

Chronic heart failure overview

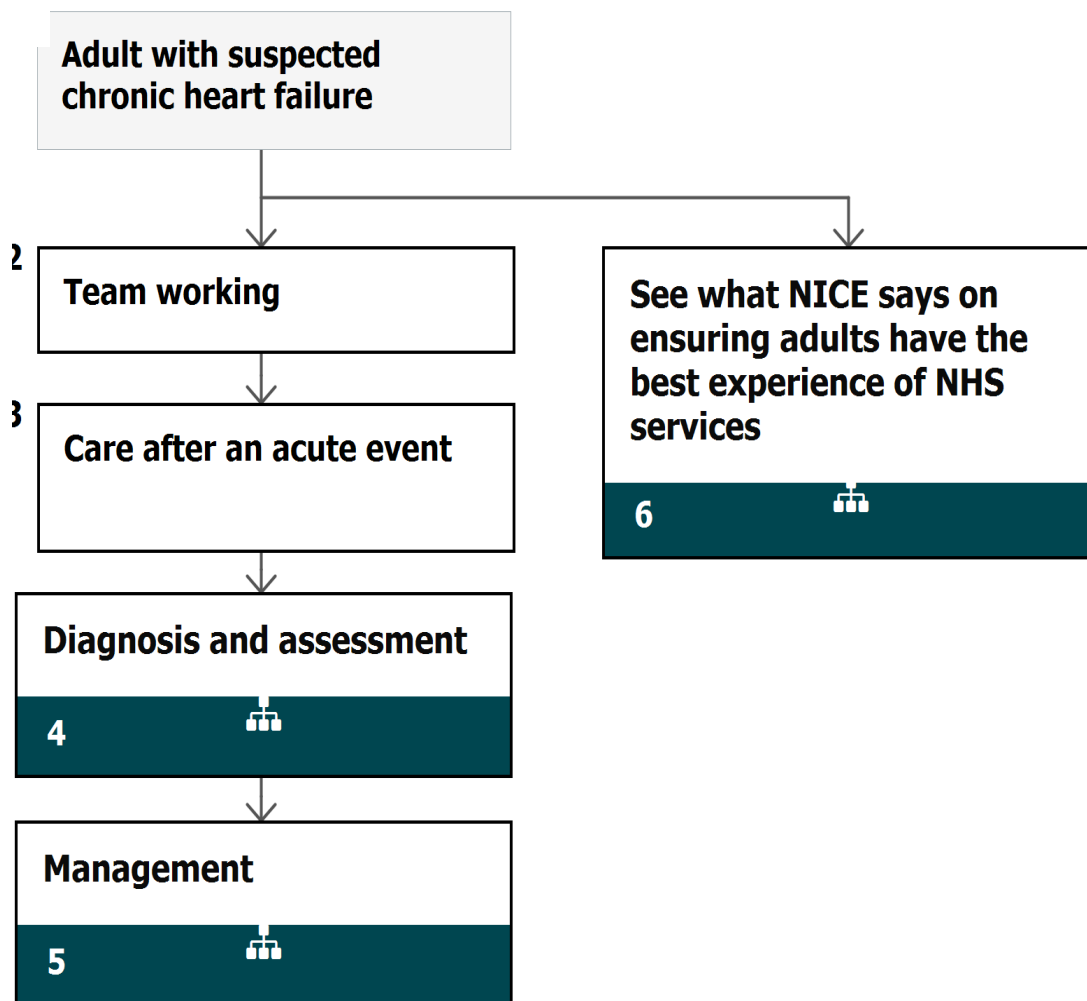
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/chronic-heart-failure>

NICE Pathway last updated: 05 March 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Adult with suspected chronic heart failure

No additional information

2 Team working

Team composition

The core specialist heart failure multidisciplinary team should work in collaboration with the primary care team, and should include:

- a lead physician with subspecialty training in heart failure (usually a consultant cardiologist) who is responsible for making the clinical diagnosis
- a specialist heart failure nurse
- a healthcare professional with expertise in specialist prescribing for heart failure.

Team roles

The specialist heart failure multidisciplinary team should:

- diagnose heart failure
- give information to people newly diagnosed with heart failure (see [information and support](#))
- manage newly diagnosed, recently decompensated or advanced (NYHA class III to IV) heart failure
- optimise treatment
- start new medicines that need specialist supervision
- continue to manage heart failure after an interventional procedure such as implantation of a cardioverter defibrillator or cardiac resynchronisation device
- manage heart failure that is not responding to treatment.

The specialist heart failure multidisciplinary team should directly involve, or refer people to, other services, including rehabilitation, services for older people and palliative care services, as needed.

The primary care team should carry out the following for people with heart failure at all times, including periods when the person is also receiving specialist heart failure care from the multidisciplinary team:

- ensure effective communication links between different care settings and clinical services

- involved in the person's care
- lead a full review of the person's heart failure care, which may form part of a long-term conditions review
- recall the person at least every 6 months and update the clinical record (see [care plan](#))
- ensure that changes to the clinical record are understood and agreed by the person with heart failure and shared with the specialist heart failure multidisciplinary team
- arrange access to specialist heart failure services if needed.

3 Care after an acute event

People with heart failure should generally be discharged from hospital only when their clinical condition is stable and the management plan is optimised. Timing of discharge should take into account the wishes of the person and their family or carer, and the level of care and support that can be provided in the community.

The primary care team should take over routine management of heart failure as soon as it has been stabilised and its management optimised.

For recommendations on the diagnosis and management of acute heart failure see NICE's guidance on [acute heart failure](#).

4 Diagnosis and assessment

[See Chronic heart failure / Diagnosing and assessing chronic heart failure](#)

5 Management

[See Chronic heart failure / Managing chronic heart failure](#)

6 See what NICE says on ensuring adults have the best experience of NHS services

[See patient experience in adult NHS services](#)

Glossary

ACE

angiotensin-converting enzyme

ARB

angiotensin II receptor blocker

ARBs

angiotensin II receptor blockers

bpm

beats per minute

eGFR

estimated glomerular filtration rate

heart failure with preserved ejection fraction

(usually associated with impaired left ventricular relaxation, rather than left ventricular contraction, and characterised by normal or preserved left ventricular ejection fraction with evidence of diastolic dysfunction)

MRA

(mineralocorticoid receptor antagonist; antagonises the action of aldosterone at mineralocorticoid receptors)

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NT-proBNP

N-terminal pro-B-type natriuretic peptide

NYHA

New York Heart Association

Sources

[Chronic heart failure in adults: diagnosis and management](#) (2018) NICE guideline NG106

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should [assess and reduce the environmental impact of implementing NICE recommendations](#) wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.