Pulmonary Hypertension REFERRAL GUIDELINE

For more information or referral questions, contact your local vascular practice. For a complete listing, visit mainehealth.org/services/cardiovascular/service-locations

MODERATE RISK

SUGGESTED

CO-MANAGEMENT

SYMPTOMS AND LABS

Progression of symptoms over 6-12

months

No history of syncope

No signs of right heart failure

Moderate or severe pulmonary

hypertension

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Rapid change and progression of symptoms < 6 months

Any episode of syncope

Signs and symptoms of right heart failure

Severe pulmonary hypertension

Shortness of breath at rest

Age < 50

SUGGESTED PREVISIT WORKUP

Expedited referral to Pulmonary Hypertension Clinic

Suggest calling 207-661-4247, option 9 (physician to physician hotline)

Expedited outpatient (possible inpatient) evaluation

SUGGESTED WORKUP

Referral to Pulmonary Hypertension Clinic

Consider calling 207-661-4247, option 9 (physician to physician hotline)

LOW RISK SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Slow progression of symptoms >12 months

No history of syncope

No signs of right heart failure

Mild or moderate pulmonary hypertension

No shortness of breath at rest

SUGGESTED MANAGEMENT

Referral to Pulmonary Hypertension Clinic

- On echocardiogram, a tricuspid regurgitant jet velocity > 2.8 m/s or estimated RVSP 35mmHg or greater is suggestive of the
 presence of pulmonary hypertension
- Clinical signs or symptoms of right heart failure include: syncope, chest pain, abdominal bloating, and swelling of the feet, ankles, and legs

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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.