**Primary care pathway for Confirmed Heart Failure**

Patient diagnosed with heart failure by specialist team Care plan agreed with patient and treatment initiated by specialist team

**New York Heart Association (NYHA) Functional Classification**

**Optimisation of Pharmacological Treatment**

On-going management

ADD a MR antagonist Spironoactone Eplerenone

Yes

No

ADD a beta-blocker + titrate dose

ACE inhibitor (or ARB if not tolerated)

Diuretics to relieve symptoms/signs of congestion

Refer to specialist heart failure services

**On-going Management**

* Give BHF Booklet and discuss care plan with patient/carer + HFN contact numbers
* Review medication and compliance
* Lifestyle advice e.g. diet, salt, activity levels, rest, smoking cessation, fluid restriction, anxiety, symptom recognition, monitor fasting weight
* Medication Titration
* Monitoring bloods
* Consider co-morbidities such as ischemic heart disease, AF, diabetes, COPD
* Consider tele-health referral to support patients
* Add patient to IBIS/Share my Care system and update as necessary
* Request further investigations such as 24-hour holter ECG repeat echo.
* Patients reviewed as per clinical need
* Refer to cardiology if symptoms deteriorate / require further intervention for example device / valve assessment

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| **I** | No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea (shortness of breath). |
| **II** | Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea (shortness of breath). |
| **III** | Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, or dyspnea. |
| **IV** | Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest.  If any physical activity is undertaken, discomfort. |