



Summary of NICE Guidelines

Title	Acute heart failure: Diagnosing and managing acute heart failure in adults
NICE Reference	CG187
Date of Review:	August 2015
Date of Publication	October 2014
Summary of Guidance (Max 250 words)	<p>Background:</p> <ul style="list-style-type: none">• Heart failure (HF) is defined as the reduced ability of the heart to pump blood around the body, due to a variety of causes• HF can present acutely in previously undiagnosed patients, or as decompensated chronic HF• It is difficult to diagnose due to the similarity of signs and symptoms due to conditions such as acute respiratory distress <p>Organisation of care:</p> <ul style="list-style-type: none">• All hospitals admitting patients with suspected acute heart failure (AHF) should provide specialist HF teams based on cardiology wards <p>Diagnosis, assessment and monitoring:</p> <ul style="list-style-type: none">• Carry out history, clinical examination and standard investigations in line with CG108 (Chronic Heart Failure)• In patients presenting with new suspected AHF, use a single measurement of natriuretic peptides (NP) and the following thresholds to exclude HF: BNP <100 ng/L NT proBNP <300 ng/L• Raised NP: perform transthoracic Doppler 2D echocardiography to find cardiac abnormalities within 48 hrs of admission• NP results should be available rapidly (ideally within 1 hour)• However there is no recommendation for the use of one type of NP over another e.g. BNP or NT-proBNP <p>Treatment recommendations:</p> <p>Depending on the patient's clinical presentation, pharmacological and non-pharmacological treatment and clinical interventions can be implemented either prior to, or following diagnosis, using NP and transthoracic echocardiography. The recommended treatment and clinical interventions are summarised on page 41 of the guidelines, and are covered in greater detail throughout the text. Further discussion of treatment options is beyond the scope of this summary document.</p>
Impact on Lab (See below)	■ Important

Lab professionals to be made aware	<input checked="" type="checkbox"/> Laboratory Manager <input checked="" type="checkbox"/> Chemical Pathologist <input checked="" type="checkbox"/> Clinical Scientist <input checked="" type="checkbox"/> Biomedical Scientist
Please detail the impact of this guideline (Max 150 words)	<p>Current provision of NP varies locally according to CCG arrangements. The biggest impact will be felt in Pathology services where current arrangements fund provision of NP analysis in primary care only. These laboratories are more likely currently to offer a service including batched analysis and turn-around times between 48 and 72 hours. Re-organisation of these services would be required to be able to offer random access analysis and appropriate turn-around times for an acute service, and to cope with the increased workload. Another key issue is funding. NP is a relatively expensive test. These guidelines state that the additional cost of the test, combined with the recommendations detailed above, produces an improvement in cost per QALY for each patient. However initial funding must be in place in order for laboratories to offer this test on an acute basis.</p>

Impact on Lab

- **None:** This NICE guideline has no impact on the provision of laboratory services
- **Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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