CORONARY CT ANGIOGRAPHY

A DIRECT PATH TO BETTER ANSWERS FOR PATIENTS WITH CHEST PAIN



Now available as a direct provider order

Cardiology and primary care providers now can order coronary computed tomography angiography (CCTA) directly through Norton Heart & Vascular Institute — streamlining access to advanced cardiac imaging when clinically appropriate.

CCTA is a Class I, Level A recommendation, establishing it as a first-line imaging strategy alongside functional stress testing for many patients with stable or acute chest pain and no known coronary artery disease (The American College of Cardiology/American Heart Association 2021 Guideline for the Evaluation and Diagnosis of Chest Pain).

CCTA is a noninvasive imaging test that evaluates the patient's coronary artery disease by identifying and characterizing atherosclerotic plaque, allowing earlier intervention and more personalized preventive care.

For appropriate patients, providers can order directly for CCTA in the outpatient setting, offering a streamlined diagnostic option without requiring an initial cardiology consultation.

To refer a patient for CCTA

Providers within the Norton Healthcare system can refer through Epic using order RAD11025 CT Angiogram Heart W/3D Image; complete the required questions and premedication panel.

Community providers can make a referral online or via fax. Visit **NortonEpicCareLink.com**, place an order for CT Angiogram Heart W/3D Image (RAD11025) and follow instructions to provide required information. Or fax to **(502) 394-3636.**

To see further referral guidance, scan the **QR code**.

Contact the CT nurse navigator

CTRNNavigator@nortonhealthcare.org • (502) 891-6315

Advanced dual-source CT scanners capable of performing high-quality coronary CT angiography are available at the following locations:

- Norton Audubon Hospital
- Norton Brownsboro Hospital
- Norton Clark Hospital
- Norton Hospital
- Norton Women's & Children's Hospital
- Norton Heart & Vascular Institute – Springs

Norton Heart & Vascular Institute is first in Kentucky to offer Naeotom Alpha.Peak powered by Quantum Technology, the world's first photon-counting CT.* This advanced technology offers:

- Ultra-high-resolution images with unprecedented detail and clarity
- Confident, conclusive clinical decision-making

This technology adds referral capability for select patients who previously were not optimal CCTA candidates for advanced conventional CT scanners with energy-integrating detector technology (EID-CT).

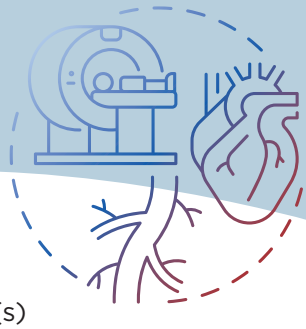
It addresses three of the most common CCTA challenges (navigator will assess):

- Heavy coronary calcification
- Coronary stents (in selected patients)
- Higher BMI

*This technology is currently available at Norton Heart & Vascular Institute — Springs outpatient location.

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CARDIOVASCULAR DIAGNOSTIC REFERRAL GUIDANCE



When to order CCTA

- Stable chest pain or chest discomfort
- Atypical chest pain with cardiovascular risk factors
- Exertional symptoms that may represent angina
- New or unexplained symptoms where coronary artery disease is part of the differential
- An intermediate clinical likelihood of obstructive coronary artery disease in symptomatic patients
- A need for anatomic assessment of the coronary arteries

When NOT to order CCTA

- Patient uncooperative with breathing instructions, cannot lie flat, or unable to hold breath for five too 10 seconds
- Body mass index (BMI) above 55 (Consider alternative testing.)
  - *If ordering provider feels there is no other option than CCTA, ordering provider should review with CT nurse navigator prior to ordering.*
- BMI 50 to 54
  - *Relative contraindication: Order will be sent automatically to CT nurse navigator to review prior to scheduling. Nurse navigator will either OK for scheduling or contact ordering provider to discuss clinical aspects and/or possible alternative testing.*
- Presence of coronary stent(s)
  - *Relative contraindication: Discuss with CT navigator, possible use of Naeotom Alpha.Peak scanner. Fractional flow reserve CT (FFRCT) analysis not available at present on stented vessels.*
- Elevated heart rate unable to be controlled with medications (more than 70 to 75 beats per minute on the day of scan)
- Patients with previous known coronary artery calcium score of 2,000 or greater (Consider alternative evaluation.)
- Renal insufficiency with glomerular filtration rate (GFR) less than 30 or recent decline or instability in renal function with a previous stable GFR
- Pregnancy
- History of anaphylactic reactions to contrast or other medications used in CCTA
  - *Relative contraindication: Discuss with CT nurse navigator, implement use of established protocols; may consider an alternative diagnostic test if indicated*
- New onset of persistent atrial fibrillation or atrial arrhythmia with an elevated heart rate (Discuss with cardiology or obtain cardiology consultation prior to ordering.)
- Prior coronary bypass surgery
  - *Prior coronary artery bypass grafting (CABG) is a relative contraindication unless the goal is to determine graft patency only; may be difficult to assess degree of stenosis severity if present in grafts; not able to perform FFRCT analysis in post-CABG study. CCTA post CABG should be ordered only after discussing clinical aspects with the patient's cardiologist or a cardiac imaging specialist to ensure the ordering provider's question will be answered with the study versus alternative testing.*



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