

HEART FAILURE PATHWAY – ED PRESENTATIONS (RIE/SJH)

Pilot Study January – April 2024

Has your patient presented with:

1. Worsening symptoms of heart failure with known LVSD?
2. New symptoms suggestive of heart failure*?

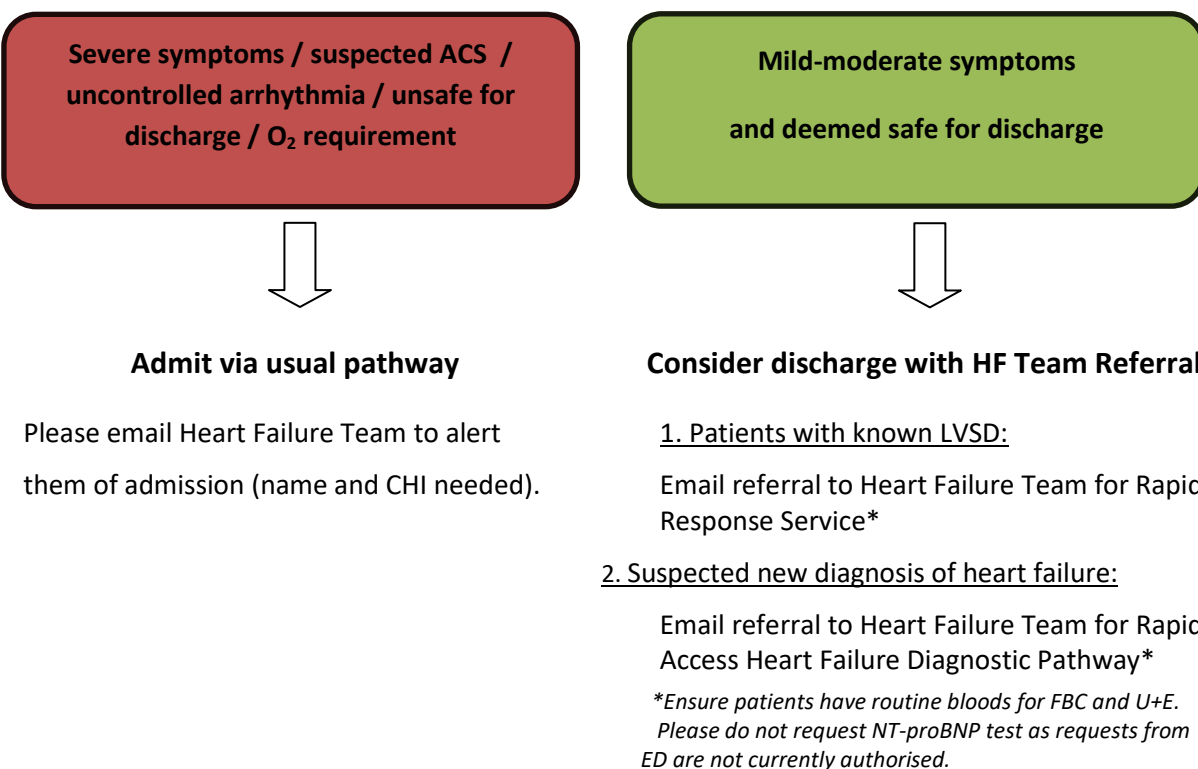
*Consider if patient has recent-onset exertional breathlessness with:

- Orthopnoea / PND
- Peripheral oedema / Elevated JVP
- Evidence of pulmonary congestion / bilateral pleural effusions on CXR

Monday – Friday 9am- 5pm:

- Discuss with heart failure team for advice
- Mobile 07766441925 or ext 21863 (RIE), 53881 (SJH)

Out of Hours (or unable to contact Heart Failure Team)



heartfailure.nurseservice@nhslothian.scot.nhs.uk

For urgent advice OOH please contact Cardiology SpR on Bleep 4028

For patients with known preserved LV function / valve disease, please refer to General Cardiology

Heart Failure Team Rapid Response Service

Appropriate patients

Known Heart Failure and LVSD presenting with worsening symptoms (risk of admission).

Service

Heart Failure Team will provide urgent review (within 24-48h as appropriate) via ambulatory hot clinic or urgent home visit with ongoing review until patient stabilised.

Heart Failure Rapid Access Diagnostic Pathway

Appropriate patients

Any patient who meets all referral criteria can be referred via this pathway:

1. Exertional or nocturnal dyspnoea: new-onset or major worsening
2. No echo or cardiology review (for dyspnoea) within last 12 months
3. No history of complex coronary, valvular, arrhythmic or congenital heart disease and not currently under long term supervision by a cardiology consultant.
4. No clear alternative cause for presentation.

Service

The aim of this service is to urgently confirm or exclude heart failure as a cause for acute clinical presentation. Patients in whom heart failure is ruled out **WILL NOT** receive any clinical review or further input by the Heart Failure Team – so please only refer patients where heart failure is considered the clear working diagnosis.

Heart Failure Team will triage appropriate patients to either:

- NT-pro-BNP blood test
- Urgent Echocardiogram

Ensure patients have routine bloods for FBC and U+E. Please do not request NT-proBNP test as requests from ED are not currently authorised. NT-proBNP tests will be authorised, as appropriate, and acted on by the Heart Failure team

- If Heart Failure is confirmed as the diagnosis, the Heart Failure Team will arrange appropriate review and ongoing treatment
- If Heart Failure is excluded (either by NT-proBNP or echo) then a letter will be sent to the GP with a clinical comment and advice only (no clinical review).