

Directory of Service for  
Unscheduled Care -  
Assessment, Ambulatory &  
Rapid Access Services.

For use in General Practice

Heart Failure Referral Pathway

Referrals via **CCG** to **Nurse Led Heart  
Failure Clinic**

To Access: Phone **028 375 60028** (For  
discussion)

Heart Failure Referral Pathways for use in General Practice

These pathways are aimed at supporting referral to specialist heart failure services for patients with:

1. New suspected diagnosis of heart failure
  - a. Signs and symptoms of heart failure
  - b. Nt-ProBNP elevation (>400pg/ml)  
(REFER TO RAPID ACCESS NEW HEART FAILURE CLINIC)
2. Patients on existing Heart Failure register  
(REFER TO NURSE LED HEART FAILURE)

Heart Failure service aims:

- Delivery of integrated multidisciplinary care to heart failure patients across the care sectors
- Support the rapid diagnosis, investigation and management of patients with new suspected diagnosis of heart failure
- Optimisation of care through integrated multidisciplinary specialist heart failure service input
- Support care planning, clinical decision making and delivery of guideline based therapies for heart failure patients □ Education and support for heart failure patients

For new suspected diagnosis of heart failure with signs and symptoms of heart failure and BNP elevation, review at dedicated one stop rapid access heart failure clinic will be undertaken:

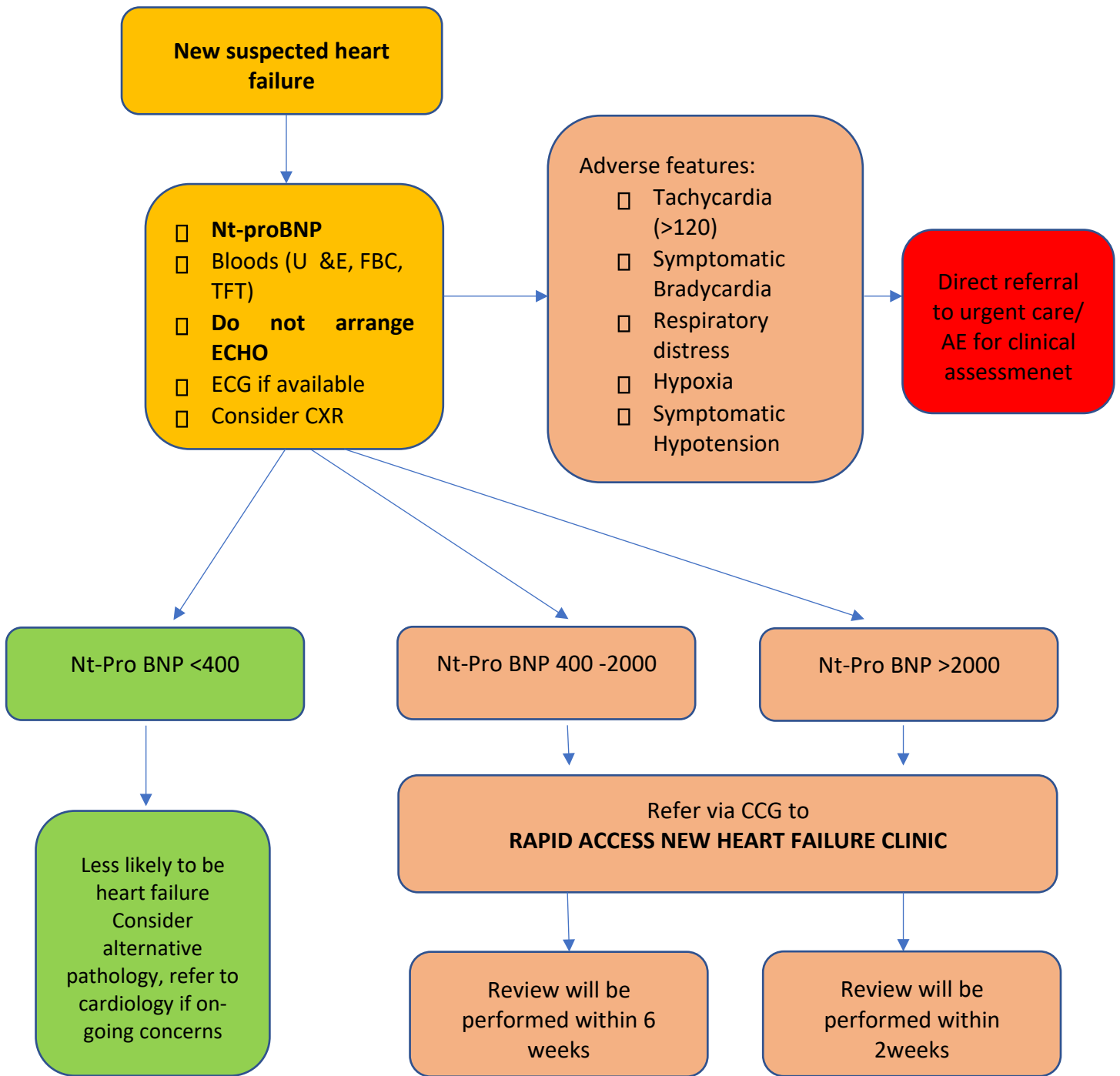
- Nt-pro BNP > 2000      aim to review within 2 weeks of referral
- Nt-pro BNP 400- 2000   aim to review within 6 weeks of referral
- ***Echocardiography, ECG will be performed at first visit***

