VA Cardiology Policies for Medicine Residents (updated 6/7/12)

ACS Patients

- Please do not write " r/o ACS" in your assessment/plan. Instead, if you think the patient may be having acute coronary syndrome, write "chest pain" or "probable CAD" or "symptomatic CAD" for example.

- All troponin results >0.04 have to be commented on by the cardiology fellow or attending.
    - HIGH SUSPICION FOR ACS: (e.g. typical,CP, dynamic /or new ,EKG changes etc)should be admitted to cardiology.
        - ASA must be given immediately
        - Beta block must be given within 24 hours, (indicated in Ant, anterolateral MI, in the absence of hypotension
        - If there is any contraindication to either of the above medications it should be stated in your progress note or in a separate noted titled "Medicine Contraindication."
        - Consider heparin (either UFH or LMWH) in appropriate doses
        - Follow the protocol of ACS in the CPRS.

    - Intermediate Suspiciion for ACS: typical chest pain with risk factors, or hx of heart disease, no EKG changes , or cardiac marker, place a consult in CPRS for Cardiology AND call the fellow personally to tell them about the patient.

    - LOW SUSPICION FOR ACS: (e.g. no symptoms or EKG changes BUT minimal troponin elevation (0.041-0.5 for example , "Trop Note"
        - DURING THE DAY: call the cardiology fellow to notify them of the elevated troponin
        - AT NIGHT: signout to the primary team that they must call the cardiology fellow early in the morning to notify him/her

CHF Patients

- Patients with the diagnosis of CHF:
    - State the EF and , NYHA Class (I-IV), in your progress notes and discharge summary. A repeat EF determination on each admission is not required.
    - In the discharge instructions, check the "CHF is one of the patient's discharge diagnoses" box & fill out the additional information required. If any of the CHF medications e.g. BB, ACEi, ASA etc. could not be used, please state the reason in the Discharge Instructions.

Cardiology vs. Internal Medicine admissions

The following patients should be admitted to the Cardiology service:

- Acute coronary syndrome (must be housed in CCCU-M)
    - NSTEMI
    - STEMI
- Heart Failure
    - New-onset CHF
        - If patient is stable and does not need a CCCU-M bed, this patient should be admitted to Cardiology on a telemetry bed. .
        - If the Cardiology service is already following 3 such patients on the floor then the next patient should be admitted to *medicine* and a cardiology consult must be requested.
        - Advanced, decompensated CHF, new or recurrent, with either hypotension and/or renal disease, patient to be admitted to cardiology CCU, and can be transferred to medicine after improvement .

- *In the* case of unavailability of CCU beds, the patient may be admitted to *medicine*, and a cardiology consult must be consulted and co managed

Atrial Fibrillation

Acute-onset atrial fibrillation with rapid ventricular response should be admitted to Cardiology and housed in CCCU-M

- Chronic, recurrent atrial fibrillation that is easily rate-controlled in ED can be admitted to *medicine* on telemetry.