

**Rapid access heart failure clinic referral form**

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| **Patient details** | | **GP details** |
| **Title** | **Mr Mrs Miss Ms Dr** | **GP** |
| **Last name** |  | **Practice address ……………………………………………………………………………….**  **……………………………………………………………………………….**  **……………………………………………………………………………….**  **GP Tel number Date…..../…..../20………..**  **GP signature……………………………………..** |
| **First name** |  |
| **Hospital number** |  |
| **NHS number** |  |
| **Date of Birth** |  |
| **Tel number** |  |
| **Patient’s address**  **………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………** | | |
| **Reason for referral** | | |
| **Symptoms**  Breathlessness Yes  No  Symptom onset days / weeks / months   * Exertion Yes  No * Rest Yes  No   Orthopnoea Yes  No  Paroxysmal nocturnal dyspnoea Yes  No  Peripheral oedema Yes  No  Ascites Yes  No | | **Investigations**  Request NT-proBNP   1. Level >2000ng/L Yes  No   NT-proBNP **r**esult……………………………  **Urgent appointment**   1. Level 400-2000ng/L Yes  No   NT-proBNP **r**esult……………………………  **Routine appointment**   1. Request CXR,ECG, 2. Request FBC, U&E, LFT, TFT, Urine dip |
| **Relevant history , medication and latest bloods** | | |
| * *Please list or attach print out (Previous MI, CABG, T2DM, HTN, AF etc.)* * *Ensure patient has had the recommended investigations above*   *……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..* | | Medication  …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| Referral: Please forward completed referral to ERS and specify Rapid Access Heart Failure clinic | | |
| For clinical enquires, please contact: Dr David Wilson or Dr Robin Taylor or acute heart failure nurses on extension 38780 bleep 144, 115  [David.wilson45@nhs.net](mailto:David.wilson45@nhs.net), [Robin.taylor@nhs.net](mailto:Robin.taylor@nhs.net) or [wah-tr.acuteheartfailurenurses@nhs.net](mailto:wah-tr.acuteheartfailurenurses@nhs.net) | | |

**Notes for referrer**

This clinic is intended for de novo suspected heart failure.

Patients with a previous history of heart failure will not be accepted and please refer to general cardiology OPC

Patients on the urgent pathway will have echocardiograms on the day the rapid access heart failure clinics appointment.

Patients on the routine pathway will have echocardiograms prior to the rapid access heart failure clinics appointment.

For all patients with suspected heart failure and a positive NTproBNP (particularly when very high) please consider starting treatment with a loop diuretic immediately.

NTproBNP is very sensitive but not very specific-i.e. identifies possible heart failure but does not confirm a diagnosis. Other causes of raised NTproBNP include: AF, severe lung disease, age>70, and renal impairment amongst others.

**Please do not use this pathway for:**

* Access to the heart failure nurses (refer directly to the community teams for patients with known heart failure and reduced ejection fraction),
* 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.
* For patients with uncontrolled AF and no overt fluid overload (raised JVP, oedema) please consider rate control before checking NTproBNP. If the patient remains symptomatic with possible heart failure after rate control then check NTproBNP and refer as usual. If minimally symptomatic at that stage consider community echo and/or general cardiology referral.