



# Austin Health Pulmonary Hypertension Clinic Referral Guidelines

## Target population for this clinic:

- Undifferentiated pulmonary hypertension for evaluation
- Surveillance of the development of pulmonary hypertension in the following groups:
  - Scleroderma
  - Patients with a family history of pulmonary hypertension with a BMPR2 mutation
  - First degree relatives of patients with hereditary pulmonary hypertension
  - Patients undergoing assessment for liver transplantation
- Suspected group 1 pulmonary hypertension
  - Early referral recommended in the above conditions, alongside portal hypertensive patients, HIV positive patients, non-scleroderma related connective tissue disease where there is suspicion of pulmonary hypertension
- Patients with chronic thromboembolic pulmonary disease particularly who have a persistent abnormality on V/Q scanning >3 months after the initial event
- Patients with cardiovascular disease with an unexplained concomitant precapillary component (e.g. PVR >2WU in the absence of longstanding severe left sided valvular disease)

However, any referral with concern about pulmonary hypertension in a patient will be accepted provided the minimum information required is included.

## Referral process:

Patients with suspected pulmonary hypertension may become clinically higher priority for review after the time of referral. If you are concerned about deterioration of your patient in the interim, or if you have a concern about a delay in organizing an appointment to assess them, please send an updated referral form.

**If the patient's care needs have become urgent, please call the cardiology registrar via the Austin Switchboard on (03) 9496 5000.**

You will be notified when your referral is received. Your referral may be declined if it does not contain essential information required for triage, or if the patient is under the age of 18 or managed for this condition at another Victorian public hospital.

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

**Referrals will be accepted from general practitioners and specialist physicians alike. Please review the following page for the minimum information required for a referral to be accepted.**

Referrals should be addressed to:

Dr Anna Beale  
Cardiologist, Pulmonary Hypertension Service  
Austin Health  
Email: [pht@austin.org.au](mailto:pht@austin.org.au) (preferred)  
Fax: (03) 9496 5665  
Phone (for queries regarding referrals): (03) 9496 5573

**All referrals to include:**

- Demographic details, including contact details that have been confirmed with the patient, medicare number, GP details, if an interpreter is required
- A detailed referral letter including reason for referral, duration of symptoms, past medical history and current medication list
- A list of specialist clinicians involved in the patient's care so that they can be included in the clinic letter

**Investigation results:**

Please include copies of the following investigation results (in addition to describing the result in the body of the referral letter)

Necessary investigations

- FBE, UEC
- Transthoracic echocardiogram within 6 months of referral date
- Lung function tests including DLCO within 6 months of referral date

Investigation results to include *if performed*

- High resolution CT scan of the chest
- CT pulmonary angiogram
- V/Q scan report
- Connective tissue disease screen
- Thrombophilia screen
- Right heart catheter study
- Coronary angiogram