Valvular Heart Disease Referral	Referral Guide: Page 1 of 1	Cardiology

Diagnosis/Definition:

Valvular heart disease can be congenital or acquired leading to valvular stenosis and/or regurgitation with an accompanying murmur. Not all murmurs are associated with valvular disease. To evaluate a murmur of unclear origin, please see the separate referral guideline.

Initial Diagnosis and Management:

History focused on symptoms of cardiac dysfunction (exercise tolerance, chest pain, dizziness, syncope, orthopnea), physical exam characterizing the murmur (timing, intensity, location, etc.) and looking for signs of dysfunction (rates, S3, S4, edema, jugular venous distention).
PA and LAT CXR.
12 lead electrocardiogram
Echo/doppler examination useful in estimating severity of lesion(s) and left ventricle function
Echo/doppler not indicated in young asymptomatic individuals with short midsystolic murmurs (outflow murmurs) consistent with diagnosis of functional murmur
Endocarditis prophylaxis for procedures (AHA recommendations) for stenotic and/or regurgitant lesions
Rheumatic fever prophylaxis for well-established cases of rheumatic valvular heart disease

Ongoing Management and Objectives:

Regular follow-up by the primary care manager (PCM in order to avoid undetected deterioration in cardiac function. Regular visits should assess symptoms of cardiac disease (chest pain, dyspnea, and dizziness).
Follow-up studies (echocardiogram, multiple gated acquisition scan, etc.) on a schedule as determined by the Cardiology consultant.
Specialty follow-up schedule and management recommendations as determined by Cardiology consultant. Most patients who are asymptomatic do not need to be seen regularly by a specialist unless certain criteria of progression are met.

Indications for Specialty Care Referral:

Symptomatic patients with stenotic and/or regurgitant lesions
Asymptomatic patients with progressive cardiac enlargement detected on CXR and/or echocardiogram. Also, those at risk of enlargement i.e., >moderate (AI) aortic insufficiency or (MR) mitro value regurgitation.

Test(s) to Prepare for Consult:	Test(s) Consultant May Need To Do:

Criteria for Return to Primary Care:

Complete specialty care evaluation with ongoing care than ca be accomplished by the PCM
Chronic condition that can be managed by the PCM with intermittent consultation with the Cardiologist

Revision History: Created **Revised**

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.