

PRIMARY CARE MANAGEMENT OF CARDIAC MURMURS

The cardiology department receives more referrals each month than can be seen in clinic. Not all cardiac murmurs need to be assessed by a cardiologist and not all require echocardiography.

A thorough evaluation in Primary Care is essential before referring for an outpatient assessment. Referrals which do not contain the relevant information will be returned to the referrer.

The triaging clinician may elect to see the patient or arrange an echocardiogram directly.

HISTORY

- Onset (?recent or longstanding)
- Past history, e.g. rheumatic fever
- Associated symptoms, eg. angina, dyspnoea, syncope, palpitations
- Is the murmur always present or only heard at times of increased cardiac output, eg. exercise, fever

EXAMINATION

- BP and pulse
- Signs of heart failure: JVP, chest, peripheral oedema
- Describe nature of murmur: grade, location, systolic /diastolic
- Describe heart sounds

As a rule, **innocent murmurs** have the following characteristics:

- Grade 1-2 at left sternal border
- Systolic ejection pattern
- Normal heart sounds
- No increase in intensity with valsalva
- Often disappear with standing

INVESTIGATIONS

- FBC, CRP (?anaemia, infection)
- consider TSH if other signs of thyroid disease
- ECG
- CXR

Asymptomatic Grade 1-2 murmurs with normal CXR and ECG can be followed clinically with repeated auscultation at times when the patient is relaxed and well.

If all treatable causes have been excluded (hyperdynamic states?), and if the murmur is consistently audible or getting louder, consider referral for echo.

INDICATIONS FOR REFERRAL

- Possibility of endocarditis
- Associated cardiological symptoms, - angina / dyspnoea / syncope / palpitations
- Diastolic or continuous murmurs
- Pan systolic murmurs
- Grade 3-6 murmurs
- Abnormal ECG or CXR

These recommendations are based on National Referral Guidelines which can be found at www.electiveservices.govt.nz