*Referrals via CCG to Heart Failure Service*

***Please document NT-ProBNP level and attach ECG (if available)***

***These referral pathways do not remove the responsibility of healthcare professionals to make appropriate decisions in relation to the management of patients.***

SHSCT PRIMARY CARE HEART FAILURE REFERRAL PATHWAY



**New Suspected Heart Failure: Based on clinical signs and symptoms**

1. Clinical review of patient and history
2. Arrange baseline investigations as above
3. Do not request direct access echocardiogram
4. Complete referral once NT-proBNP result available
5. Refer to Rapid access new heart failure clinic

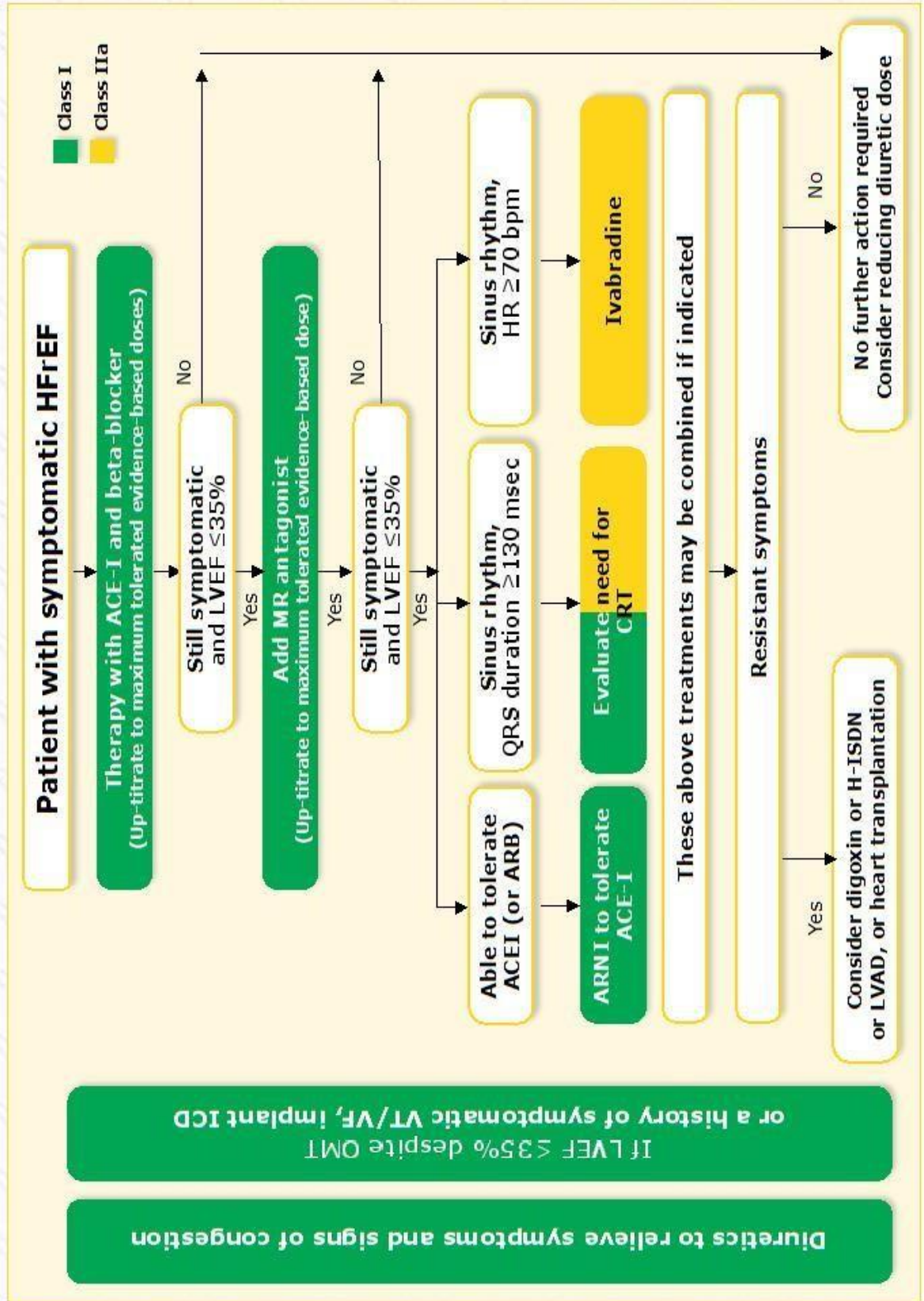
**Serum NT-proBNP may be affected by**

- Reduced levels – obesity, African/ Afro-Caribbean origin, existing HF therapy
- Raised levels – age >70, atrial fibrillation, renal dysfunction, left ventricular hypertrophy, hypoxia, tachycardia, sepsis, diabetes, liver cirrhosis, COPD

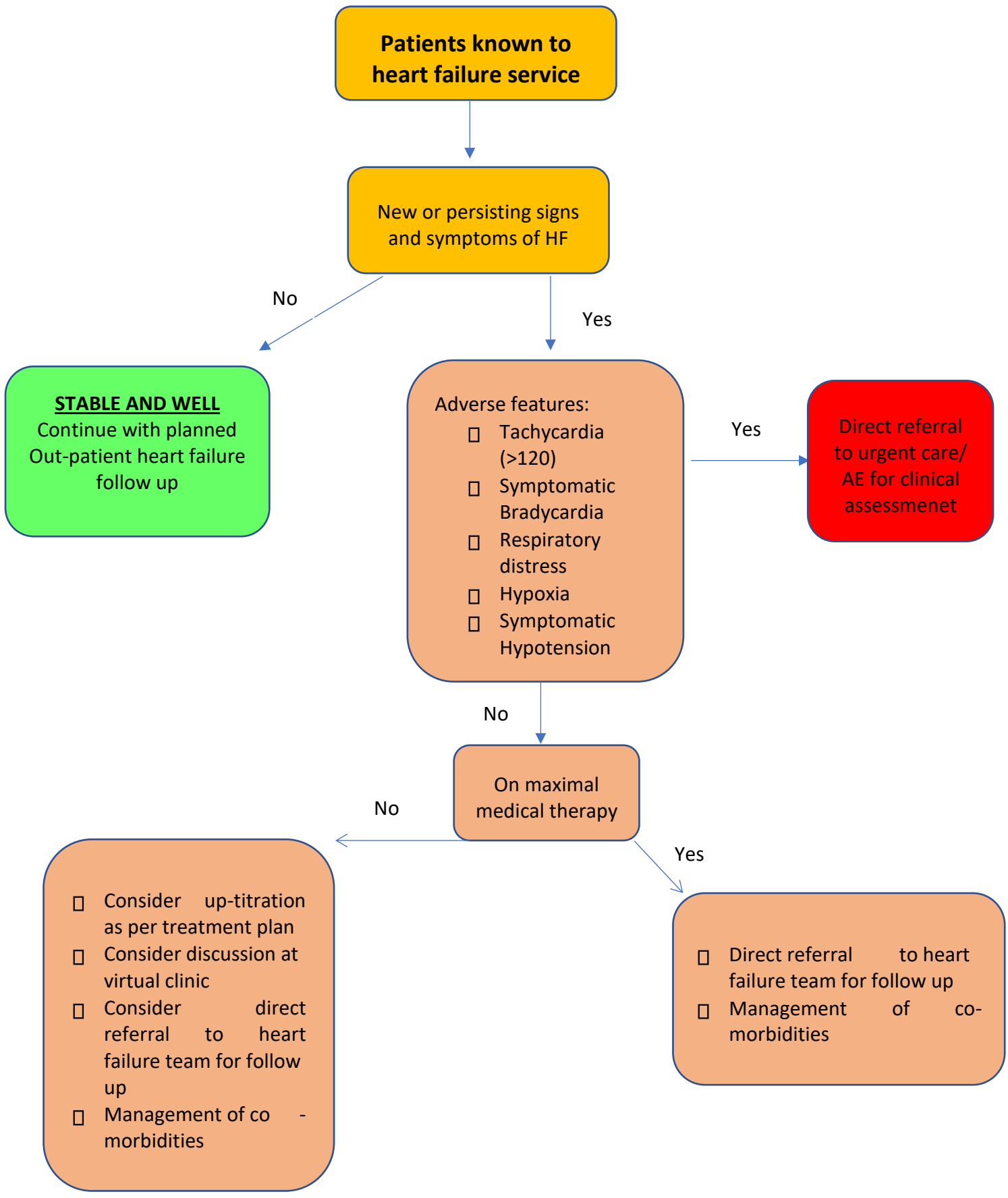
## Symptoms and signs typical of heart failure

