Guidelines for CATHLAB during COVID

PRIORITY 1 - MUST OCCUR - patients in whom a delay for more than 2 weeks in procedure would be a threat to life or cardiac muscle

- recent hospitalization for ***unstable angina***
- ongoing ***CCS 4 angina*** despite good medical therapy
- ***CCS 3 angina*** with very ***large ischaemic burden*** on stress testing/imaging
- ***ischaemic heart failure*** symptoms with LV dysfunction (EF <50%)
- angina and cardiac CT imaging shows significant ***3VD*** or ***significant LM disease***
- chest pain with ***dynamic changes*** (NOT STEMI) ***on resting ECG***
- known ***multivessel disease*** with symptoms and with ***proximal LAD or left mai***n on cardiac cath awaiting PCI
- severe ***aortic stenosis*** with symptoms and preserved LV function or asymptomatic with reduced LV function requiring angiography for SAVR
- severe ***aortic stenosis*** with symptoms and preserved LV function or asymptomatic with reduced LV function requiring TAVR
- severe ***mitral regurgitation*** with recent hospitalization for heart failure eligible for cardiac surgery or mitral clip with preserved LV function
- Hamilton Cath wait score >=4

PRIORITY 2 - COULD OCCUR - patients in whom a delay for than 6 weeks in procedure be a threat to life or cardiac muscle

- CCS 3 angina despite good medical therapy
- evidence of symptoms/ischaemia at low work load on exercise stress test
- high risk features on exercise stress test and/or stress imaging test
- staged PCI post STEMI
- severe mitral regurgitation with recent hospitalization for heart failure eligible for cardiac surgery or mitral clip with preserved LV function
- severe mitral stenosis with symptoms of heart failure or elevated PA pressures eligible for cardiac surgery or mitral valvuloplasty

PRIORITY 3 - CAN WAIT - patient who can safely wait but reasonably not more than 12 weeks for quality of life reasons

- angina with CTO requiring PCI
- stable angina CCS 1/2 requiring cath
- cryptogenic stroke with moderate of large PFO eligible for closure