

NAVIGATING THE HEART FAILURE JOURNEY

USE **B.E.A.T** TO IDENTIFY PEOPLE LIVING WITH SYMPTOMS OF UNDIAGNOSED HEART FAILURE

1 HEART FAILURE HIDES IN PLAIN SIGHT

USE CLINICAL DATA TO IDENTIFY PEOPLE LIVING WITH SYMPTOMS OF HEART FAILURE

2 CHECK NT-proBNP

NT-proBNP LESS THAN 400 ng/LITRE
INVESTIGATE FOR OTHER CAUSES OF SYMPTOMS

NT-proBNP RESULT BETWEEN 400 – 2000 ng/LITRE
REFERRAL WITHIN 6/52

NT-proBNP RESULT ABOVE 2000 ng/LITRE
URGENT REFERRAL WITHIN 2/52

3 SPECIALIST ASSESSMENT AND ECHOCARDIOGRAPHY

4 DIAGNOSIS

HEART FAILURE TYPE

♥ HFrEF

♥ HFmrEF

♥ HFpEF

♥ OTHER CARDIAC CONDITION

5 TREATMENT INITIATION

6 PATIENT INFORMATION AND EDUCATION TO SUPPORT SELF-MANAGEMENT

7 CLINICAL MANAGEMENT

REVIEW AFTER CHANGES IN MEDICINE

SPECIALIST HEART FAILURE REVIEW

REGULAR LONG TERM CONDITIONS REVIEW

PATIENTS NEED



AN EFFECTIVE TIME TO DIAGNOSIS



TREATMENT TO SUPPORT BETTER HEALTH OUTCOMES



EDUCATION AND SUPPORT ON HOW TO LIVE WELL WITH HEART FAILURE



PALLIATIVE SYMPTOM MANAGEMENT



ADVANCE CARE PLANNING



PALLIATIVE CARE SERVICES

8 ADDITIONAL MANAGEMENT THAT SHOULD BE OFFERED

CARDIAC REHABILITATION AND SUPPORT TO LIVE WELL WITH HEART FAILURE



PLEASE SHARE YOUR FEEDBACK

V2. Published: 1 July 2025. Review date: 1 July 2027. © 2025 Leeds Teaching Hospitals NHS Trust