

NICCS Network for Inherited Cardiac Conditions Scotland

Primary care investigation and referral pathway following resuscitated VF arrest of unknown cause*

Patients resuscitated from cardiac arrest will generally be fully investigated and treated by the cardiology team.

These patients may require support in the recovery phase and referral to cardiac rehabilitation is appropriate.

In some cases, clinical course may be unpredictable and discharge may be from another clinical team and so GPs should be aware of the following:

- In some cases, an inherited cardiac condition may be diagnosed or suspected as the cause of the VF arrest. This may have implications for first-degree relatives.
- If an inherited cardiac condition is suspected or diagnosed then the index patient should be referred to the ICC service, ideally by their cardiology team.
- Consideration should be given to first-degree relatives
 - Appropriate clinical screening can be arranged through the ICC service **but**

Any first-degree relatives with red-flag symptoms (syncope / seizures) should have an ECG performed as a priority and be referred to cardiology for evaluation

**This pathway is not intended to be construed or to serve as a standard of care. Standards of care are determined on the basis of all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve. Adherence to pathway recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient's case notes at the time the relevant decision is taken.*