

CARDIAC ASSESSMENT AND REFERRAL AID: AORTIC STENOSIS (AS)

A “SCREEN. DETECT. ACT.” RESOURCE

Use this tool to document key findings and support next steps when AS is suspected. (Include only details that would assist with your workflow.)

Clinical Rationale

Patient presents with a range of symptoms and/or risk factors consistent with possible AS.

(See comprehensive list on next page.)

☐ Symptom(s): _____

☐ Risk factor(s): _____

☐ Other finding(s): _____

Given the patient’s age, risk profile, and their clinical presentation, an echocardiogram (echo) may be indicated to evaluate valve structure and function.

Symptoms, Risk Factors, and Clinical Scenarios Consistent With Possible AS

Depending on the patient’s age, risk, profile, and their clinical presentation (such as symptoms and/or risk factors noted above), next steps may include:

- Ordering an echo
- Referring to a General Cardiologist
- Referring to a Heart Valve Team

Additional Notes

Documentation Checklist

To support echo orders or specialist referrals, include the following items:

- Most recent and previous echos
- Relevant lab tests
- Electrocardiogram (EKG)
- Any other relevant scans

Please share with relevant administrative staff. Insights from primary care on symptoms, functional limitations, and patient goals can support shared decision-making across the care continuum.

This resource is intended for licensed healthcare professionals and does not replace clinical judgment. Assessment and referral decisions remain the treating physician’s responsibility.

Helpful Documentation Terms

Below are potential symptoms, risk factors, and scenarios that may apply to your patient. Document any relevant findings supported by your assessment.

Signs and Symptoms of AS

Symptom Description	Notes
Lightheaded, faint, or dizzy	Common in severe AS due to reduced cerebral perfusion
Irregular heartbeat, flutter, or chest pain	May indicate arrhythmia or ischemia
Shortness of breath (exertional or positional)	Classic symptom of AS and heart failure
Tiredness despite rest	Often underreported, especially in older adults
Edema (swelling of ankles/feet)	Suggests fluid overload or heart failure
Patient reports feeling unlike their usual self/missing activities	May reflect subtle decline in function or cognition

Non-Symptoms That Warrant Referral

Scenario	Related Terms	Notes
No murmur but clinical suspicion remains	Screening for cardiovascular disorders, other specified personal risk factors	Consider further evaluation when clinical suspicion persists despite inconclusive auscultation findings
Incidental murmur with no prior echo	Cardiac murmur, other cardiac sounds	Often the first sign of AS
Prior murmur with no follow-up	Cardiac murmur, personal history of other diseases of the circulatory system	Use for overdue echo evaluation
Preoperative cardiovascular exam	Encounter for pre-procedural cardiovascular exam	Common before surgery or intervention
Incidental echo findings	Abnormal findings on heart imaging	Use for follow-up or clarification

Risk Factors Supporting Referral

Risk Factor	Related Terms	Notes
Age ≥ 65	Personal risk factor	Age is a risk factor for AS
Hypertension	Essential hypertension	Contributes to valve degeneration
Coronary artery disease (CAD)	Atherosclerotic heart disease of native coronary artery	Often coexists with AS
Diabetes	Type 2 diabetes	Increases cardiovascular risk
Chronic kidney disease (CKD)	CKD	Associated with calcific valve disease
Obesity	Elevated body mass index	Adds cardiac workload
Atrial fibrillation (A-fib)	Cardiac arrhythmia	May indicate underlying structural disease
Difficulty walking	Exercise intolerance	May reflect reduced cardiac output or frailty
Heart failure	Acute systolic heart failure, acute diastolic heart failure, acute combined systolic and diastolic heart failure	May require urgent referral



Keeping in touch can be life-changing

Download the “Follow-Up Email Template” offered as part of this Clinical Resource Kit for help drafting your patient correspondence.

Scan this QR code or visit ScreenHeartValveDisease.com/HCP to download.