

HEART FAILURE REFERRAL GUIDELINE –TARANAKI DHB & PHO's

March 2012

PROBLEM	ACTION	IMPLEMENTATION	LIKELY PRIORITY
HEART FAILURE			
Dyspnoea on exertion, orthopnoea, unexplained confusion or fatigue +/- oedema, nausea, abdominal pain	<i>Clinical history</i> Consider age, onset of symptoms, previous heart disease, family history, myocardial infarction, angina, hypertension, valvular heart disease, rheumatic fever, palpitations, alcohol & tobacco use, medications. <i>Rule-out recent infarct, PE, etc</i>	Chest Xray 12 lead ECG and Natriuretic peptides (BNP) <i>Other recommended tests:</i> FBC, U/E/creatinine, TFT, LFT, glucose, lipids, urinalysis, peak flow or spirometry	
Heart failure suspected			
ECG abnormal and/or BNP elevated or increasing over time; + Clinical findings	Echocardiography (to assess LV function) <i>(NB: If cause of HF clear, echo may not be necessary –or be given lower priority)</i>	Refer cardiology dept (or private) <i>If echocardiography delayed commence / continue treatment on an empirical basis.</i>	Priority 1-3
Heart failure confirmed			
Abnormal echo	Assess HF severity, aetiology, precipitating and exacerbating factors Correctable courses must be identified/treated.	Non pharmacological management (see notes attached) Pharmacological management (see treatment algorithm) Consider specialist cardiology referral (see recommendations below)	Priority 1-2
No abnormality detected			
Normal echo	Heart failure unlikely, but if diagnostic doubt persists consider diastolic dysfunction Review for other causes of symptoms	Consider referral for specialist assessment (private or public)	Priority 2-3

Recommendations for specialist referral:

For patients with heart failure specialist advice is recommended in the following situations:

Heart failure due to valve disease, diastolic dysfunction or any other cause except LV systolic dysfunction

One or more co-morbidities

Angina, atrial fibrillation or other symptomatic arrhythmia

Women who are planning a pregnancy or who are pregnant

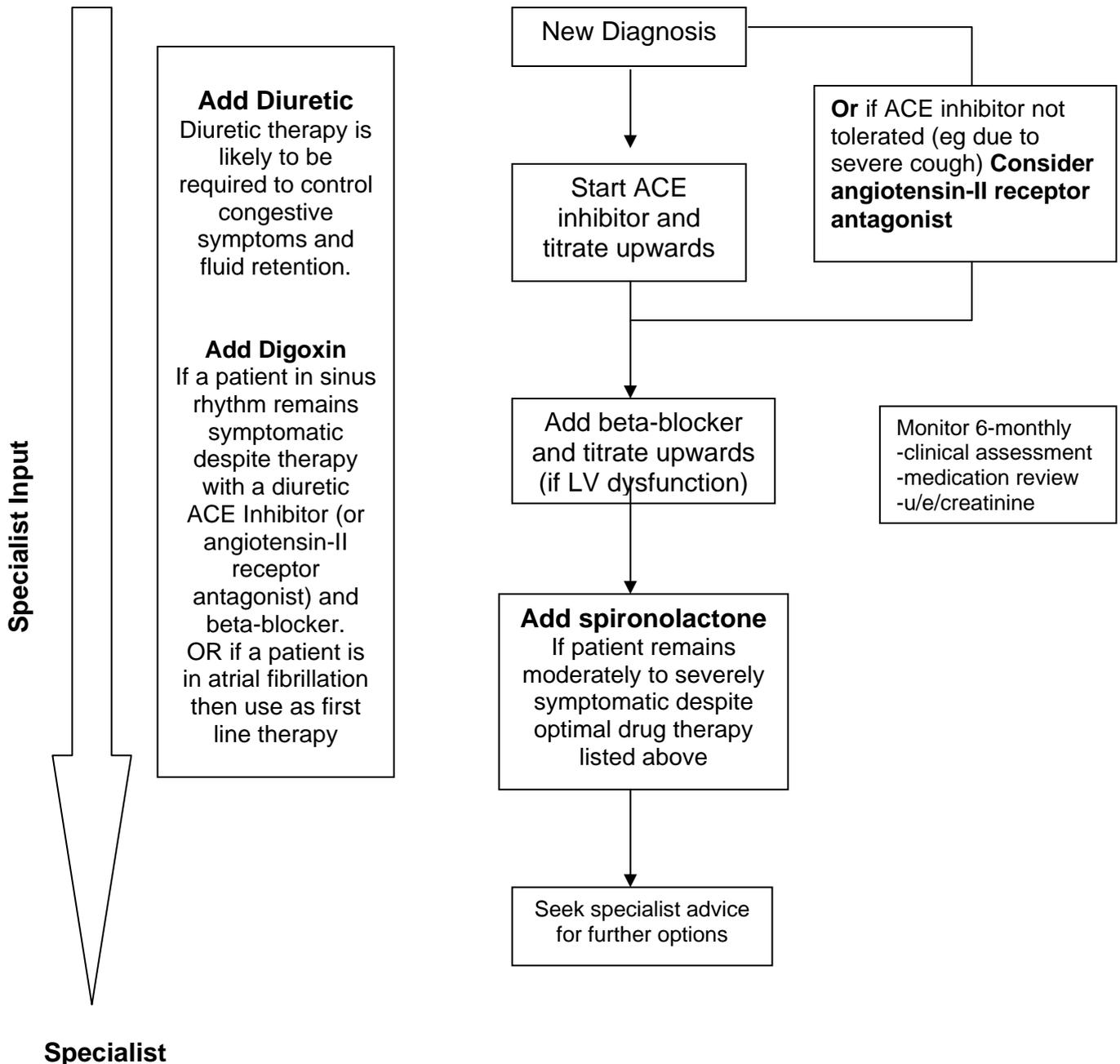
Severe heart failure

Heart failure that does not respond to treatment according to guideline recommendations

Heart failure that cannot be managed effectively in the home setting

Treatment algorithm of symptomatic heart failure

General Practitioner



Non pharmacological management

General counselling (compliance issues)
Record weight daily (for diuretic titration)
Smoking cessation programmes where necessary

Exercise programmes
Diet, particularly low-salt
Limit alcohol intake

References

Management of Chronic Heart Failure. NZ Guideline Group (NZGG) 2001
Chronic heart failure: Management of chronic heart failure in adults in primary and secondary care. National Institute for Clinical Excellence (NICE) UK) October 2003
Assessment and management of cardiovascular risk. NZ Guidelines Group, (NZGG), December 2003
Cardiac rehabilitation, New Zealand Guidelines Group (NZGG) August 2002