

**QUEEN MARY HOSPITAL**

**ACUTE GERIATRIC HIP FRACTURE**  
**PRE-OPERATIVE CARDIAC CONSULTATION CHECKLIST**

This evaluation is for assessing the need to initiate pre-operative cardiac consultation for hip fractured patients.

<b>Names:</b>		<b>Diagnosis:</b>	
<b>Sex:</b>		<b>Planned operation:</b>	
<b>Age:</b>		<b>GA/SA:</b>	
<b>ID number:</b>		<b>Expected OT date:</b>	
<b>Ward/bed:</b>			

**Routine tests in orthopedic ward**

<b>TESTS</b>	<b>√ if done</b>
Cardiovascular examination (blood pressure, pulse, auscultation)	
Blood tests: complete blood count, liver and renal function tests	
12 lead electrocardiogram	
Chest X-ray	

**Initial assessment by orthopedic intern and/or medical officer**

	<b>√ if positive</b>
<b>Coronary artery disease</b>	
MI or ACS in the past 6 months	
PCI within past 6 months	
Unstable/ongoing angina	
Acute ischemic changes on ECG	
Chest pain without cardiac assessment	

	<b>√ if positive</b>
<b>Heart failure</b>	
History of heart failure	
LVEF<45%	
Physical signs of heart failure	
X-ray evidence of heart failure	

<b>Structural heart disease</b>	
Known AS/MS	
Known cardiomyopathy	
Ejection systolic murmur	
DBP>110mmHg or SBP>180mmHg	

<b>Arrhythmia</b>	
History of ventricular arrhythmia	
Resting heart rate <50 bpm	
Resting heart rate >100 bpm	
High degree AV block on ECG	

<b>Atrial fibrillation</b>	
Ventricular rate >100/min	
Signs of heart failure	
Hypotension: SBP<100	

<b>Cardiac medical device</b>	
Permanent pacemaker	
Automatic implantable cardioverter defibrillator	

Please consult cardiac team if the patient has any of the following condition. Please forward this consultation form with ECG to Dr. David Siu (Division of Cardiology).

\_\_\_\_\_  
Doctor name and signature

\_\_\_\_\_  
Date