|  |
| --- |
| **Community Heart Failure Service****By making this referral the patient agrees to receive text and email messages about their referral, appointments and management to the mobile phone number and email address listed below.** |
| **GENERAL REFERRAL INFORMATION** |
| REFERRAL DATE |  |
| DATE OF BIRTH |  | NHS NO. |  |
| FAMILY NAME |  | GIVEN NAME |  |
| PREVIOUS FAMILY NAME |  | TITLE | Miss | SEX |  |
| ADDRESS |  | DAYTIME TEL NO. |  |
| MOBILE NUMBER |  |
| EMAIL ADDRESS |  |
| INTERPRETER NEEDED LANGUAGE | [ ]  YES [ ]  NO language not specified |
| ANY CONDITION / ILLNESS THAT MAY AFFECT MENTAL CAPACITY TO CONSENT TO ASSESSMENT / TREATMENT? | [ ]  YES [ ]  NO(PLEASE INCLUDE DETAILS BELOW) | HAS THE PATIENT AGREED AND CONSENTED FOR REFERRAL? | [ ]  YES [ ]  NO |
| IS THE PATIENT A CARER? | [ ]  YES [ ]  NO |
| IF PATIENT REFERRED FROM SECONDARY CARE, DO THY HAVE A WILTSHIRE GP? | [ ]  YES [ ]  NO |  |  |
| REFERRING CLINICIAN |  | GP PRACTICE / REFERRING ORGANISATION OR DEPARTMENT |  |
| ESSENTIAL INFORMATION TO BE SENT WITH EVERY REFERRAL: SUSPECTED HEART FAILURE FOR DIAGNOSTIC ECHO  PAST MEDICAL HISTORY & ANY HOSPITAL DISCHARGE SUMMARY LATEST ECHOCARDIOGRAM & ECG RECENT BLOOD RESULTS; LUNG FUNCTION TESTS  RECENT CARDIOLOGIST / CLINICAL LETTERS GP SUMMARY/MEDICATION LIST |

|  |
| --- |
| **SERVICE REFERRAL DETAILS** |
|

|  |  |  |
| --- | --- | --- |
| **NTproBNP** |  | See NICE attachment regarding NTproBNP – Suspected new HF referrals must have NTproBNP as per the NICE HF Pathway |
| **Previous diagnosis of HF?** | [ ]  YES [ ]  NO  | If known HF, does not need NTproBNP, and will be triaged as per clinical urgency  |
| **History of presenting complaint:** |

|  |
| --- |
|       |

 |
|  | **Investigations:****Please ensure the following investigations have been done within the past month and tick to confirm:**

|  |
| --- |
| UECreat [ ]  |
| FBC [ ]   |

 |
| **Please tick below if patient has any other condition(s):**[ ]  Diabetes [ ]  Hypertension [ ]  Anaemia [ ]  Thyroid dysfunction [ ]  Acute/Chronic renal Disease [ ]  COPD [ ]  Asthma [ ]  Hyperlipidaemia [ ]  Other (Please state)        |

 |
| **PLEASE ENSURE THAT ALL FIELDS ARE COMPLETED CORRECTLY.****INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED TO THE REFERRER** |

FORM SHOULD BE SENT VIA E-REFERRAL FROM SYSTMONE OR BY SECURE EMAIL TO WHC.heartfailure@nhs.net

**Blood Results** (Last 2m):

|  |  |  |
| --- | --- | --- |
| **FBC** |  |  |
| **UE** |  |  |
| **LFT** |  |  |
| **CRP** |  |  | **ESR** |  |
| **TFTs** |  |  | **INR** |  |
| **Bone** |  |  |
| **Iron** |  |  |
| **Vitamins** |  |  |
| **Lipids** |  |  |
| **Random Glucose** |  | **Fasting Chol.** |  |
| **Fasting Glucose** |  | **HbA1c** |  |

|  |
| --- |
| **Medical Problems:** |
| **Medication:**  |
| Acutes |  |
| Repeats |  |
| **Allergies:**  |

**ECG:**

**Previous ECG's**

|  |
| --- |
|  |
|  |

**SERVICE CRITERIA**

* 1. **Exclusion Criteria**
		1. Patients who are clinically too complex for a community service – see Red Flags
		2. Patients under 18 years of age
		3. People with a NT Pro-BNP <400 or where NT Pro-BNP has not been tested
		4. Patients diagnosed with HFpEF and not meeting agreed criteria. If meet criteria then initial management and education to be completed and then discharged to Primary Care for further management
	2. **Acceptance Criteria**
		1. Referrals may come from all appropriate health professionals; and PIFU/ self-referrals from those already known to the service will be accepted.
		2. Patients with symptoms and signs of heart failure and an NT Pro-BNP ≥ 400 or previous echo cardiographic confirmed diagnosis of heart failure but having also had FBC, U&E, LFT, TFT, Lipids, HbA1C
		3. Criteria for HFpEF is high dose diuretics, complex comorbidities such as renal impairment (risk of stopping meds), recent heart failure hospitalisation or at risk of cardiorenal syndrome
		4. Patients with NT pro-BNP >125<400 where there is a strong suspicion of new diagnosis of heart failure and where the patients has been discussed with cardiology advice and guidance
1. **Red Flags** (**patients should be referred directly to an acute hospital pathway)**
	1. Associated chest pain or potential acute cardiac symptoms
	2. Visible physical signs (haemoptysis, cyanosis, unable to speak in sentences, confusion, agitation, unilateral leg swelling)
	3. Noisy breathing (stridor, audible wheeze, persistent cough)
	4. History of prolonged immobility or trauma
	5. Onset of or rapidly progressing symptoms
	6. Paroxysmal nocturnal dyspnoea
	7. Hypoxia and unexplained inappropriate reduction in O2 saturations and elevated respiratory rate

