

**TILT TABLE TEST REFERRAL**

<b>Patient name:</b>		<b>D.O.B</b>		<b>Hosp. no:</b>	
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Please complete form and send to Paul Atkin, Department of Academic Cardiology

- Supine BP: HR (supine):
- Standing BP: HR (Standing):
- Height (m): Weight (kg):

Indications checklist: (In accordance to European Society of Cardiology. Tick as appropriate)

One episode of an unexplained syncope in a high risk environment (class I)	
Recurrent episodes of syncope in the absence of cardiac disease (class I)	
Recurrent episodes of syncope in the presence of organic heart disease after cardiac causes of syncope have been excluded (class I)	
To discriminate between reflex and orthostatic hypotension syncope (class IIa)	
Frequent syncope and psychiatric disease (Class IIb)	
Patient with recurrent unexplained falls (Class IIb)	
To differentiate syncope with jerking movements from epilepsy (class IIb)	

Reason for referral if indication not listed above (e.g. POTS):

**DO NOT REFER:** as test for assessing current treatment or if there are contraindications:

- Critical mitral stenosis
- Left ventricular outflow tract obstruction / significant Aortic stenosis
- Severe proximal cerebral or coronary arterial disease

**Any Contraindication to Carotid sinus massage?**

- MI/TIA/stroke in last 3 months;
- Carotid bruit-do doppler first: contraindicated if >70% stenosis.
- Previous adverse reaction to CSM,
- VT/VF previously

Carotid sinus massage result (please do before referral if not contraindicated):

Any contraindication to GTN? (e.g use of Viagra) .....

Significant co-morbidities (e.g. dementia)/ pregnancy.....

Name of Referrer:

Job title:

Department:

Signature: ..... Date of Referral: .....

Indication	Baseline		PDSA cycle 1		PDSA cycle 2		Final Measurement	
	Number	%	Number	%	Number	%	Number	%
Inappropriate	26	24	0	0	1	8	0	0
Appropriate	84	76	6	100	12	92	11	100