

GP Heart Failure Algorithm - diagnosis

Patient presents with breathlessness possibly worse at night, fatigue or fluid retention with swollen ankles OR abdomen.

- Explore risk factors
- Establish if patient has had a prior MI
- Carry out physical assessment (manual pulse, BP, full clinical exam)

Risk factors include previous MI, hypertension, heart disease incl. AF, diabetes, excessive alcohol consumption and any family history of early heart failure or sudden cardiac death.

Previous MI No previous MI

Within 2 weeks

- Order **NT-proBNP** to rule out heart failure
- Order ECG, full blood screening (blood count, LFT, TFT, urea, electrolytes). Consider CXR spirometry

High levels
> 2000 pg/ml
(236pmol/litre)

Raised levels
400 - 2000 pg/ml
(47-236pmol/litre)

Normal levels

Likelihood of heart failure

Within 2 weeks

Within 6 weeks

NOTE: QOF Register HF2 2012/13: The percentage of patients with a diagnosis of HF (diagnosed after 1 April 2006) which has been confirmed by an echocardiogram **OR** by a specialist assessment. NICE recommends **both** HFNS clinics require **both**

Request ECHO AND Specialist Assessment
(Details of how this is accessed in your borough)

Specialist diagnosis with clear management plan

Heart Failure due to Left Ventricular Systolic Dysfunction (LVSD)

Heart Failure with Preserved Ejection Fraction (HFPEF)

Other cardiac abnormality

Heart failure unlikely
Consider alternative diagnosis

HFPEF (also known as HF with normal ejection fraction) refers to patients with symptoms and signs of heart failure with preserved left ventricular ejection fraction and the absence of valvular abnormalities. This is also known as HF with diastolic dysfunction (an older definition).

NOTE ON RIGHT SIDED HEART FAILURE

Right sided heart failure is a confusing term and should probably be avoided as this can include patients with systolic heart failure or HFPEF in whom the signs and symptoms are predominantly due to peripheral oedema and ascites, or patients (typically with lung disease) where the heart failure is due to right ventricular dysfunction. Patients with right ventricular dysfunction are managed along similar lines to patients with HFPEF but care must be kept to ensure filling pressures are not too low and the underlying lung disease should be treated where possible (including long term oxygen therapy if appropriate); in addition to this group primary or disproportionate pulmonary hypertension should be excluded.