

# 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, ↓ 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 myocardial 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
- obesity
- raised jugular venous pressure

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

- Chest X-ray
- Urinalysis
- peak flow/spirometry
- thyroid function
- liver function
- lipid profile
- full blood count
- electrolytes
- creatinine and eGFR
- HbA1c

## Measure NT-pro-BNP (N-terminal pro-B-type natriuretic peptide)

### Low levels\*

< 400nanograms/L

HF unlikely, consider alternative diagnosis

If HF still suspected but underlying cardiac abnormality not confirmed, discuss with HF specialist

### Raised levels\*

400 – 2000nanograms/L

**Order direct access transthoracic echocardiogram (TTE) and refer for routine cardiology referral (6 weeks) via CCAS for specialist assessment**

Refer via Camden Clinical Assessment Service (CCAS) ensuring the NT-pro-BNP result is documented

### High levels\*

> 2000nanograms/L

**Urgent 2 week referral (via e-referral) for specialist led HF assessment and transthoracic echocardiogram (TTE)**

Specialist to confirm heart failure diagnosis, assess severity, establish aetiology, identify precipitating factors and correctable causes.

## \*Possible factors affecting serum natriuretic peptides levels:

**Causes of ↓ levels** e.g. obesity (body mass index > 35kg/m<sup>2</sup>), 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/1.73m<sup>2</sup>), sepsis, chronic obstructive pulmonary disease, diabetes, liver cirrhosis

Reference: [NICE Guidance 106](#), [NICE CKS Heart Failure - Chronic](#)

Pathway queries: [Camden.pathways@nhs.net](mailto:Camden.pathways@nhs.net)

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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.