A new patient pathway – a new compact

Patient identification sticker	Date:
Part one: heart failure assessment pathway Framingham criteria for suspected heart failure: 2 major or 1 major + 2 minor	
Major □ Paroxysmal nocturnal dyspnoea (PND)/orthopnoea □ ↑ Jugular vein pulse (JVP) □ Hepatojugular reflux □ S3 gallop □ Basal crepitations □ Cardiomegaly on chest X-ray (CXR) □ Pulmonary oedema on CXR	Minor Shortness of breath on exertion (SOBoE) Night cough Ankle oedema Heart rate (HR) 120+ beats per minute (bpm) Hepatomegaly Pleural effusion
 High-risk features → admit cardiac care unit (CCU) Acute coronary syndrome (ACS) Complex arrhythmia (other than atrial fibrillation (AF)) Shock Respiratory failure 	Consider other causes of shortness of breath (SOB): • AF • cor pulmonale • pulmonary embolism (PE)
Consider alternative diagnosis: congestive cardiac failure (CCF) unlikely - (100 pg/ml	
New York Heart Association (NYHA) IV > >3 admissions in 12/12 CCF Known heart fa Watch list of	<u> </u>
 2+ kg above dry weight Creatinine >300 μmol/l Multiple comorbidities Systoli	Abnormal (consider cardiology referral)
No to all Yes to any Ambulatory care pathway Admit to heart failure	*Acute assessment unit (AAU) screening echo service Monday to Friday 8–9am and 3–4pm All patients who fulfil criteria will be scanned. All abnormal scans will prompt formal department

(see overleaf)

specialist unit

All abnormal scans will prompt formal department

transthoracic echocardiogram (TTE).

Part two: ambulatory care pathway

(Following from part one: heart failure assessment pathway) **Furosemide dose** Furosemide-naive patient (pt): Serum creatinine <200 μmol/I: 80 mg IV Serum creatinine >200 μmol/l: 120 mg IV Chronic enteral Rx: Current enteral dose as IV bolus max 120 mg Peak diuresis usually within 30-60 minutes; usually >500 ml in 2 hours Reassess 2-4 hours Subjective improvement No ischaemic chest pain No new arrhythmia Resting heart rate <100 bpm Systolic BP >90 mmHg <160 mmHg Room O₂ saturations >90% (unless on home oxygen) Return to baseline weight (wt) or decrease in wt Troponin -ve Stable urea and electrolytes (U&E) Total urine output (OP) >1I Yes to all No to any Admit to heart failure specialist unit Discharge patient home Fax both sides of this sheet to ambulatory care service of heart failure specialist unit for follow-up within 24 hours Total IV furosemide dose in AAU: mg