

Dyspnea Pathway

Dyspnea (as primary symptom)

Any red flags?

- Acute/severe SOB
- Unrelieved chest pain/reoccurring CP after nitro
- SOB/CP with active bleeding
- Symptomatic HR <50 / >100 bpm
- RR >30 bpm

yes

no

Are pre-referral investigations complete?

- History and Physical
- Labs (CBC, Lytes, NTproBNP, Thyroid Function, BUN/Cr, Alb/Cr ratio, Liver Panel)
- Diagnostics (CXR, ECG)

yes

Once the diagnostics are complete, refer to most appropriate Specialty (see chart on page 2)

Cardiology



Pulmonology



Internal Medicine



Hematology



Mental Health



stable patient may need referral to GI or Ob/Gyn if dyspnea is related to bleeding concerns

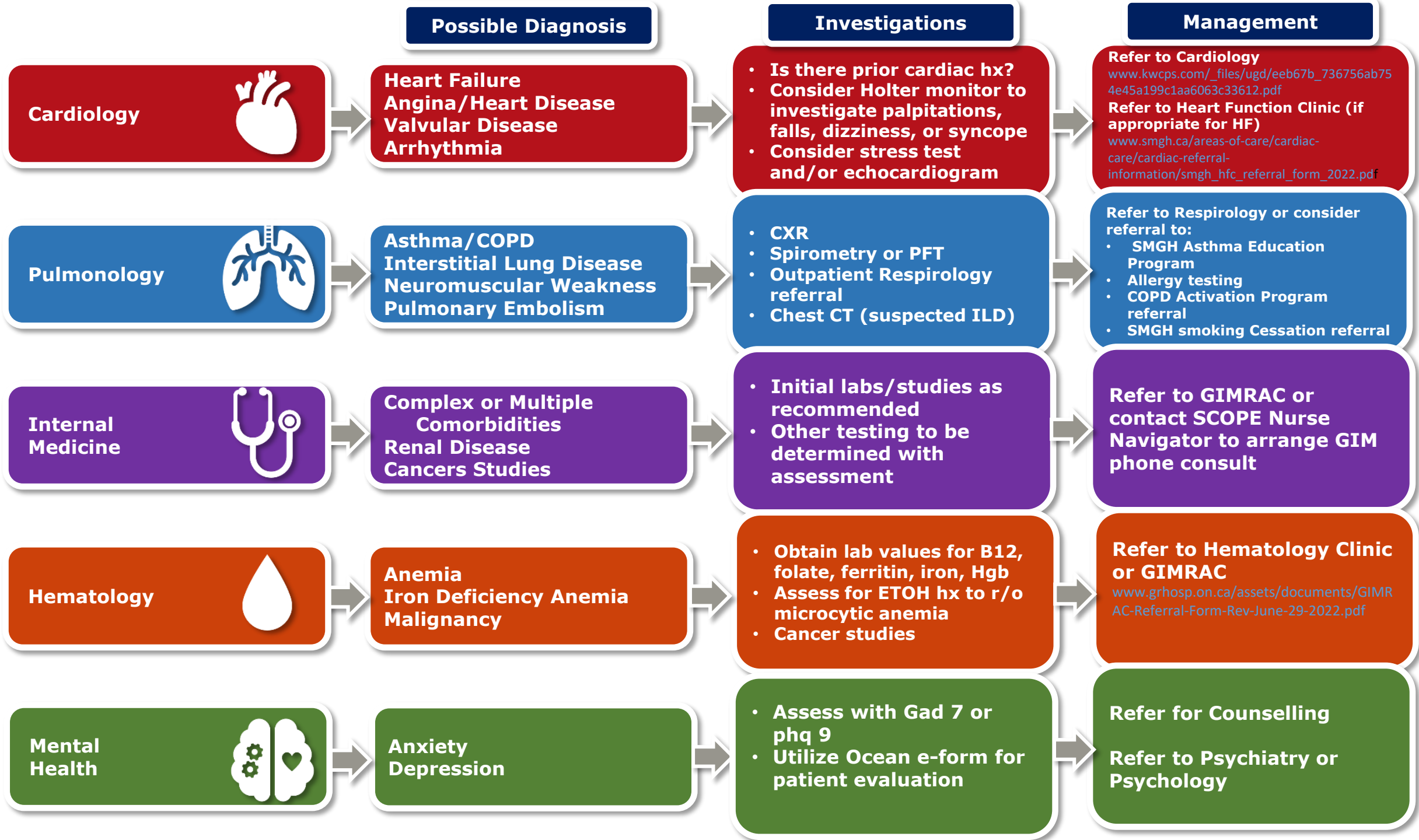
If you feel that Dyspnea may be Lifestyle or Fitness related, consider;

- referral for physio for fitness regime
- referral for Dietician
- refer to GMCC/ICT for frail elderly or complex geriatric

See pg. 2



If the patient is complex and the referral pathway isn't clear, the SCOPE Nurse Navigator may assist to find the most appropriate pathway/resource for patient



Values for Heart Function Clinic Referral

NT-pro BNP

AGE	</= 125 : not cardiac
<75	*126-400 : routine echo, undifferentiated dyspnea (for screening)
50-75	401 - 1000 : Cardiology consult with echo NON-URGENT
	1001 - 3000 : Cardiology consult with echo URGENT
	>3000 : Heart Function Clinic Referral
>75	126 - 1800 : routine echo, undifferentiated dyspnea (for screening)
	1801 - 5000 : Cardiology consult with echo NON-URGENT
	5000 - 10 000 : Cardiology consult with echo URGENT
	>10 000 : Heart Function Clinic Referral

BNP

<100	: not cardiac
100 - 500	: routine echo, undifferentiated dyspnea (for screening)
501 - 1000	: cardiology consult and echo NON-URGENT
1001 - 3000	: Cardiology consult and echo URGENT
> 3000	: Heart Function Clinic Referral

The following are indications for referral to the Heart Function Clinic for HF:

- Elevated NT-pro BNP/BNP (as above)
- Two or more hospitalizations for decompensated heart failure in the past year.
- HF with persistent HR <50 or >100, systolic BP <90 with symptoms, chest pain, symptoms or severe renal disease (GFR ≤ 30).
- Patients with LVEF less than 40 for periodic update for evidence-based medical management and decisions about device management (including implantable cardioverter-defibrillator (ICD) or cardiac resynchronization therapy (CRT)).

URGENT: within 2 weeks

NON-URGENT: within 8-12 weeks

ROUTINE: > 12 weeks

Resources

Heart and Stroke: Living with heart failure: Resources to help manage your heart failure	https://www.heartandstroke.ca/-/media/pdf-files/canada/health-information-catalogue/en-living-with-heart-failure.ashx?la=en&hash=84BE0AF1FA336336A78EA963B65C4F19E53CD1D0
American Heart Association	https://www.heart.org/en/health-topics/heart-failure/treatment-options-for-heart-failure/#:~:text=Eat%20an%20overall%20healthy%20dietary,sweets%20and%20sugar%2Dsweetened%20beverages.
Canadian Cardiovascular Society HF Handbook	https://ccs.ca/app/uploads/2021/05/2021-HF-Gui-PG-EN-2.pdf[ccs.ca]