

AORTIC STENOSIS (AS) DETECTION CHECKLIST

A “SCREEN. DETECT. ACT.” RESOURCE

Many patients with AS are first diagnosed in crisis. Up to 50% of moderate-to-severe AS cases go undetected until symptoms are severe—or urgent intervention is needed. **Your assessment plays a critical role in early detection.** For help detecting AS, refer to the checklist below.

DON'T STOP AT SUSPICION

If there are any concerning findings, promptly initiate echocardiography and/or refer to cardiology for further evaluation.

INITIAL EXAM

Consider the following during your patient assessment:

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Symptoms

- o New/worsening exertional dyspnea or reduced exercise tolerance
- o Exertional chest pain/angina, even without known CAD
- o Syncope or presyncope (especially with exertion)
- o Heart failure symptoms (orthopnea, PND, edema)
- o Other (description and frequency):

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Structural risk factors

- o Known bicuspid aortic valve
- o Known aortic sclerosis on prior echocardiogram (echo)
- o History of rheumatic fever
- o History of mediastinal radiation

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Clinical risk factors of AS

- o Age ≥ 65
- o Hypertension
- o Diabetes
- o Chronic kidney disease/dialysis
- o CAD
- o Current/former smoker
- o Elevated Lp(a) (if known)

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Comorbidities impacting risk or management

- o Atrial fibrillation
- o Cerebrovascular disease
- o Peripheral artery disease
- o Malignancies (including stage and long-term prognosis):

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Auscultation: Presence of murmur?

Yes ____ No ____

- o Systolic murmur $\geq 3/6$
- o Late-peaking systolic murmur with carotid/right clavicular radiation
- o Single or diminished S2
- o Systolic murmur **with any risk factors, symptoms, and/or comorbidities listed above**

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Peripheral exam

- o Delayed carotid upstroke
- o Sustained or displaced PMI (suggestive of LVH)

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ECG conducted?

Yes ____ No ____

COMMON SCENARIOS THAT SHOULD TRIGGER FURTHER EVALUATION AND CARDIOLOGY REFERRAL

- o Systolic murmur characteristic of AS
- o Presence of any risk factors, symptoms, and/or comorbidities listed above
- o Bicuspid valve or known aortic sclerosis
- o Three or more clinical risk factors and a murmur, regardless of symptom presence
- o Known AS and change in symptoms or exam
- o Known AS and increased hemodynamic demands (planned surgery, pregnancy, acute illness, anemia, infection)
- o Unexplained heart failure or LV dysfunction
- o Older adult with unexplained functional decline

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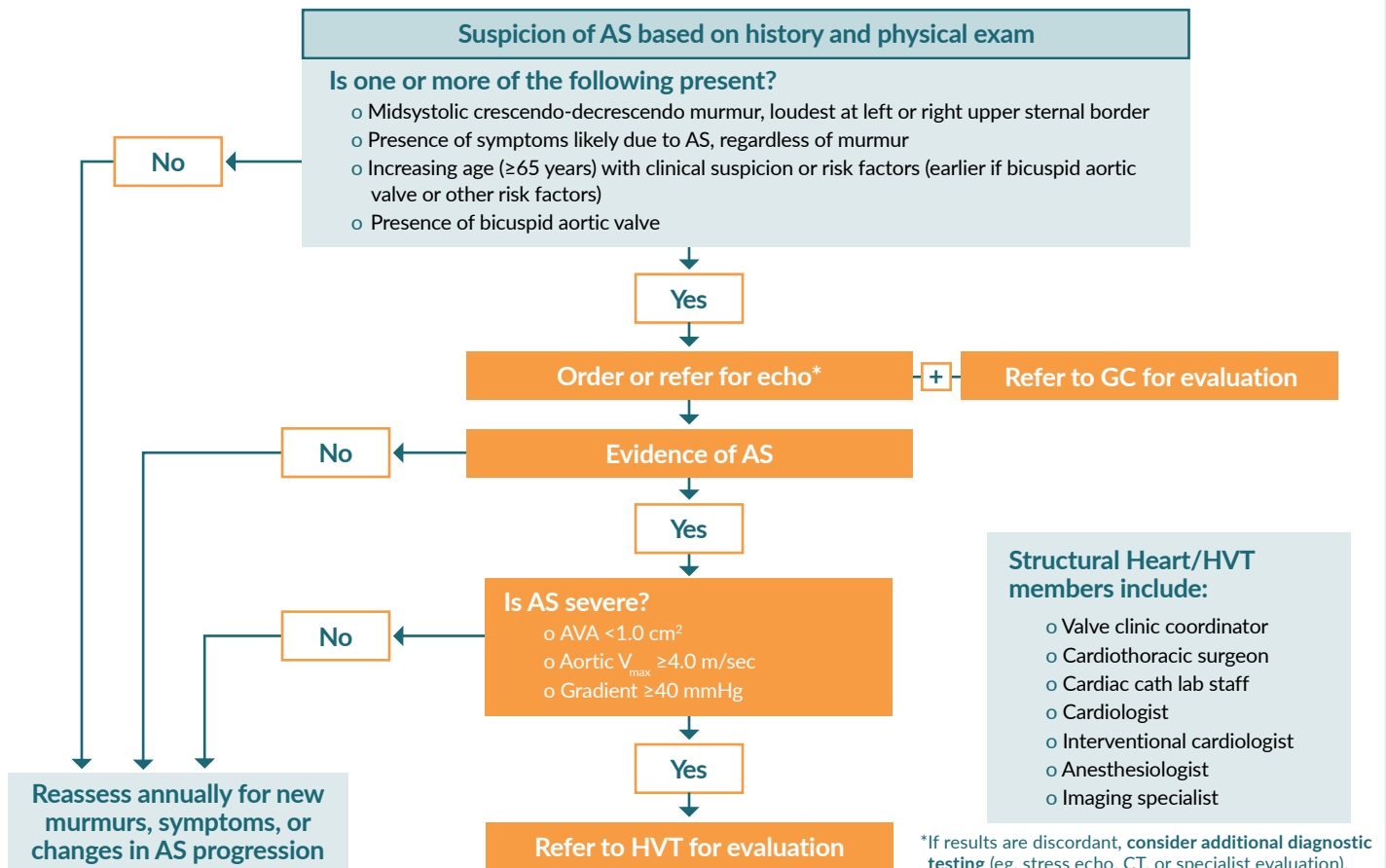
Refer to cardiology for additional testing

If your patient has been previously diagnosed with AS, a follow-up echo is necessary to determine its severity. Severe AS, even when asymptomatic, can progress rapidly and unpredictably, and emerging evidence supports that watchful waiting alone may not be sufficient without a specialist's evaluation.

AS REFERRAL DECISION WORKSHEET

Moderate-to-severe heart valve disease, including AS, **affects approximately 1 in 8 people age 75+**. Yet without standardized screening protocols for heart valve disease in primary care, many cases go undetected until symptoms become severe.

Use the flowchart below to guide your assessment and next steps. **If you have any suspicion of AS, promptly refer your patient for an echo.**



Early detection is the first step toward timely appropriate care

The ACC/AHA Guideline emphasizes the critical importance of early action in severe AS patients. Prompt diagnosis, timely referral, and appropriate treatment are all Class I recommendations, meaning they are strongly advised based on high-quality evidence and expert consensus.

For more on Guideline recommendations, download the ACC/AHA Guidelines One-Pager offered in this Clinical Resource Kit.

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