Typical New Admission Procedure for Heart Patients in the NHS (UK)

1. Routes of Admission

Heart patients are usually admitted to hospital through one of three routes:

a) Emergency admission

- Via **999 ambulance** or **A&E**
- Common reasons:
    - Chest pain / suspected heart attack
    - Severe breathlessness
    - Collapse or fainting
    - Dangerous arrhythmias

This is the **fastest and highest-priority pathway**.

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b) Urgent GP or clinic referral

- GP, out-of-hours service, or cardiology clinic refers the patient
- Used for:
    - Worsening heart failure
    - Unstable angina
    - Rapid arrhythmias

Patients may be admitted directly to a cardiology ward, bypassing A&E.

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c) Planned (elective) admission

- For scheduled procedures or investigations such as:
    - Angiography
    - Stent insertion
    - Pacemaker implantation
    - Heart surgery

Patients usually receive a **pre-admission assessment** beforehand.

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2. Initial Assessment on Arrival

Once admitted, the patient undergoes **rapid clinical assessment**:

- Confirmation of identity and NHS number
- Vital signs (heart rate, blood pressure, oxygen levels)
- Pain and symptom assessment
- Medical history and medications review

For emergencies, this happens **immediately on arrival**.

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3. Early Investigations

Typical initial tests include:

- **ECG** (often within minutes for chest pain)
- Blood tests (including troponin, kidney function, electrolytes)
- Chest X-ray
- Oxygen saturation monitoring

Results help determine urgency and next steps.

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4. Triage and Risk Stratification

Based on findings, patients are categorised as:

- **High-risk** (needs urgent intervention or intensive monitoring)
- **Moderate-risk** (ward admission with close observation)
- **Low-risk** (possible short stay or early discharge with follow-up)

High-risk patients may go directly to:

- Coronary Care Unit (CCU)
- Cardiac High Dependency Unit (HDU)

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5. Admission to Ward or Cardiac Unit

Patients are transferred to:

- Cardiology ward
- Coronary Care Unit (CCU)
- Intensive Care Unit (ICU) if critically unwell

Here they receive:

- Continuous heart monitoring
- Nursing care
- Oxygen or IV treatments if required

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6. Specialist Cardiology Review

A cardiologist or cardiology registrar:

- Reviews test results

- Confirms diagnosis
- Explains the condition to the patient
- Creates a treatment plan

Daily **ward rounds** review progress and adjust treatment.

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7. Treatment Initiation

Treatment may include:

- Medications (e.g. antiplatelets, beta blockers, diuretics)
- IV fluids or diuretics
- Heart rhythm control
- Emergency procedures (angioplasty, cardioversion)

Consent is obtained for all non-emergency procedures.

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8. Ongoing Monitoring and Tests

During admission, patients may have:

- Repeat blood tests
- Echocardiogram (heart ultrasound)
- CT coronary angiography
- Cardiac MRI (in selected cases)
- Continuous ECG monitoring

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9. Multidisciplinary Team Involvement

Care often involves:

- Cardiologists
- Cardiac nurses
- Heart failure specialist nurses
- Physiotherapists
- Pharmacists
- Dietitians

This team approach improves outcomes and recovery.

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10. Patient Education and Discharge Planning

Before discharge, patients usually receive:

- Explanation of diagnosis and treatment
- Medication education
- Lifestyle advice
- Warning signs to watch for
- Follow-up appointments

Many are referred to **cardiac rehabilitation**.

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11. Discharge or Transfer

Patients may:

- Go home with follow-up care
- Transfer to another hospital for specialist treatment
- Move to rehabilitation or step-down care

Discharge summaries are sent to the GP.

Role of the NHS

This entire process is coordinated by the **NHS**, with care delivered free at the point of use, prioritised by clinical need.

Summary: Typical Timeline

Stage	Timeframe
Initial assessment & ECG	Minutes to 1 hour
Blood tests & imaging	Same day
Specialist review	Within 24 hours
Treatment initiation	Immediately
Discharge (stable cases)	1–5 days (varies widely)