

Lipid Clinic Referral for Adult Patients >16y

Referring GP details:	Patient Details:
Special needs: <input type="checkbox"/> YES <input type="checkbox"/> NO	Details for adjustment required:
Interpreter required: <input type="checkbox"/> YES <input type="checkbox"/> NO	Language:

Please note, recent **2 consecutive lipid profile** that was taken in the preceding 3 months should be used for the consideration of referral.
All relevant boxes for **Referral Criteria 1-5** should be marked to refer.

All secondary causes of hyperlipidemia should be addressed prior to referral.

Criteria 1: Hypercholesterolemia

Familial Hypercholesterolaemia suspected	1. Total Cholesterol > 7.5mmol/L and LDL > 4.9mmol/L	<input type="checkbox"/> YES <input type="checkbox"/> NO
	2. Family history of ASCVD < 60 years old in 1 st degree relative and/or < 50 years old in 2 nd degree relative	<input type="checkbox"/> YES <input type="checkbox"/> NO
	3. Family history of raised TC > 7.5mmol/L in adult 1 st or 2 nd degree relative or, > 6.7mmol/L in child, brother or sister aged younger than 16 years old.	<input type="checkbox"/> YES <input type="checkbox"/> NO

If secondary causes excluded, and **YES** to **1ST AND (2nd or 3rd)** criteria of Familial Hypercholesterolaemia please refer via e-Referral System.

If the criteria **NOT** met, follow UCLP FH pathway (**page 9**) and consider using Advice & Guidance (A&G) portal on e-Referral.

https://wessexahsn.org.uk/img/projects/Lipids-and-FH-Framework_UCLPartners-LTCs-April-2021-v4.1.pdf

Criteria 2: Hypertriglyceridaemia

Please review NCL pathway for raised triglycerides (**page 3**) before a referral.
Please consider and address secondary causes.

https://www.ncl-mon.nhs.uk/wp-content/uploads/Guidelines/2_Guidance_for_the_management_of_hypertriglyceridaemia.pdf

Fasting triglycerides > 10mmol/L on 2 consecutive lipid profiles → use e-Referral System to refer	Triglycerides > 20mmol/L → URGENT referral Use e-referral system and email rf-tr.lipidclinic@nhs.net
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If the criteria above are not met, but some advice is still required, please use A&G.

Criteria 3: Statin Intolerance

Follow Statin Intolerance Pathway & Muscle Symptoms Pathway by North Central London Lipid Management: Medicines Optimization pathways. (**Page 7-9**)
https://www.ncl-mon.nhs.uk/wp-content/uploads/2_Lipid_Management_Pathways.pdf

Intolerance to 3 or more statins <input type="checkbox"/> YES <input type="checkbox"/> NO	Statin	Dose (mg)	Refer if one of below Severe adverse reaction to one statin occurs. 1. Creatine Kinase > 10x ULN 2. ALT and/or AST > 10x ULN 3. Hx of Rhabdomyolysis

Criteria 4: Sub-optimal lipid control

LDL-cholesterol ≥ 3.5mmol/L on maximal lipid lowering therapy tolerated including Ezetimibe and/or Bempedoic acid for secondary or high-risk primary prevention	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES , use e-Referral System
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Criteria 5: Rare lipid disorders

LDL-cholesterol < 0.5mmol/L <i>Not on any lipid lowering therapy</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
HDL-cholesterol ≥ 3.5mmol/L	<input type="checkbox"/> YES <input type="checkbox"/> NO
HDL-cholesterol < 0.5mmol/L	<input type="checkbox"/> YES <input type="checkbox"/> NO
Lipoprotein (a) > 200nmol/L	<input type="checkbox"/> YES <input type="checkbox"/> NO

If **YES** on any, please use e-Referral System to enable booking an appointment.

CVD Risk Factors

If any of the below information could be provided, it would be greatly appreciated.

Diabetes Mellitus	<input type="checkbox"/> YES Type: <input type="checkbox"/> NO
Smoking	<input type="checkbox"/> YES <input type="checkbox"/> NO
Alcohol	<input type="checkbox"/> YES units: <input type="checkbox"/> NO
Medications	
Recent Blood pressure	
Dietary support given	<input type="checkbox"/> YES <input type="checkbox"/> NO

Referral Lipid profile

Lipids (mmol/l)	Date	Date
Total Cholesterol		
HDL-Cholesterol		
Triglycerides		
LDL-cholesterol		
Non-HDL cholesterol		