NHS Lanarkshire Primary Care – Heart Failure Assessment using NT- proBNP

Patient has reasonable clinical suspicion of heart failure and one of the following at time of referral:

Clinical suspicion of HF

Ankle oedema

Dyspnoea on exertion/rest

Orthopnoea

Fatigue/tiredness (with 1 of the above)

NB: Symptoms may not be present at diagnostic appointment if on trial of diuretic

If none of these, but clinical suspicion of heart failure, please refer to cardiology clinic

GP Assessment

History including previous cardiac history

Clinical examination to exclude red flag signs and symptoms including AF

Tests required:
Full blood count (for anaemia)
TFT
U&E (for creatinine)
NT-proBNP
ECG

RED FLAG SYMPTOMS:

Paroxysmal nocturnal dyspnoea

Lung crepitations

Symptoms severe enough for admission

YES

Consider hospital admission

NO

Treat symptomatically while awaiting results

Abnormal NT-proBNP

>2000ng/L refer for specialist assessment with echo within 2/52

400-2000ng/L– refer for specialist assessment with echo within 6/52

Previous MI

ECG : BBB, Q Wave, LVH – refer HR pathway

If A fib/ A flutter – see comments below*

Normal NT-proBNP (<400ng/L) And Normal ECG

Consider other non-cardiac causes

Refer to the Heart Failure Diagnostic Pathway

Echocardiogram performed

Cardiologist identifies underlying cause and any appropriate intervention

NT-proBNP should not be repeated within 6 months unless in exceptional circumstances, e.g. intervening MI.

Please contact the lab to arrange if a repeat is required

*if NT-proBNP >900ng/L refer to HF Diagnostic Pathway otherwise refer to AF

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