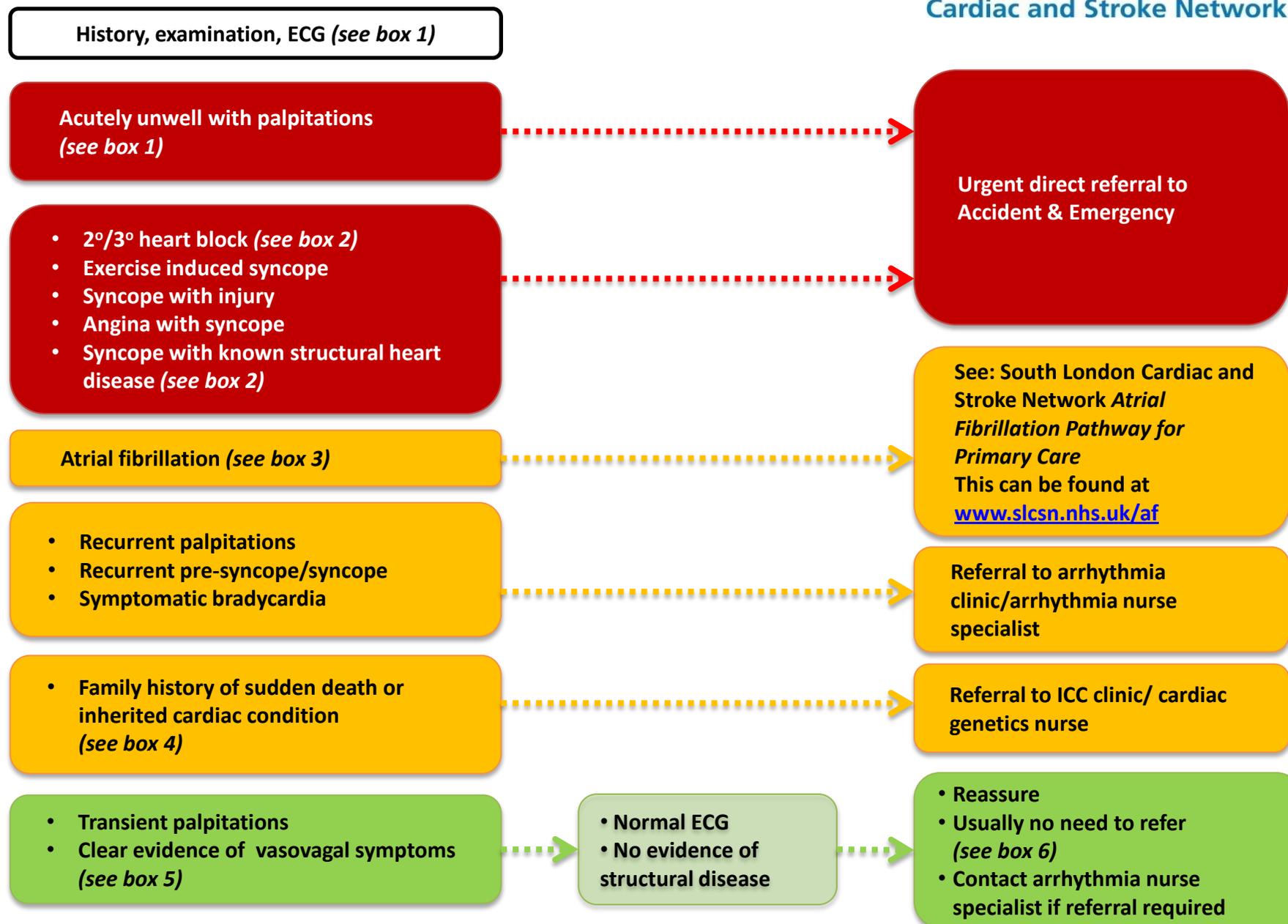


## TRAFFIC LIGHT SYSTEM

For the referral of patients with suspected cardiac arrhythmia, cardiac syncope or family history of sudden death (under 35 yrs)



**NOTE:**

This system is *not* exhaustive and is **intended to be used as a guide only**.

Prudent clinical judgement should always be used.

Young age does not exclude serious cardiac disease.

Use traffic lights for symptoms at all ages.

**1** Always include a copy of the ECG in the referral, unless the patient is acutely unwell, in which case an ECG is not required.

Abnormal ECG could include:

- Evidence of previous myocardial infarction or left ventricular hypertrophy
- Significant T wave inversion
- Left bundle branch block
- Pre-excitation (Wolff-Parkinson-White syndrome)
- QTc interval prolongation > 460ms

**2** **2° heart block exception:** Patients with nocturnal Wenckebach need not be urgently referred to A&E. Refer to arrhythmia clinic / arrhythmia nurse specialist

History of **structural heart disease** might include:

- History of myocardial infarction
- Cardiomyopathy
- Valvular heart disease
- Cardiac failure
- Left ventricular hypertrophy

**3** Refer to South London Cardiac and Stroke Network **Atrial Fibrillation Pathway for Primary Care** for cases of AF or irregular pulse suggestive of AF.

If irregular pulse is not confirmed as AF on ECG, routine referral to arrhythmia specialist.

The SLCSN **Atrial Fibrillation Pathway for Primary Care** can be found at [www.slcsn.nhs.uk/af](http://www.slcsn.nhs.uk/af)

**4** If a sudden death occurs, cardiac screening of immediate blood relatives is indicated *if any of the following*:

- The sudden death is unexplained despite a full coronial investigation (known as sudden arrhythmic death syndrome, or SADS)
- The sudden death occurs in patients under the age of 45
- An inherited cardiac condition is identified at autopsy

Refer to the inherited cardiac conditions clinic  
Liaise with the cardiac genetic nurse

**5** Evidence that symptoms are vasovagal is suggested when there are no features that suggest an alternative diagnosis, and there are features of uncomplicated faint such as:

- Posture – prolonged standing, or similar episodes have been prevented by lying down
- Provoking factors (such as pain or medical procedure)
- Prodromal symptoms (such as sweating or feeling warm/hot before TLoC)

If in doubt, consider arrhythmia specialist referral

**6** In patients designated as “green” there should be a normal ECG and no known evidence of structural heart disease.

If symptoms are persistent, or patients require further reassurance, consider referring to the arrhythmia nurse specialist.

