



# Coronary Care Patient Certificate - DVA

Important - please read instructions overleaf

## Section 1 - Patient and Hospital Details (may be completed by hospital staff)

Hospital name

UR No.  Certificate No.

Patient name

Date of birth  /  /

Entitlement No.

### Admission to Unit

Elective  Non-elective

Transfer in  Time  am/pm Date  /  /

### Discharge from Unit to

Ward  Home  Deceased

Transfer out  Time  am/pm Date  /  /

## Section 2 - Particulars of Admission (to be completed by treating cardiologist/specialist)

I certify that it was necessary for this patient to receive treatment in a critical care unit and that the patient met the criteria for admission to this unit for the period shown.

Reason for admission to hospital

Surgical procedure performed (if applicable)

Reason for admission to unit


Co-morbidities/other complicating factors

### Pathophysiology (please tick relevant box(es))

Acute coronary syndrome  
 Acute cardiac failure       Acute CVS instability  
 Other - please specify

If the patient is still in the unit at day 10, what is the anticipated further LOS?  days

Reason for this further LOS

Signature of treating cardiologist/specialist  
 / /

Name (please print)

## Section 3 - Supporting Data for Admission (may be completed by coronary care registered nurse)


### Interventions (please write date and tick each day)

	1	2	3	4	5	6	7	8	9	10	Principal Patient Category
IV Antiplatelets/Anticoagulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b>
External Pacing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b>
Temporary Pacing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b>
Femoral Arterial/Venous Sheath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b>
Neurovascular Observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b>
Swan Ganz Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b>
CVP Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b>
IV Thrombolytic Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b>
Continuous IV Antiarrhythmics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b>
IV Vasodilators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b>
IV Inotropes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b>
ST Segment monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b>
Other - please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b>

*New Certificate to be completed if stay exceeds 10 days and 10 days thereafter*

### Additional comments/information (if required)

### Signature of Nursing Unit Manager

 / /

### Name (please print)

### Contact telephone number

( )

# Instructions for Use of the Coronary Care Patient Certificate

## Important

The Certificate design has been developed to assist hospitals to provide sufficient information for the Department of Veterans' Affairs to pay supplementary intensive care benefits. Where further information is available, please include additional comments in the space provided at the bottom of the form.

## General

- This certificate is required where additional Department of Veterans' Affairs Coronary Care benefits are sought for patients admitted to a Coronary Care Unit at a private hospital.
- This certificate is used by the Department of Veterans' Affairs for reimbursement purposes to establish the complexity of a patient's care in a Coronary Care Unit, in accordance with individual hospital/Departmental arrangements.
- A new certificate is to be completed if the critical care episode exceeds 10 days, and every 10 days thereafter.
- All original certificates are not to be submitted with claims but should be kept on the patient's file for audit purposes.

## Section 1 - Particulars of Patient and Hospital

*(to be completed by hospital staff)*

- This section is used to record the patient and hospital details and to indicate the source of the patient and discharge destination, including the times and dates.
- When Transfer In and Transfer Out details are shown, the relevant hospital should be shown.

## Section 2 - Particulars of Admission

*(to be completed and signed by the Cardiologist or Treating Doctor)*

- This section is to be completed as certification for the need for the patient to be admitted to the Coronary Care Unit, and to record the reason for the admission.
- If the stay in the Coronary Care Unit exceeds the anticipated length of stay, adequate documented evidence should be supplied to allow appropriate payment.

## Section 3 - Supporting Data for Admission

*(may be completed by the Coronary Care Unit Registered Nurse)*

- This section is used to record the treatment details of the patient whilst in the Coronary Care Unit. Any of the interventions in this section which prevail during the patient's stay must be recorded by ticking the appropriate box.
- Please indicate a date for each admission day.
- The interventions data are intended to support the Category C determination as recorded on the certificate for each day of the stay.
- This section of the form must be signed by the Nursing Unit Manager on behalf of the hospital Coronary Care Unit (although the actual recording in this section may be done by a Registered Nurse in the Unit).

# Explanatory Notes of the Coronary Care Certificate's Technical Terms

## INTRODUCTION

Precise parameters of Severity of Illness, Intervention and the Relationship to Cost have been the study of many groups and at present there is no solution or recommendation that would indicate cost, the precise need for Intensive Care or its particular level of intensity.

A patient must be admitted to Coronary Care when that patient cannot be cared for at ward level by reason of:

- The clinical observation required
- The intensity of physiological monitoring
- The treatment required.

It is the responsibility of the Nurse and/or the Doctor to initiate the CCU consultation regarding admission when clinically appropriate and not in response to social or personal pressures.

It is with these principles in mind that the following guidelines are presented with a clinical statement and not a defined pathological criteria.

## PATHOPHYSIOLOGY

<i>Item</i>	<i>Technical terms</i>	<i>Category</i>
Acute Coronary Syndrome	Includes: Unstable Angina ECG Changes CKMB Elevation Management with Antiplatelets, Anticoagulants and IV Vasodilators	<b>C</b>
Acute Cardiac Failure	Includes: Signs of Acute Pulmonary Oedema Management of Left and/or Right Sided heart Failure The use of Inotropes	<b>C</b>
Acute CVS Instability	Includes: Acute Arrhythmias Haemodynamic Instability Syncope	<b>C</b>

## INTERVENTIONS

IV Antiplatelets/Anticoagulation	Continuous Antiplatelets/Anticoagulation Drugs given intravenously	<b>C</b>
External Pacing	External Cardiac Pacing when there is an unstable underlying rhythm	<b>C</b>
Temporary Pacing	Temporary Cardiac Pacing when there is an unstable underlying rhythm	<b>C</b>
Femoral Arterial/Venous Sheath	Femoral Arterial/Venous Sheath insitu following a cardiac interventional procedure	<b>C</b>
Neurovascular Observations	Neurovascular Observations following an interventional procedure via arterial/venous approach	<b>C</b>
CVP Catheter - Monitoring	Monitoring Central Venous Pressure	<b>C</b>
IV Thrombolytic Therapy	IV Thrombolytic Therapy includes Actilyse, Streptokinase and Reteplase	<b>C</b>
IV Antiarrhythmics	Continuous Antiarrhythmic Drugs given intravenously	<b>C</b>
IV Vasodilators	IV Vasodilators include Sodium Nitroprusside (SNP), Glyceryl Trinitrate (GTN) or any vasodilator given by infusion	<b>C</b>
IV Inotropes	IV Inotropes include Adrenaline, Noradrenaline, Dobutamine, Isoprenaline, Milrinone or any Inotrope given by infusion	<b>C</b>
ST Segment monitoring	Continuous cardiac monitoring of ST Segments	<b>C</b>