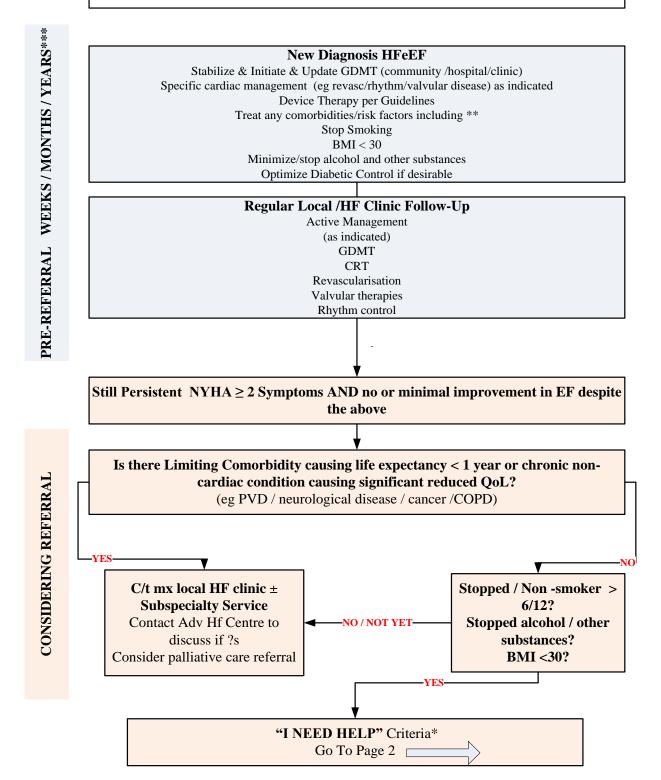


Chronic HFrEF (age ≤ 65 years)* Out-Patient Referral







Chronic HFrEF (age ≤ 65 years)* Out Patient Referral

DO THEY HAVE 1≥ "I NEED HELP" Criteria*		
Ι	Inotropes	Previous / ongoing requirement for any inotrope
N	NYHA Class / Natriuretic peptide	Persisting NYHA class 111-IV / persistent high BNP?Ntpro-BNP
E	End-organ dysfunction	Worsening renal or liver dysfunction in the setting of HF
E	Ejection fraction	Very low ejection fraction <20%
D	Defibrillator shocks	Recurrent appropriate defibrillator shocks
Н	Hospitalization / Hyponatremia	> 1HF hospitalization past 12 months / Serum NA <133mEq/L
E	Edema / Escalating diurectics	Persisting fluid overload and / or increasing diuretic need
L	Low blood pressure	Consistently low BP with systolic <90-100mmHg
P	Prognostic medications	Inability to uptitrate (or need to decrease / stop RAASi/ARNi?BB/MRA
Lab abnormality cut-offs: NT-proBNP>1000pg/ml; Creatinine >160umol/L, Liver dysfunction: any (due to HF)		



Refer to MMUH Advanced HF Centre Consultant Only Referral

Complete Heart Transplant / LVAD referral form, email to: heartransplantandvadreferrals@mater.ie If ability / feasibility for CPET, please order and send with results

FOOTNOTES

- * selected patients 65 69 with already established chronic advanced may be considered on case by case basis; this algorithm is for those starting out at <65</p>
- ** as well as needing to treat them to improve HF symptoms in general, these are common reasons that patients down the line are not candidates for or cannot be evaluated for transplant need to target upfront!
- *** Timing of thinking about referral for advanced HF therapies varies for everyone. Most often, for the majority of these pathway patients, it will be after years of HFrEF. However, there are a subset of patients in whom assessing whether or not they may need to be referred will be much shorter, and may even be weeks to months after initial diagnosis. Key is to consider them still and go through the algorithm if they have persistent symptoms and no improvement in EF and 1 or more I NEED HELP criterion refer, even if only weeks!
- **** if any doubt as to limiting nature of a comorbidity or condition please reach out to Advanced HF service to discuss

Other Notes

Active smoking is an Absolute contraindications to Tx.

Additionally, in a chronic/stable outpatient referral BMI should be <30. Unfortunately services too limited to spend time at Adv HF clinic pushing smoking cessation, or weight loss, when these patients are already established with cardiology clinics/HF services.

Similarly, alcohol MUST be minimized in those with HFrEF.

Other substances includes vaping, cannabis

 $If \underline{urgent} \ referral/new \ diagnosis \ but \ worried \ that \ already \ advanced, \ and \ are \ active \ smokers/BMI > 30, \ please \ discuss \ with \ Advanced \ HF \ team.$