**Patient Presentation**

- Dyspnea
- Ankle oedema
- Fatigue
- Orthopnea - may be present and is specific for Heart Failure
- Paroxysmal nocturnal dyspnea - may be present and is specific for Heart Failure
- Abdominal discomfort due to liver congestion (non specific)
- Palpitations/syncope

**Clinical Assessment**

- Pulse - exclude tachyarrhythmia
- Blood pressure
- Pulmonary crepitations
- Peripheral oedema - evidence of varicose veins or chronic venous statis might support a non-Heart Failure cause of swollen ankles
- Raised jugular venous pressure - difficult sign
- Third heart sign - difficult sign
- Dyssynkinetic apex beat - difficult sign
- Murmur - may be significant cause of Heart Failure
- Sleep apnoea
- Previous cardiac history

**Other Recommended Tests to Exclude Other Conditions**

- CXR - exclude pneumonia or other primary lung pathology, see evidence of pulmonary oedema or cardiomegaly
- FBE - exclude infection or anaemia
- ECU - baseline potassium and creatinine for renal function
- LFT - often abnormal due to liver congestion
- Troponin T - exclude active component of acute ischaemia
- Thyroid Function Test - important if atrial fibrillation
- Glucose
- Lipids

**Heart Failure Clinical Presentation Pathway**

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- **Exclude Heart Failure**
  - ECG
  - NT-proBNP
  - Normal ECG & NT-proBNP <300 pg/ml
  - Heart Failure unlikely consider alternative diagnosis. If diagnostic/clinical doubt persists consider referral for specialist assessment

- **Heart Failure remains a possibility**
  - Cardiology consult/ECHO required in a timely fashion to confirm Heart Failure diagnosis
  - Commence Heart Failure treatment while waiting for ECHO results to confirm diagnosis

- **Heart Failure highly likely**
  - Echocardiogram recommended
  - Organise referral to Cardiologist
  - Commence immediate management

- **Immediate Management**
  - Frusemide - 40 mg oral
  - ACE inhibitor
    - check renal function,
    - hold if systolic blood pressure less than 100 mmHg
    - start with low dose eg Perindopril 2.5 mg daily or Ramipril 2.5 mg daily
  - Wait for echocardiogram result before considering commencement of other medications such as β-blockers or Spironolactone

- **If Atrial Fibrillation:**
  - Digoxin is safest medication to give prior to knowledge of cardiac structure and function from echocardiogram
  - check renal function, load with digoxin 500 mcg oral, repeat next day with further 500 mcg oral then maintenance dose 1.25-250 mcg daily until reviewed by a Cardiologist

- **On-going Management**
  - Patient should be given education on Heart Failure
  - Exercise should be recommended for all Heart Failure patients with stable heart and stable volume status
  - Cardiac risk factor screening
  - Daily monitoring of weight
  - Excessive weight gains or worsening of symptoms should be reported to GP
  - Sodium Intake - should be limited for all Heart Failure patients
  - Fluid intake should be limited for all patients with hyponatraemia, on high dose diuretics or with severe Heart Failure.
  - Regular review of medications to optimise management

**Heart Failure suspected because of history and clinical findings**

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