**AvonCAP General Practice Study: Diagnostic and clinical pointers for acute exacerbation of heart failure**

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| **Snowmed code** | **Diagnostic pointers** | **Clinical pointers** |
| [Exacerbation of congestive heart failure](https://cks.nice.org.uk/topics/heart-failure-chronic/management/confirmed-heart-failure-with-reduced-ejection-fraction/)a,b | * Typical symptoms:
	+ breathlessness (on exertion, at rest, on lying flat, nocturnal cough, waking from sleep);
	+ fluid retention (ankle swelling, abdominal swelling, weight gain)
	+ Fatigue, reduced exercise tolerance
	+ Syncope or light headedness
* Risk factors:
	+ Coronary heart disease (myocardial infarction, hypertension, atrial fibrillation, diabetes, obesity)
	+ Drugs and alcohol
	+ Family history of heart failure or sudden cardiac death
* Examine for:
	+ Tachycardia (HR > 100), pulse rhythm
	+ High or low blood pressure
	+ Hypoxia
	+ Elevated JVP
	+ Tachypnoea, basal creps, pleural effusions
	+ Dependent oedema (ankles, sacrum), ascites
 | Exacerbation of heart failure in a person with known reduced ejection fraction:* Relieve symptoms of fluid overload:
	+ Titrate loop diuretics
	+ If symptoms are not relieved with maximum dose diuretic, seek specialist advice
* Once exacerbation controlled, consider an ACE inhibitor and a beta-blocker, start one at a time
* Consider antiplatelet treatment, statin (e.g. for coronary heart disease)
* Screen for depression and anxiety
* Exercise-based group rehabilitation program
* Think about advance care planning
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1. <https://cks.nice.org.uk/topics/heart-failure-chronic/diagnosis/when-to-suspect/>
2. <https://cks.nice.org.uk/topics/heart-failure-chronic/management/confirmed-heart-failure-with-reduced-ejection-fraction/>