Cardiovascular Screening Tool

Completing Provider: _____   Date: _____

STEP 1: Enter a 1 for each of the following that are positive:

Vital Signs		Symptoms		Risk Factors	
Resting HR $\geq$ 110		Shortness of Breath		Age $\geq$ 40	
SBP $\geq$ 140		Orthopnea		Non-Hispanic Black	
Respiratory Rate $\geq$ 24		Syncope		Pre-Pregnancy BMI $\geq$ 35	
SpO2 $\leq$ 96%		Dizziness		Pre-existing Diabetes	
		Palpitations		Chronic HTN	
		Chest Pain		Hx of Chemotherapy	
		Asthma unresponsive to therapy		Substance use: Nicotine, Cocaine, Alcohol, Methamphetamine, Opiates	
Vitals Total Score:		**Symptoms Total Score:**		**Risk Factors Total score:**	

STEP 2: Is each category's total score $\geq$ 1? (Circle one)   No   Yes

STEP 3: Add scores: Vitals + Symptoms + Risk Factors = ____ → **Total $\geq$ 4?** (Circle one)   No   Yes

STEP 4: Heart and Lung Exam. Loud Murmur or Basilar Crackles? (Circle one)   No   Yes

       ** If YES to Step 4, Order STAT MFM Consult ☐   (MFM will handle ECHO, ECG, Cardiology referral)

STEP 5: If **YES** to Step 2 **OR** 3, Order: **BNP** ☐   **ECG** ☐   **ECHO** ☐

       If patient **endorses palpitations**, order**:**   **TSH** ☐   **CBC** ☐   **ECG** ☐ (if not planned)

STEP 6: Scan into patient's chart ☐

Follow up results:

       If BNP or ECHO or ECG is abnormal, order: ☐ MFM Consult (if not already done)

       If ECG showed arrhythmia, order: ☐ Holter Monitor