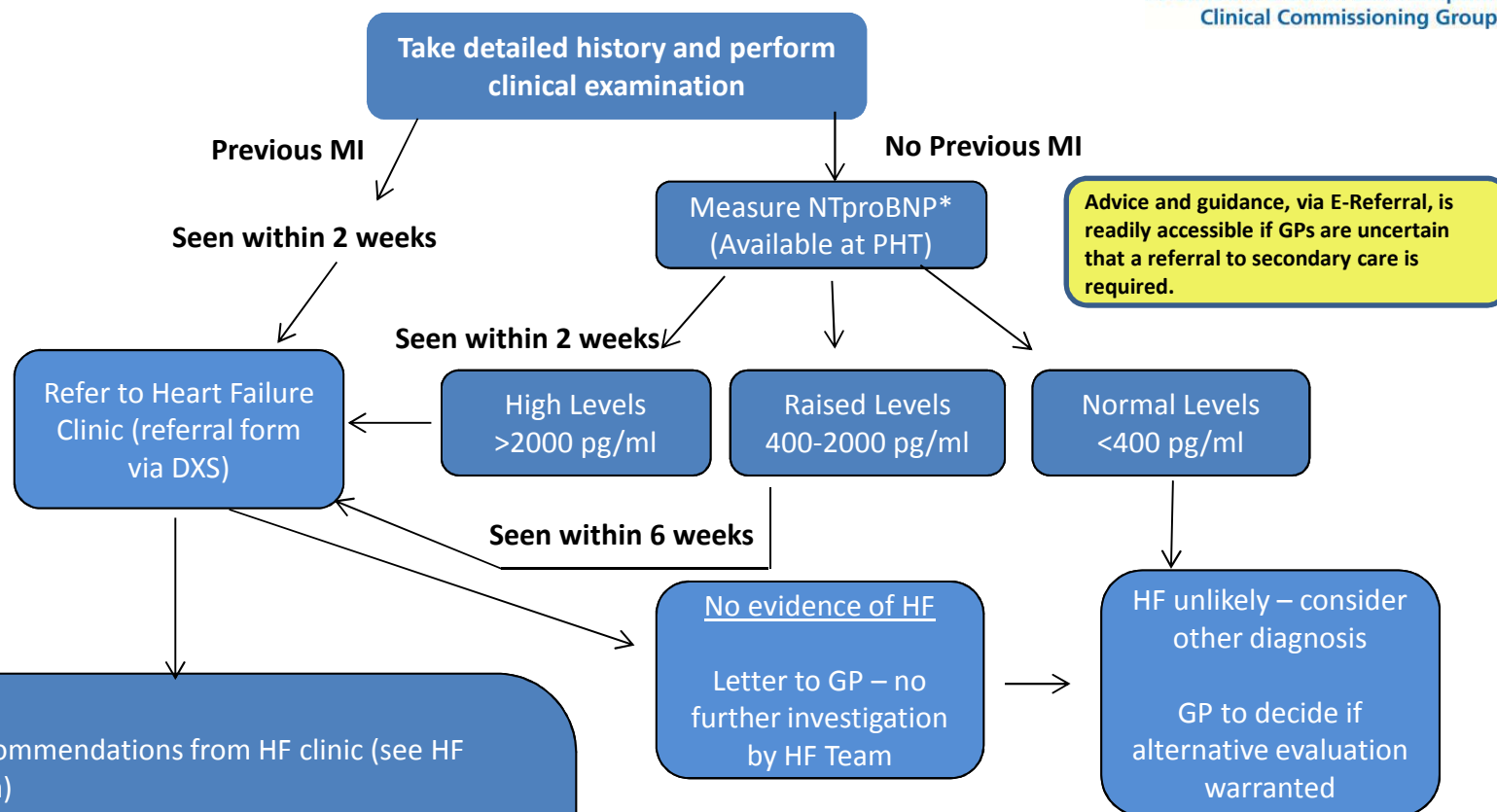


CARDIOLOGY – SUGGESTED DIAGNOSTIC PATHWAY FOR PATIENTS PRESENTING WITH SUSPECTED HEART FAILURE IN PRIMARY CARE

*This document is designed to aid the clinical decision-making for GPs seeing patients presenting with **suspected HF** in the Primary Care Setting. Clinical examination will aid the decision as to the appropriate health care support. This decision-making pathway is not a substitute for the exercise of professional/clinical judgement.*



Diagnosis of HF
Clear treatment recommendations from HF clinic (see HF treatment algorithm)
Taken forward by GP and community HF Team (Supported by weekly MDT)
Referred back to specialist clinic if further problems or deterioration despite optimised drug therapy
Minority of patients with follow up in cardiology e.g. severe valve disease, severe CKD

- Further Considerations:**
- *Patients who are in atrial fibrillation will often have elevated NTproBNP levels irrespective of left ventricular function. If there are no other specific features to suggest HF, consider referral to cardiology lean clinic
 - NTproBNP results will be sent back to GPs within 72hrs apart from in exceptional circumstances
 - Request renal function and FBC at same time as NTproBNP to support assessment and management of patients via this pathway
 - *Drugs such as diuretics will lower NT-BNP
 - ^There are other causes for elevated NTproBNP