

Suspected new heart failure in community

All entry criteria met?

1. Exertional or nocturnal dyspnoea: new-onset or major worsening
2. No echo or cardio review (for dyspnoea) within last 12 months
3. No history of complex coronary, valvular, arrhythmic or congenital heart disease and not currently under long term supervision by a cardiology consultant

No



Not eligible for pathway:
Consider general cardiology referral

Yes



GP Action

1. Send bloods from Heart Failure Diagnosis ICE/GPOC orderset*
2. SCI Referral Heart Failure (NRIE, Cardiology) – please include key referral info

Key referral info

- Previous MI
- Response to diuretics
- Orthopnoea / PND
- High JVP, ankle oedema
- CXR abnormalities
- Abnormal ECG (*LBBB/Q waves/LVH/AF*)

N.B. CXR and ECG helpful but not essential prior to referral

Heart Failure Team Action

NT-proBNP indicated as a rule-out test

NT-proBNP not indicated

NT-proBNP 400 pg/mL

Yes

Attend HF Clinic (ECG/echo)

No

Normal ECG/echo

LVSD

Other significant abnormality

HF team will discharge:
consider referral for non-cardiac assessment

Cardiologist & HF nurse review

Cardiologist review

*If ICE/GPOC is not available please request FBC, U&E & NT-proBNP (1 red topped and 2 brown topped tubes) on paper form.

If bloods are not received at the laboratory within two-weeks of the date of referral, the referral will be declined and the GP advised appropriately.