**Primary care pathway for Suspected Heart Failure**

No red flags

Red flags

Refer for echocardiogram and specialist assessment within 6 weeks

**GP assessment**

* History, PMH, medication and exam
* Risk factors
* Investigations (as per NICE CG 108)
  + BNP
  + FBC
  + Biochemical profile
  + Fasting lipid profile & blood glucose
  + Pulse and blood pressure
  + 12 lead ECG
  + Chest x-ray (+/- spirometry)

HF unlikely – consider alternative diagnoses

History of

Ischaemic Heart Disease

NO

Refer urgently for echocardiogram and specialist assessment within two weeks

BNP

<400pg/ml

BNP

>2000pg/ml

BNP

>150pg/ml

Under age 75

OR

>400pg/ml

Over age 75

Non-LVSD

Re-evaluate patient

Left ventricular systolic dysfunction

Ejection fraction <55%

Go to Primary care pathway for Confirmed Heart Failure

YES

**Immediate hospital referral or presentation at emergency department**

* E.g. “shock”
* acute pulmonary oedema - suggested by crackles throughout the lung, haemoptysis or frothy pink sputum
* severe dyspnoea (shortness of breath) or respiratory distress, agitation
* oxygen saturation < 90%
* associated chest pain
* ECG changes of ischaemia or infarction
* arrhythmia, particularly if there is haemodynamic instability