| Symptoms   | Signs  |
|--|--|
| <p><b>Typical</b></p> <ul style="list-style-type: none"> <li>• Breathlessness</li> <li>• Orthopnoea</li> <li>• Paroxysmal nocturnal dyspnoea</li> <li>• Reduced exercise tolerance</li> <li>• Fatigue, tiredness, increased time to recover after exercise</li> <li>• Ankle swelling</li> </ul>  | <p><b>More specific</b></p> <ul style="list-style-type: none"> <li>• Elevated jugular venous pressure</li> <li>• Hepatojugular reflux</li> <li>• Third heart sound (gallop rhythm)</li> <li>• Laterally displaced apical impulse</li> </ul>  |
| <p><b>Less typical</b></p> <ul style="list-style-type: none"> <li>• Nocturnal cough</li> <li>• Wheezing</li> <li>• Bloating feeling</li> <li>• Loss of appetite</li> <li>• Confusion (especially in the elderly)</li> <li>• Depression</li> <li>• Palpitations</li> <li>• Dizziness</li> <li>• Syncope</li> <li>• Bendopnea</li> </ul> | <p><b>Less specific</b></p> <ul style="list-style-type: none"> <li>• Weight gain (&gt;2 kg/week)</li> <li>• Weight loss (in advanced HF)</li> <li>• Tissue wasting (cachexia)</li> <li>• Cardiac murmur</li> <li>• Peripheral oedema (ankle, sacral, scrotal)</li> <li>• Pulmonary crepitations</li> <li>• Reduced air entry and dullness to percussion at lung bases (pleural effusion)</li> <li>• Tachycardia</li> <li>• Irregular pulse</li> <li>• Tachypnoea</li> <li>• Cheyne Stokes respiration</li> <li>• Hepatomegaly</li> <li>• Ascites</li> <li>• Cold extremities</li> <li>• Oliguria</li> <li>• Narrow pulse pressure</li> </ul> |

# Therapeutic algorithm for a patient with symptomatic heart failure with reduced ejection fraction



SHSCT PRIMARY CARE HEART FAILURE REFERRAL PATHWAY



**Patients known to Heart Failure Service  
Referral via CCG to Nurse Led Heart Failure Clinic**