**Heart Failure Hub**

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| --- |
| Referring GP:<Your Name> |
| Practice Name: <Organisation Address> |
| Practice Address: <Organisation Address> |
| Telephone: <Organisation Details> |
|  |

**Suspected Heart Failure For Patients With NTproBNP > 2000**

Date of Referral: <Today's date>

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient Surname: | <Patient Name> | | Patient Title: | | <Patient Name> | | Date of Birth: | | | | **<Date of Birth>** |
| Forename(s): | **<Patient Name>** | | | Gender: | | **<Gender>** | | Ethnicity: | | **<Ethnicity>** | |
| Address (inc postcode):  <Patient Address> | | | | **NHS Number:**  **<NHS number>** | | | **UBRN** | | | | |
| Preferred Tel No: | | **<Patient Contact Details>** | | | | | | | | | |
| Tel No (Home): | | **<Patient Contact Details>** | | | Tel No (Mobile): | | | | **<Patient Contact Details>** | | |
| Patient’s email: | | **<Patient Contact Details>** | | | | | | | | | |

**Guidance notes**

The **Suspected Heart Failure For Patients With NTproBNP > 2000** pathway has been updated to align with the current [NICE guidance](https://www.nice.org.uk/guidance/ng106). The aim is to provide patients with suspected heart failure with an NTproBNP > 2000 a one-stop diagnostic and clinical assessment within 2 weeks

On receipt of a referral, the cardiology administrative team will arrange a **one-stop appointment** which will include:

* **an echocardiogram** (GPs will no longer need to do for Echo prior referral)
* **an electrocardiogram (ECG)**
* **a consultation with a heart failure specialist**

**Referral criteria**

**Essential** criteria for referral (all 4 must be ticked):

ADULTS (≥ 18 YEARS OF AGE) WITH SUSPECTED HEART FAILURE

Please specify signs and symptoms heart failure and any other relevant clinical information in box below

PATIENT DOES **NOT** HAVE PREVIOUSLY DIAGNOSED HEART FAILURE

NTproBNP ≥ 2000 NtproBNP result:

FBC AND U&E TAKEN WITHIN THE LAST 6 MONTHS (please attach results)

**REFERRALS SUBMITTED WHICH DO NOT MEET THE REFERRAL CRITERIA OR DON’T HAVE THE MANDATED RESULTS ATTACHED WILL BE RETURNED.**

ECG

A recent ECG attached to the referral is no longer a mandatory requirement. However, attaching any recent ECGs to referrals is still encouraged to allow comparison and aid secondary care triage.

OTHER BLOOD TESTS

Not mandatory for referral but helpful to have in advance of clinic appointment: HbA1C, Ferritin and Transferrin Saturation, thyroid function

**Current Medication:**

<Medication(table)>

**Supporting information**

The clinical features of heart failure are notoriously non-specific, emphasising the need for diagnostic tests

Signs and symptoms include:

Shortness of Breath On Exertion (SOBOE)

Orthopnoea, Paroxysmal Nocturnal Dyspnoea (PND)

Bilateral leg oedema, Sacral oedema

Raised Jugular Venous Pressure (JVP)

Hepatomegaly, Tachycardia with additional heart sounds/ gallop rhythm

**OUT OF SCOPE – DO NOT USE THIS REFERRAL METHOD, INSTEAD CONSIDER OTHER SUGGESTED REFERRAL PATHWAYS**

* The following patients warrant referral to General Cardiology Clinic:
* Patients with suspected heart failure but an NTproBNP of 400-1999
* Patients with suspected heart failure and an NTproBNP < 400 but high clinical suspicion where other causes of breathlessness have been excluded
* Patients with known/previously diagnosed heart failure
* Patients with incidentally discovered left ventricular systolic dysfunction
* Patients under active cardiology follow-up (refer back to usual consultant directly).
* The following patients may not benefit from referral to Cardiology clinic but may require A&G management support:
* Patients who cannot attend hospital appointments
* Patients with severe competing comorbidity such that further investigation and specialist management of their heart failure are unlikely to improve quality of life or other outcomes.
* The following patients can be referred directly to the heart failure specialist nurse service
* Patients who have been discharged from active caseload of the heart failure specialist nurse service but who now require further input