**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 |

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/>