

Urgent same-day referral to a cardiologist: exertional syncope in a young athlete



Assume that today's date is 3 November 2026. You have just seen Mr Waititi in your surgery and have spoken by telephone with the on-call cardiologist. You are a general practitioner at a suburban medical practice. You have spoken by telephone with Dr Seren Vaughan, the on-call Consultant Cardiologist, who has agreed to assess Mr Waititi today. Using the information in the case notes, write a letter to Dr Vaughan to accompany Mr Waititi for same-day acute cardiology assessment. Address the letter to Dr Seren Vaughan, On-call Consultant Cardiologist, Cardiology Department, Regional Hospital. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O		I	C	O
Patient details				Presenting complaint			
1. Name: Mr Malakai Waititi	☐	☐	☐	19. LOC ~20–30 sec (witnessed by coach); no jerking, incontinence or tongue biting; fully alert within 1–2 min	☐	☐	☐
2. DOB: 14/05/2002 (24 yrs)	☐	☐	☐	20. Declined ambulance; rested, then drove himself home same evening	☐	☐	☐
3. Seen 03/11/26 — first visit to practice since 2024	☐	☐	☐	21. Lightheadedness x2 during hard sessions in last 3/12, no LOC — not previously reported	☐	☐	☐
Social background				22. No chest pain; no SOB beyond usual exertion	☐	☐	☐
4. Final-year engineering student; lives in shared house with 3 friends	☐	☐	☐	Examination			
5. Competitive club rower (heavyweight crew); trains 6 days/wk, often 2 sessions/day	☐	☐	☐	23. BP 124/76 lying, 120/74 standing; HR 56 regular	☐	☐	☐
6. National selection trials in 4/52 — very keen to compete	☐	☐	☐	24. Soft ejection systolic murmur LSE — ↑ on standing & Valsalva, ↓ on squatting	☐	☐	☐
7. Non-smoker; alcohol ~6 standard drinks/wk (weekends); denies illicit drugs	☐	☐	☐	25. Heart sounds otherwise normal; chest clear; no neurological deficit	☐	☐	☐
8. Takes caffeine-based pre-workout supplement most mornings	☐	☐	☐	26. Small bruise L forearm from fall	☐	☐	☐
9. Plays guitar in a band at weekends	☐	☐	☐	Investigations			
10. Pt annoyed — says coach 'overreacting' and has told team-mates about collapse	☐	☐	☐	27. 12-lead ECG: sinus bradycardia 56/min; LVH voltage criteria; deep TWI V4–V6, I & aVL	☐	☐	☐
Family history				28. Bloods (FBC, U&E, glucose, TFTs): all normal	☐	☐	☐
11. Paternal cousin died suddenly aged 19 while playing football (2019); family told 'heart problem' — post-mortem details unknown	☐	☐	☐	Assessment and plan			
12. Father (52) well; has never had cardiac screening	☐	☐	☐	29. Imp: exertional syncope with palpitations + abnormal ECG + dynamic murmur + FHx sudden death — ? HCM; high risk → needs same-day acute specialist assessment	☐	☐	☐
13. Mother says father's family 'never talk about their health problems'	☐	☐	☐	30. Advised: stop all training, competition & strenuous exercise until cardiology review	☐	☐	☐
Medical history				31. Advised not to drive; father to take him directly to hospital today	☐	☐	☐
14. Childhood asthma — no inhaler use since age 12	☐	☐	☐	32. Safety-netting: call emergency services if further collapse, chest pain or sustained palpitations, incl. on way to hospital	☐	☐	☐
15. # R clavicle 2020 (cycling accident), conservative mx	☐	☐	☐	33. Pt initially reluctant (trials) — accepted advice after discussion of risk	☐	☐	☐
16. No regular medications; allergies: nil known	☐	☐	☐	34. Tel. d/w on-call cardiologist (Dr Vaughan) today → agreed same-day acute assessment, Cardiology Dept, Regional Hospital; if cannot be seen directly → attend ED. Request: echo, monitoring/risk assessment as appropriate; advice re family screening; ECG copy enclosed	☐	☐	☐
Presenting complaint							
17. 31/10/26: collapsed near end of maximal-effort 2 km ergometer test	☐	☐	☐				
18. Few secs of lightheadedness & 'heart racing' immediately before collapse	☐	☐	☐				