



Summary of NICE Guidelines

Title	Chronic heart failure: management of chronic heart failure in adults in primary and secondary care
NICE Reference	CG 108
Date of Review:	25/08/2013
Date of Publication	25/08/2010
Summary of Guidance (Max 250 words)	<p>New and updated recommendations from CG 5 (2003)</p> <ul style="list-style-type: none"> ▪ Diagnosis: Suspected heart failure patients with previous myocardial infarction (MI) should have transthoracic Doppler 2D echocardiography and specialist assessment within 2 weeks. Suspected heart failure patients without previous MI should have serum B-type natriuretic peptide (BNP) or N-terminal pro-B-type natriuretic peptide (NTproBNP) levels measured. High levels of serum natriuretic peptides carry a poor prognosis, therefore, suspected heart failure patients with a BNP level of >400 pg/mL or NTproBNP level of >2000 pg/mL should have transthoracic Doppler 2D echocardiography and specialist assessment within 2 weeks. ▪ Pharmacological treatment: Using clinical judgment on which to commence, offer angiotensin-converting enzyme (ACE) inhibitors and beta-blockers licensed for heart failure to all patients with heart failure due to left ventricular systolic dysfunction. If a patient remains symptomatic despite optimal therapy with an ACE inhibitor and a beta-blocker, seek specialist advice and consider adding; an aldosterone antagonist licensed for heart failure, or an angiotensin II receptor antagonist licensed for heart failure, or hydralazine in combination with nitrate. ▪ Monitoring: All patients with chronic heart failure require monitoring, including; clinical assessment of functional capacity, fluid status, cardiac rhythm, cognitive status and nutritional status, review of medication, and serum urea, electrolytes, creatinine and eGFR. Seek specialist advice for all patients admitted to hospital due to heart failure. In certain patients, consider monitoring serum natriuretic peptides. ▪ Rehabilitation: Stabilized heart failure patients, with no contraindications, should be offered a supervised group exercise-based rehabilitation programme including a psychological and educational component.
Impact on Lab (See below)	■ Moderate
Lab professionals to be made aware	- Laboratory Manager - Chemical Pathologist - Clinical Scientist - Biomedical Scientist
Please detail the impact of this guideline (Max 150 words)	<p>Clinical Scientists and Chemical Pathologists should be aware of the updates and new recommendations identified as priorities for implementation.</p> <p>Requests for BNP/NTproBNP may increase, the impact of which should be assessed on an individual lab 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.