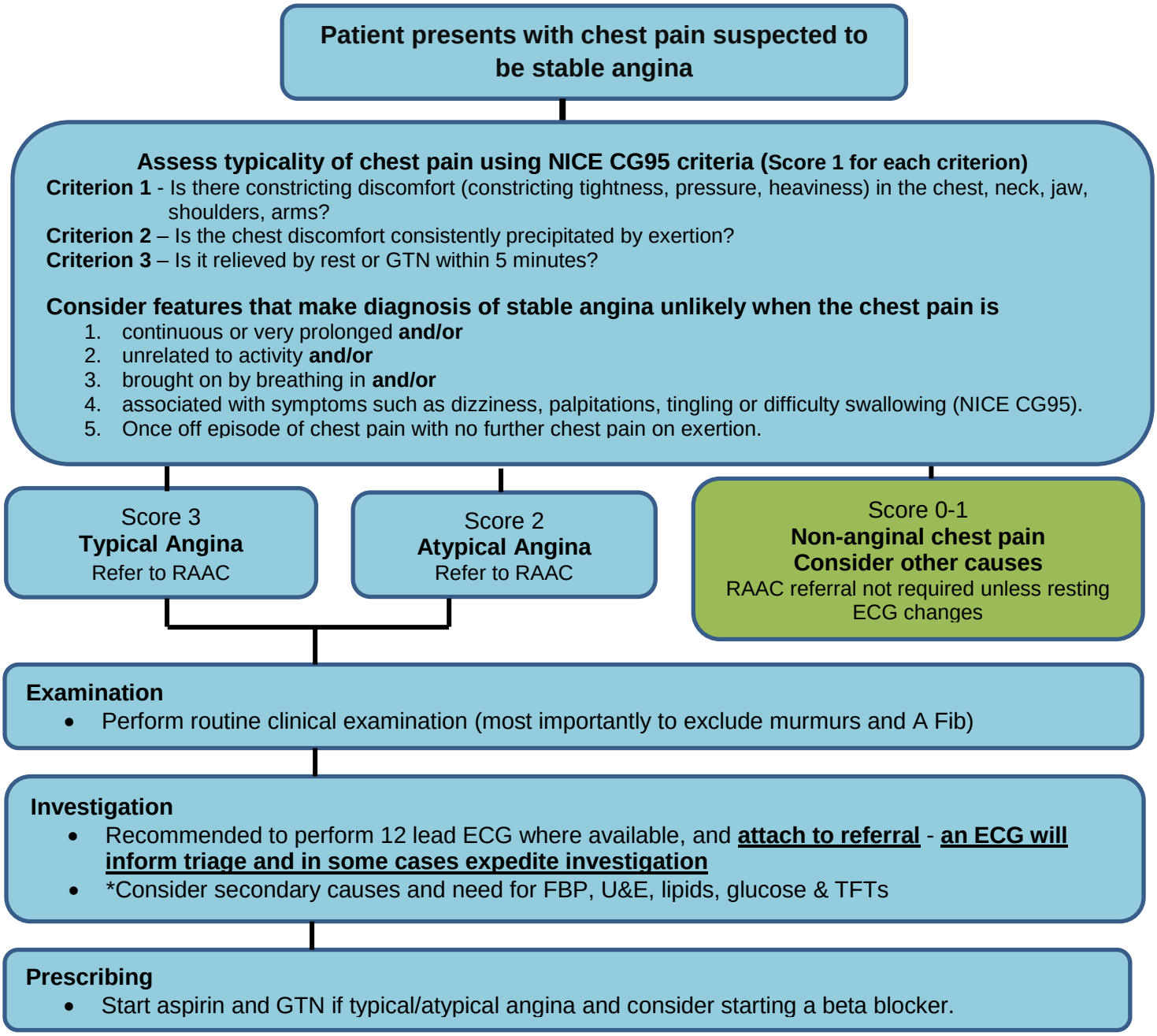
Rapid Angina Assessment Clinic (RAAC) Referral Guidance for Stable Angina

RAACs are designed for the assessment and diagnosis of new onset chest pain **(stable, non-acute)** suggestive of stable angina and for patients who have known ischaemic heart disease and recurrent symptoms not currently under the care of a cardiologist. It is **not** appropriate for screening for CHD or definitively diagnosing non-anginal causes of chest pain.

Patients who clearly have non-anginal chest pain are not likely to benefit from attendance and will not be offered an appointment. Referrals will be returned if there is insufficient information.

Patients who are felt to have unstable symptoms i.e. prolonged (> 15minutes) episodes of chest pain with a high likelihood of being ischaemic should be referred to ED.



CCG Referral information should include:

- Characteristics of presenting chest pain to include NICE CG95 criteria as above
- Patients CV risk factors e.g. smoking, diabetes, hypertension, lipids, and family history (defined as 1st degree relative < 60 years)
- 12 lead ECG and bloods if available
- Q Risk Score if available.

Advise patient that if pain/discomfort increases in severity or duration to seek urgent medical attention at an ED.

*NICE CG95 https://pathways.nice.org.uk/pathways/chest-pain#path=view%3A/pathways/chest-pain/assessing-and-diagnosing-suspected-stable-angina.xml&content=view-node%3Anodes-initial-management-and-ecg suggests outruling anaemia, hyperthyroidism etc.