



Inpatient TAVI Referral Proforma

On completion send to: [oxford.tavi@ouh.nhs.uk](mailto:oxford.tavi@ouh.nhs.uk)

# Please note

* **Do not delay referral for TAVI CT – this is not required prior to referral**
* **There is no requirement for coronary angiography prior to referral**
* **All inpatient referrals will be considered for rapid outpatient TAVI (7-14 days)**
* **Incomplete proformas will be returned**

# Patient details

**Name**:

**DOB**:

**NHS number**:

**Patient mobile (essential)**:

**Hospital**:

**Date of referral**:

**Referrer (name and contact)**:

**Ward**:

**Admission date**

**Consultant**:

## Clinical presentation and details of admission

*Please include nature of presentation and current clinical status*

## Co-morbidities

## Social circumstances

*Please include home circumstances, POC, mobility, cognition, frailty or safeguarding issues*

## Next of kin

*Name and mobile telephone contact*

# Echo

Mean gradient \_\_\_ mmHg Peak gradient \_\_\_ mmHg AVA \_\_\_ cm2 EF \_\_\_ %

## Other valve disease?

# TAVI CT

**Y / N**

If **yes**, transfer images via PACS and attach the report to referral email

If **no**, patients accepted for rapid outpatient TAVI will have outpatient CT in Oxford

***TAVI CT is not required prior to referral***

# ECG

Rhythm \_\_\_ PR \_\_\_ QRS \_\_\_

***Please attach copy of ECG (RBBB may require pre-pacing prior to transfer)***

# Height / Weight / AMTS / CFS

Height (cm): Weight (kg): AMTS (/10): Clinical Frailty Scale (Rockwood):

# Coronary angiogram

**Y / N** If **yes**, transfer images via PACS and attach the report to referral email

***Coronary angiography is not required for referral***

# Blood results

Hb \_\_\_ Creatinine \_\_\_ CRP \_\_\_ Albumin \_\_\_

# Any other relevant information

*E.g. ongoing requirement for IV diuresis, recent delirium, infection, poor dentition*