Heart Murmur Pathway

This pathway has been developed from published guidance, in collaboration with local cardiologists

Clinical Commissioning Group

This guidance is to assist GPs in decision making and is not intended to replace clinical judgment.

Heart Murmur Patient has clinical findings of a new murmur **History:** • Breathlessness history - effort tolerance, orthopnoea, PND, peripheral oedema • History of dizziness, syncope or pre-syncope. • Previous (or new) history of rheumatic fever • Pre-existing valve disease, previous endocarditis, previous value surgery IV drug abuse Examination: Cardiovascular system - HR, blood pressure, pulse, (rhythm and character) Heart sounds, Respiratory -any basal creps Legs - any peripheral oedema Are there features of infective endocarditis? Temperature > 37.5°C Petechiae Same day referral to Splinter haemorrhage Yes→ Osler's nodes cardiology Clubbing Splenomegaly Janeway's lesions No Are there clinical features of heart failure? Same day referral to cardiology Is the patient stable? No 12 Lead ECG Serum BNP FBC U&Es **Investigations** Chest x-ray 12 Lead ECG Consider FBC, TFTs, urea and electrolytes, CRP, urine dipstick and chest x-ray Consider ECHO in suspected structural heart disease and/or cardiorespiratory disease Refer to heart failure clinic Consider direct access diagnostics: Echocardiogram 24 hour Holter if Iow grade AV block **ECHO** findings Report will summarise explicitly: 'No valvular "Moderate or "Mild-moderate abnormality with "Mild valve lesion" severe valve normal LV and RV valve lesion" lesion" function" Symptoms unlikely to be Symptoms unlikely to be Refer to secondary care No further action related to valvular heart related to valvular heart irrespective of symptoms required disease.

disease.

worsen

valve disease.

• Repeat ECHO in 1 year to

assess for progression of

Consider more frequent

assessment if symptoms

Comments & enquiries relating to medication: **CCCG Medicines Management Team** mmt.camdenccg@nhs.net

Repeat ECHO in 2 years to

assess for progression of

Consider more frequent assessment if symptoms

valve disease.

worsen

Clinical Contact for pathway queries: Camden.pathways@nhs.net

Pathway created by NCL Approved by Camden CCG Clinical Cabinet + GB July 2016

Refer all patients with:

Prosthetic valve

Congenital heart disease

(bicuspid aortic valve, ASD,

Review due - March 2020