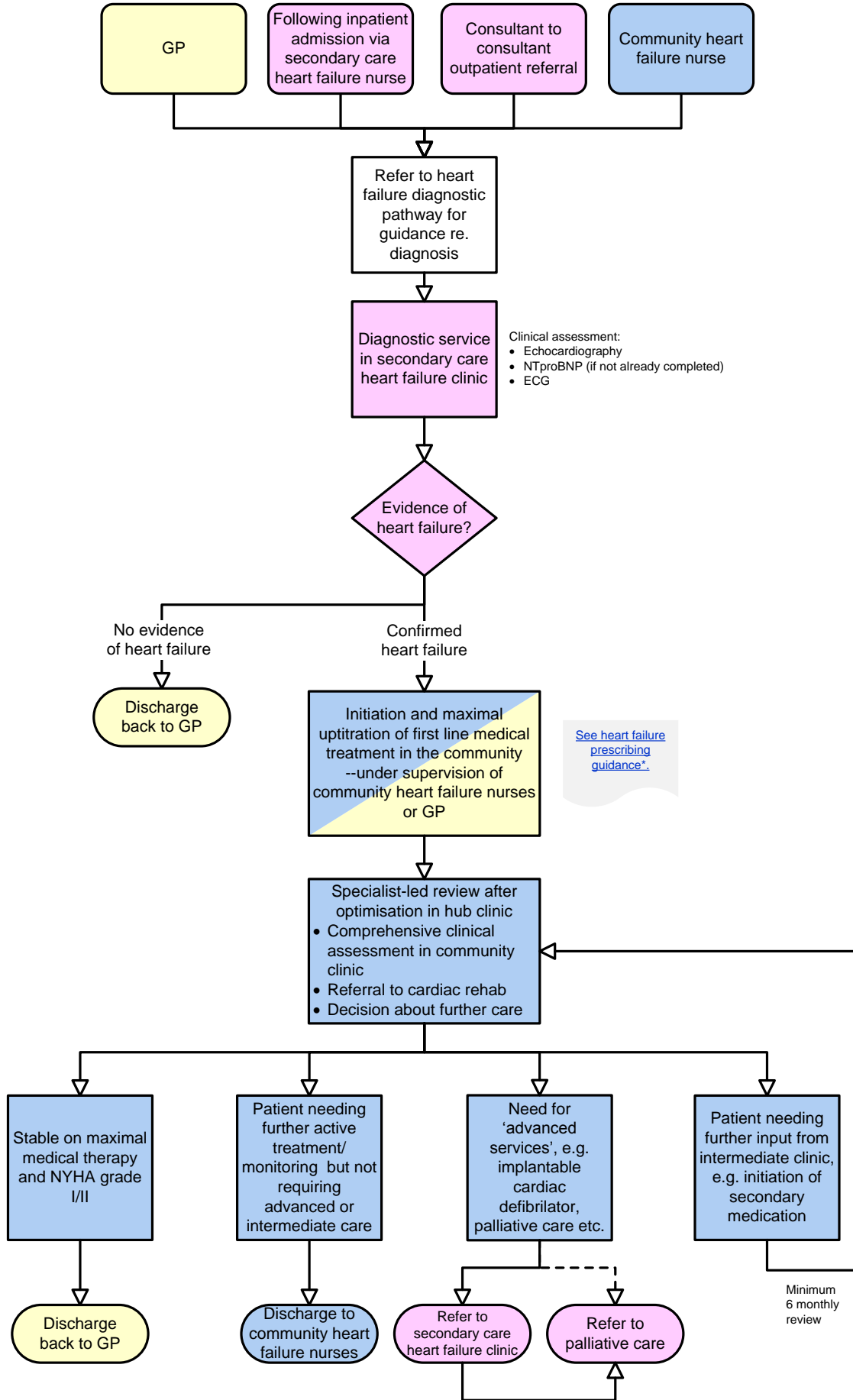


Heart Failure Initial Assessment Pathway



Referral Criteria for Secondary Care

- All new cases of suspected heart failure with raised NT-ProBNP or post MI (follow diagnostic pathway).
- Confirmation of historic diagnoses where diagnosis is uncertain.
- Patients who continue to deteriorate despite maximal first line medical treatment – need assessment for advanced therapies/devices including biventricular pacemakers.
- Patients who are acutely deteriorating in the community and are at risk of acute admission (refer urgently)

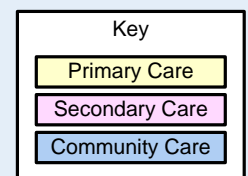
[For further referral information click here](#)

Referral Criteria for CICS/ Community Heart Failure Nursing Team

NB these services are not for diagnosis of new cases of suspected heart failure.

- Review in CICS when first line medication (ACEI/ARB and Beta blocker) maximally uptitrated.
- Difficulty in uptitration in the community:
 - Contraindication or poor tolerance to ACEI/ARB or beta blocker when started in the community.
 - Complex medical history e.g. renal impairment, renal artery stenosis.
- Complex cardiac history e.g. poorly controlled HTN, AF, cardiomyopathy, valvular heart disease, arrhythmia.
- Previous hospital admission with heart failure.
- Initiation and establishment of aldosterone antagonist if expertise not available in primary care.
- Pregnant patients with known heart failure or patients planning to become pregnant.

[For further referral information click here](#)



*Heart failure prescribing guidance is available [here](#)