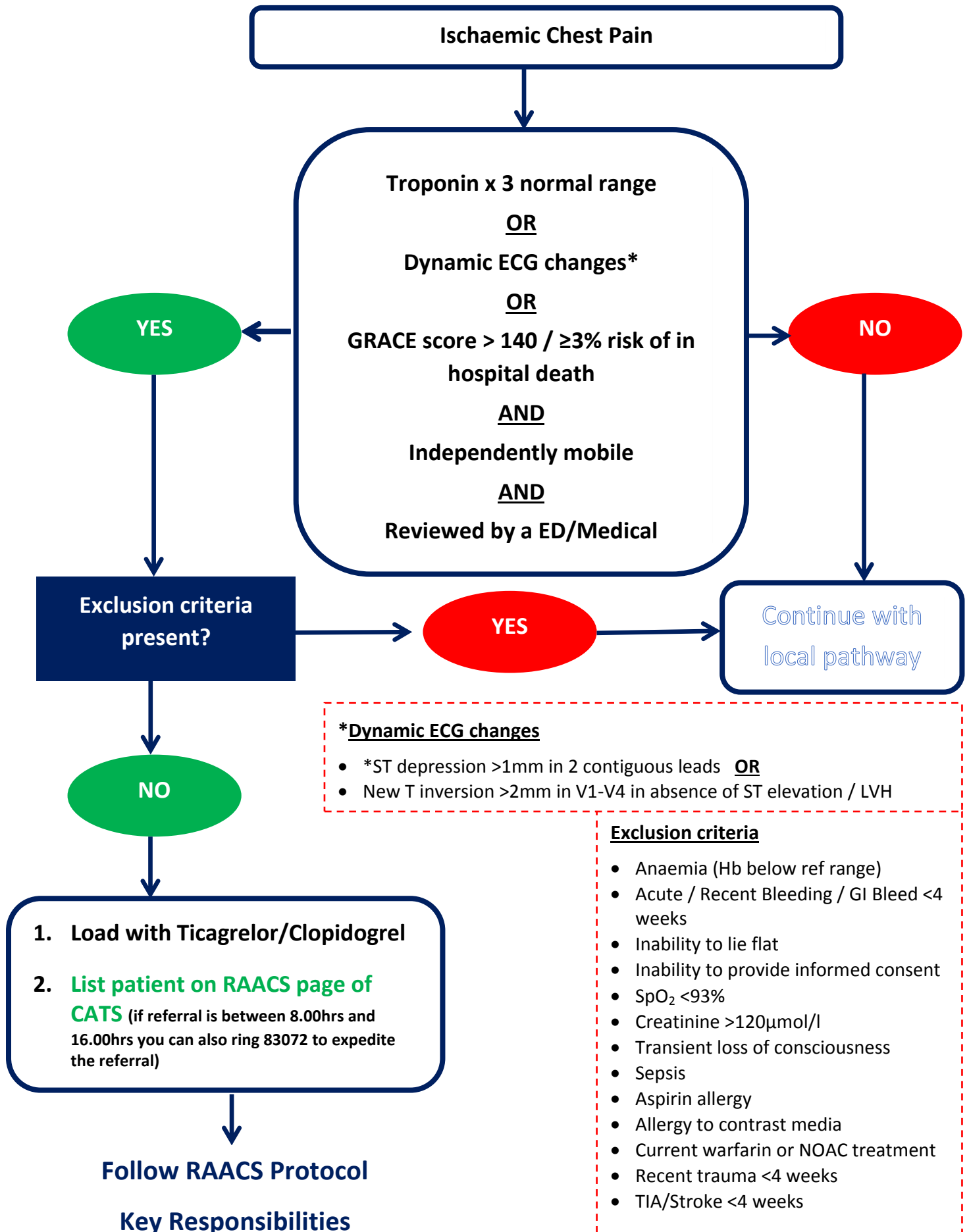


Pennine Rapid Access for ACS (RAACS) SOP for Oldham Referrals

The 24 hour target for RAACS relates to Time of Arrival in the Emergency Department to angiography: **NOT** referral time to angiography. Therefore, early identification and referral of high risk ACS patients in the ED / AMU is essential.



RAACS Protocol - Key Responsibilities		
	WHO	ACTION
1.	Emergency Department and AMU	Eligible patients must have been reviewed by a ED shop floor lead/Medical Consultant (patients do not have to be reviewed by Cardiology).
		The referring Consultant (or Health Care Professional acting on behalf of the Consultant) refers the patient on the RAACS web page: https://nwww.gmccardiacweb.nhs.uk/raacs/ <u>Data quality is key</u> : data will be used extensively to audit the service.
		If the patient meets referral criteria and has none of the exclusion criteria, the patient will be accepted by the electronic system and the RAACS status will be: 'Accepted for RAACS' N.B. If the patient <u>inclusion criteria is ischaemic chest pain and Dynamic ECG changes only</u> , the ECG SHOULD be discussed with the local Cardiology team.
		Responsible for ensuring: <ul style="list-style-type: none"> Explanation of the treatment plan is given to the patient Patient to have received Dual Anti Platelet loading: Aspirin 300mg and Ticagrelor 180mg (if not contraindicated). Full blood count and U&E results are available Complete the Catheter Lab WHO checklist prior to transfer - if patient going direct to cath lab. All other departmental paperwork should be completed as per local guidelines
		For all accepted referrals, staff must advise the bed managers that a RAACS patient has been accepted for the lab (as an appropriate bed (F8/CCU/MAU) will be needed for the patient to go to post procedure. During the working day, a bed at this point should not delay the patient having angiography).
		If the system declines a referral (based on pathway criteria and exclusion criteria) the referral will default to 'continue with local pathway' and the RAACS status tab will specify why the referral has been declined. The referring clinician should continue with the local pathway.
2.	Cath Lab Coordinator	Cath Lab Coordinator identifies patients 'Accepted for RAACS' on the CATS system and contacts the referring department and provides instructions to ensure the patient is adequately prepared for the procedure and prepares for transfer.
		Liaises with F8/CCU/AMU and bed managers to source an appropriate bed (though securing a bed at this point should not delay patient referral).
		Informs the Cardiology PCI Consultant that a RAACS patient has been added to the lab list (and give details)
		Identifies a suitable slot and prioritises the running order of the HOT ACS list
3.	Local Cardiology team	Visits the patient before going to the lab and consents the patient for Angiogram +/- Proceed. If any concerns about patient not meeting criteria or suitability for the procedure, the patient must be discussed with the PCI Consultant in the cath lab.
4.	Cath Lab Coordinator	Rings the referring department when cath lab is ready and arranges transfer
5.	Bed Managers	Liaises with wards to ensure that a Cardiology bed will be available for the patient post procedure.
6.	Cath Lab Coordinator	All referrals that default to 'continue with local pathway' will be reviewed by the Cath Lab Coordinator and the coordinator will ensure that a cardiology review takes place if this has been requested in the patient's notes by the admitting Consultant.