Barnsley Hospital NHS
NHS Foundation Trust

CHANGING LIVES

One Stop Heart Failure Diagnostic Clinic

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Barnsley Hospital Quality in Care

www.barnsleyhospital.nhs.uk

One Stop Heart Failure Diagnostic Clinic

NICE Guidelines

Acute heart failure: diagnosis and management, published October 2014.

In people presenting with new suspected acute heart failure, use a single measurement of serum natriuretic peptides (B-type natriuretic peptide [BNP] or N-terminal pro-B-type natriuretic peptide [NT-proBNP]) and the following thresholds to rule out the diagnosis of heart failure.

BNP less than 100 ng/litre
NT-proBNP less than 300 ng/litre.

In people presenting with new suspected acute heart failure with raised natriuretic peptide levels (see recommendation 1.2.2), perform transthoracic Doppler 2D echocardiography to establish the presence or absence of cardiac abnormalities.

Function of the Clinic

- To provide a one stop diagnostic service involving clinical assessment and investigations to confirm or exclude heart failure
- To ensure patients are seen within the recommended time from referral, 2 weeks and 6 weeks depending on their previous history
- To contribute to achieving the NICE guidelines
- To facilitate early referral for other investigations and timely initiation of medications.

Function of the Clinic (cont)

- To identify and advise on cardiac risk factors, offering life style modification advice, aiming to empower the patient to take responsibility for their well being, thus helping reduce disease progression
- Provide reassurance for the patients who do not have heart failure
- Initiation of medications and titration as required
- To ensure the outcomes of the assessment are communicated to the GP via letter in a timely manner, with an appropriate treatment and management plan

Criteria for referral

Symptoms suggestive of heart failure but with no previous diagnosis of heart failure

Raised serum natriuretic peptides (B-type natriuretic peptide) BNP above 100pg/ml

Patients should be able to attend an out-patient clinic

GP practice referral only

GP Pre Referral Requirements

- Completed designated heart failure referral form ensuring all criteria are met
- Document the patients presenting symptoms and any relevant information
- Perform blood tests for kidney function, FBC, thyroid function, LFT and BNP
- Document clinical observations, BP, pulse and weight
- Current medication list and allergy status

Clinic Overview

Patient assessment:

- Echocardiogram
- ECG
- History taking
- Evaluation of clinical findings and formulation of a management plan

Consultation with patient:

- Discuss outcomes and diagnosis
- Advice and support
- Check patients understanding
- Initiate treatment if appropriate
- Formulate management plan including letter for GP

CNS reviews every patient case history with Cardiologist/middle grade

Case Study

86 year old male with BNP 1216

Symptoms on referral: Shortness of breath and oedema

PMH: HTN, CKD st3

Medications: Furosemide 20mg OD, Simvastatin 20mg OD, Flucloxacillin 500mg QDS, Candesartan 4mg OD, Doxazosin 4mg OD, Omeprazole 20mg OD

Reviewed in clinic within 9 days of referral (NICE guidelines to be seen within 2 weeks achieved)

Echo result: LV severely reduced systolic function, LV normal size. RV mildly reduced systolic function, normal size.

Both atria dilated. Severe MR and TR, mild PR.

PASP = 35-40mmHg.

Examination in clinic: No oedema, cellulitis to left leg, reports orthopnoea, 2 pillows, no PND.

ECG: AF 99bpm BP: 140/60mmHg

Case Study (cont)

Patient reporting increased breathlessness and reduced ETT over past 6 months. ETT half mile on flat ground.

No chest pain.

Management plan: New AF, CHADSVASC 3. HAS-BLED 3. Commenced on Warfarin, Bisoprolol 1.25mg. Furosemide discontinued due to no oedema. Already taking ARB.

Health education given. Anticoagulation counselling undertaken.

24 hour tape requested. Referral to anticoagulation clinic made.

GP advised to up-titrate beta-blocker and ARB for better rate and blood pressure control. Re-check U+E's in 2 weeks.

Referred to CHFNS for introduction of Spironolactone, further up-titration of medications and on-going management of condition.

CHFNS meet monthly with Cardiology Consultant to discuss any concerns/issues.