • Concordia, Grace, Seven Oaks: call Internist covering Cardiology • HSC: call HSC Cardiology Consult Service	
EMERGENT	LVAD malfunction	Available 24 hours/day	PROVINCE-WIDE: PARAMEDIC • call VECTRS for consults and transport: LVAD Coordinator / HF Cardiologist added to call HOSPITAL calls: continue to call SBH Paging	
URGENT ADVICE	Stable ACS Mild/moderate HF Stable arrhythmias	Available 24 hours/day	OUTSIDE Winnipeg and Victoria Hospital HOSPITAL calls (ED, UC, inpatient) • VECTRS called first by referring physician: Adult Cardiology on Outside Calls notified o will contact provider when available o if IFT decision made by Cardiologist, VECTRS will arrange IFT	

STABLE CONSULTS - Rural

STABLE Expedited Outpatient	Chest pain syndrome CAD risk stratification New heart failure Possible severe valvular heart disease	Days to Weeks	 Consult Community Adult Cardiologist directly for outpatient referral Contact Cardiac Sciences Program Hub Fax: 204-233-2157 E-Consult
STABLE Outpatient (majority of referrals)	Stable cardiac inquiries	Weeks to Months	 Consult Community Adult Cardiologist directly for outpatient referral Contact Cardiac Sciences Program Hub Fax: 204-233-2157 E-Consult

STABLE CONSULTS - Inside Winnipeg (Shared Health and WRHA):

Level of Urgency	VGH	SOGH	Concordia	GGH	HSC
STABLE Possible SBH Transfer and Admission	Call VECTRS: Adult Cardiology on "Outside calls" notified	SOGH Internist covering Cardiology (Internist calls SBH Adult Cardiology on Outside Calls if needed)	Concordia Internist covering Cardiology (Internist calls SBH Adult Cardiology on Outside Calls if needed)	GGH Internist covering Cardiology (Internist calls SBH Adult Cardiology on Outside Calls if needed)	HSC Cardiology Consult Service
STABLE Inpatient Consult Inpatient Unit	Call VECTRS: Adult Cardiology on Outside Calls notified (0800-1700)	SOGH Internist covering Cardiology	Concordia Internist covering Cardiology	GGH Internist covering Cardiology	HSC Cardiology Consult Service
STABLE Early Outpatient Consult	1. Community Adult Cardiologist - consult directly for outpatient referral 2. Contact Cardiac Sciences Program Hub (Fax: 204- 233-2157) 3. E-Consult	SOGH Internist covering Cardiology	Concordia Internist covering Cardiology	GGH Internist covering Cardiology	1. Community Adult Cardiologist - consult directly for outpatient referral 2. Contact Cardiac Sciences Program Hub (Fax: 204- 233-2157) 3. E-Consult

20-Feb-2025

DEFINITIONS:

Unstable ACS: hemodynamic compromise

severe HF and/or refractory ischemia

Stable ACS: hemodynamically stable

ischemic chest pain free +/- mild HF

Severe heart failure: low blood pressure

possible low cardiac output syndrome

high O2 requirements

Mild-moderate heart failure: hemodynamically stable

no end organ issues

low-moderate O2 requirements

easily diuresing

Unstable Arrhythmia: hemodynamic compromise

concomitant heart failure

ventricular tachycardia, prolonged ventricular pauses

Stable Arrhythmia: hemodynamically stable

afib/flutter, supraventricular tachycardias, AV blocks without prolonged pauses