Pulse C3
COMPLETE CARDIAC CARE
Division of Rebalance

tel: 250-595-1551 ● 300-3680 Uptown Blvd
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www.pulsemd.ca

How to make a referral to Cardiology for a new diagnosis of Heart Failure

All stable outpatients who have **not been previously assessed by Cardiology** and who are referred with **new onset heart failure** require the following to be sent with the referral:

- ☐ Clinical history and medication list
- ☐ Physical exam including listening for any heart murmurs
- ☐ Bloodwork including a CBC, renal function and NT pro BNP
- ☐ Baseline 12 lead ECG (12 lead ECG can be requested at Pulse Complete Cardiac Care)
- ☐ Echocardiogram (either ordered or done within the past year)

The patient will not be accepted for referral or booking of an appointment if the referral is incomplete.

** Patients who have been **previously seen** by Cardiology and have a **known diagnosis of heart failure** and are being sent for repeat reassessment do not necessarily need all of the above as part of the referral. They should have updated investigations as felt appropriate by the referring physician instead.**

Examples of Urgent, Semi-Urgent and Elective Referrals to Cardiology for Stable Outpatients with Heart Failure		
Urgent (to be seen < 2 weeks)	Semi-Urgent (to be seen < 6 weeks)	Elective
New diagnosis of heart failure, not improving on therapy (decompensated)	New diagnosis of heart failure with LVEF < 50% that is stable, compensated	Stable history of heart failure with reduced or mid range ejection fraction
Heart failure with moderate-severe or severe valvular disease	Heart failure exacerbation in patient with known heart failure with LVEF < 50%	Heart failure with preserved ejection fraction (>50%)
Severe heart failure with significant renal disease (eGFR < 30) or hypotension		
Heart failure with severe symptoms (≥ NYHA class 3) despite initial medication treatment		

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Patients should be started on initial medical therapy while they await consultation.

In some patients who have multiple medical comorbidities and are suitable for it, a referral to the Internal Medicine group with special interest in Cardiology could be considered. If you have referred the patient to Cardiology and the triaging physician believes that the patient may be better served with an Internal Medicine review, then you will be notified if this is suggested.

If there are questions about investigations or management prior to making a referral, please consider contacting the RACE line.

Considerations for Investigation of Patients with New Diagnosis of Heart Failure

For severe dyspnea, new onset chest pain, or hemodynamic instability the patient should be directed to the nearest Emergency Department.

Peripheral edema alone does not constitute heart failure. It may be related to cardiac, liver, or renal dysfunction as well as venous insufficiency or obstruction. An algorithm for screening for heart failure by Primary Care is as below:

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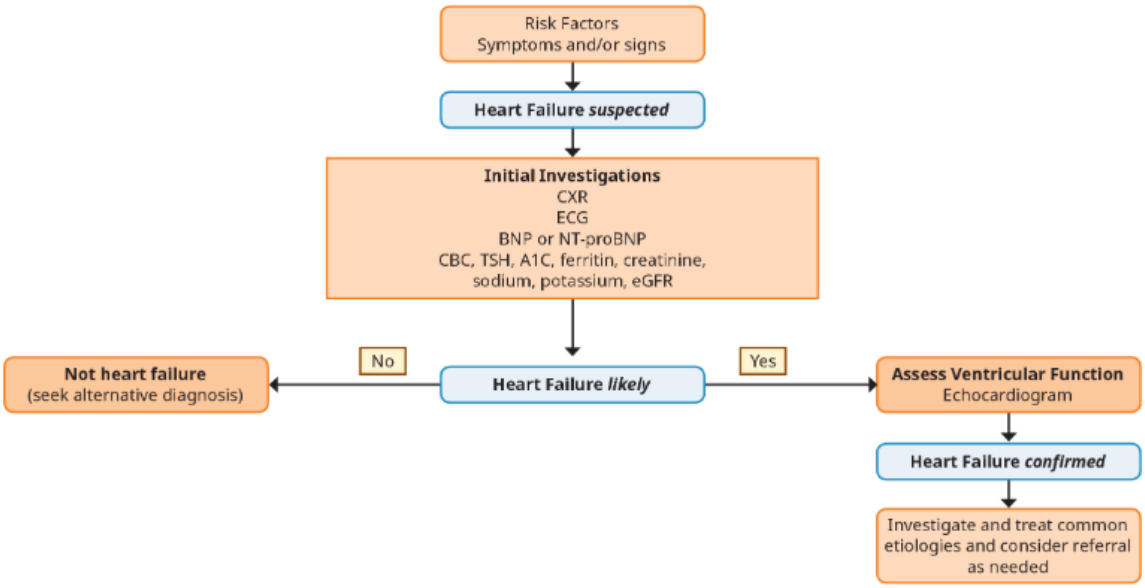
Figure 1: Diagnosis of Heart Failure



