Camden

Camden Adult Heart Failure Diagnosis and Assessment Pathway Clinical Commissioning Group

Patient information links:

British Heart Foundation NHS Health – Heart Failure

Alcohol support – Tips on cutting down Smoking support – Tips to stop

Suspected heart failure (HF)

History:

- Typical symptoms: breathlessness, orthopnoea, paroxysmal nocturnal dyspnoea, fatigue, ψ exercise tolerance, ankle swelling, increased time to recover after exercise
- Less typical symptoms: nocturnal cough, wheezing, bloated feeling, loss of appetite, depression, cerebral symptoms e.g. confusion and dizziness, palpitations, syncope, bendopnea
- Assess risk factors: drugs, alcohol, family history of heart failure or sudden cardiac death < 40 years, coronary artery disease including history of mvocardial infarction. hypertension. atrial fibrillation. diabetes mellitus

Examine for:

- Tachycardia and pulse rhythm
- laterally displaced apex beat
- heart murmurs and third or fourth heart sounds (gallop rhythm)
- hypertension

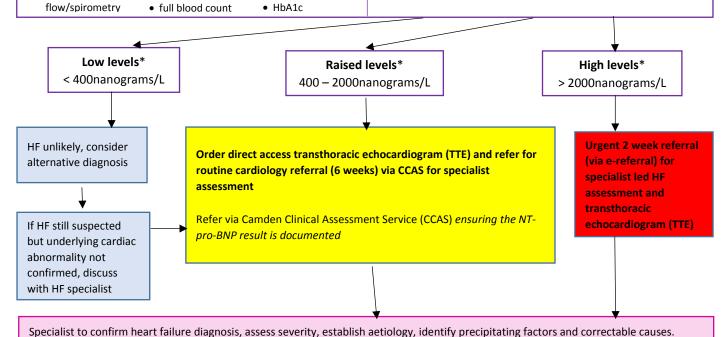
- · enlarged liver
- respiratory signs e.g. tachypnoea, basal crepitations, pleural effusions
- dependent oedema (legs, sacrum), ascites
- raised jugular venous pressure

Perform ECG and consider the following tests to evaluate possible aggravating factors and/or alternative diagnoses:

- Chest X-ray
- thyroid function
- electrolytes

- Urinalysis

Measure NT-pro-BNP (N-terminal pro-B-type natriuretic peptide) · liver function · creatinine and peak eGFR lipid profile



*Possible factors affecting serum natriuretic peptides levels:

Causes of ↓ levels e.g. obesity (body mass index > 35kg/m²), diuretics, angiotensin converting enzyme inhibitors, beta-blockers, angiotensin II receptor antagonists, mineralocorticoid receptor antagonists and African or African Caribbean family origin

Causes of ↑ levels e.g. age > 70, left ventricular hypertrophy, ischaemia, tachycardia, right ventricular overload, hypoxaemia (including PE), renal dysfunction (eGFR <60ml/min/1.73m²), sepsis, chronic obstructive pulmonary disease, diabetes, liver cirrhosis

Reference: NICE Guidance 106, NICE CKS Heart Failure - Chronic

Pathway queries: Camden.pathways@nhs.net

Approved by the Clinical Cabinet: Feb 2019/CMMC: Dec 2018. Review: Feb 2022

Please refer also to Camden Prescribing advice for the management and treatment of heart failure in adult patients in primary care and the Summary of Product Characteristics (SPC) of any drugs considered. This pathway has been developed from published guidance in collaboration with local cardiologists. This guidance is to assist GPs in decision making and is not intended to replace clinical judgement.