

Patient presenting with acute SOB, without pre-existing heart failure (HF) and a clear and obvious cause for SOB such as pneumonia/asthma etc.

Standard clinical assessment including patient history, chest Xray, ECG, NT-proBNP, TropT, ELEC, LFT, Creat, CK, CKMB, FBE and Glu

NT-proBNP
< 300 pg/ml

Acute HF
unlikely

If clinical suspicion for PE consider D-Dimer test. If NT-proBNP, TropT, CKMB and D-Dimer are all negative, a non-cardiac cause of SOB is more likely.

NT-proBNP
300-1800 pg/ml

Acute HF less likely.
Consider that renal impairment and advancing age increase NT-proBNP

If clinical suspicion of HF remains ECHO required.

NT-proBNP
> 1800 pg/ml

Acute HF likely

Commence treatment for Heart Failure.
ECHO required