Abbreviations: **BNP** – B -Type Natriuretic Peptide, **CBC** – Complete Blood Count, **CXR** – Chest X-Ray, **ECG** – Electrocardiogram, **NT-proBNP** – N-terminal pro B-type natriuretic peptide

1. BCGuidelines.ca Heart Failure – Diagnosis and Management. Effective July 26, 2023.

For patients who have a diagnosis of heart failure confirmed, it is appropriate to initiate medical therapy as outlined below while they await Cardiology consultation.

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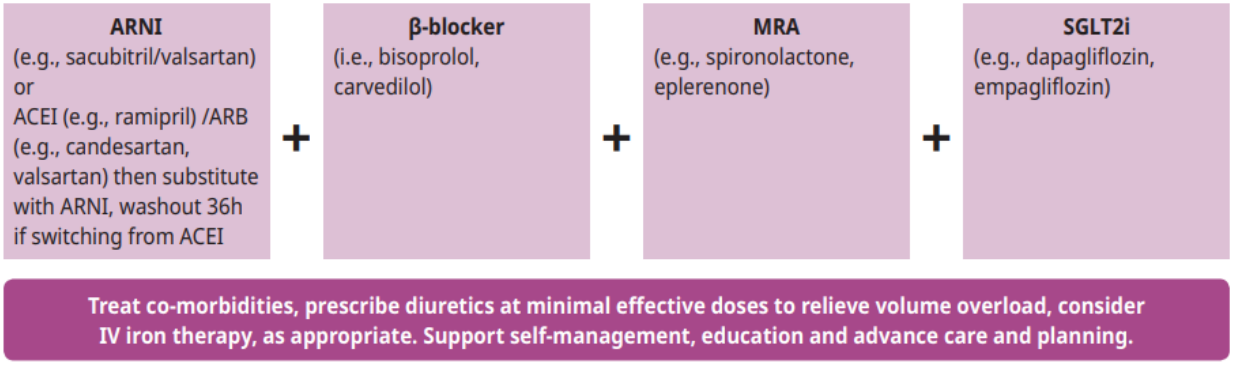
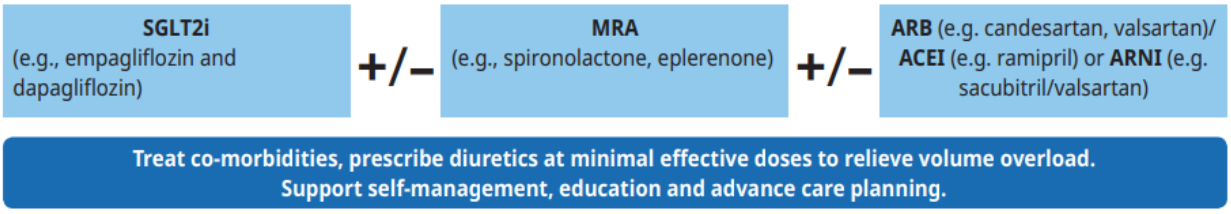
Figure 3: GDMT for Heart Failure Reduced Ejection Fraction (HFrEF) LVEF ≤ 40%



Abbreviations: **ACEI** – Angiotensin Converting Enzyme Inhibitors, **ARB** – Angiotensin Receptor Blocker, **ARNI** – Angiotensin Receptor-Neprilysin Inhibitor (ARNI), **GDMT** – Guideline Directed Medical Therapy, **MRA** – Mineralocorticoid Receptor Antagonist, **SGLT2i** – Sodium-Glucose Cotransporter-2 Inhibitor

1. BCGuidelines.ca Heart Failure – Diagnosis and Management. Effective July 26, 2023.

Figure 4: GDMT for Heart Failure with Mildly Reduced Ejection Fraction (LVEF 41-49%) and Heart Failure with Preserved Ejection Fraction (LVEF ≥ 50%)



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If there are questions about further investigations or management strategies, please consider contacting the RACE line.