**Heart Failure Service (Inpatients/Outpatients)**

**Referral Criteria and Contact Details**

**Referral Criteria please tick to confirm (must meet ALL of the following):**

* Aged 18+ (unless referred by consultant Cardiologist)
* Registered with a GP in Derbyshire (for outpatients only)
* With a diagnosis of Heart Failure which MUST be confirmed by echo, angio or cardiac imaging and is accompanied by elevation in serum BNP / NT-BNP.
* The patient has been asked and agrees to the heart failure team being involved in their care

**With one or more of the following (please tick which apply):**

* Patient has had a recent hospital admission with worsening heart failure
* Initiation/titration of ACEi and/or Beta Blocker is problematic
* Patient is not symptom controlled on current medication
* Patient has advanced heart failure or complex palliative care needs
* Patient/carer struggling with self-management strategies

**Urgency:**

* **URGENT (1-3 days)**

(FULL info AND PHONE CALL from clinician to team/office is VITAL)

* **SOON** **(For outpatients – within 2 weeks / For inpatients – within 2-7 days)**

Patient has had a recent decompensation, is stable but not improving or is slowly deteriorating (please complete referral form and email through)

* **ROUTINE (2-4 weeks)**, patient is stable even if NYHA III/IV but not on optimum treatment (please complete referral and email or post)

**A referral form must completed and can be posted or emailed to:**

**The Heart Failure Team**

**Inpatients:-** [**DHFT.derbyhfteam@nhs.net**](mailto:DHFT.derbyhfteam@nhs.net)

[**Tel:-**](Tel:-) **01332 258 131**

**Outpatients**

|  |  |
| --- | --- |
| Heart failure Team (North) | Heart failure Team (South) |
| (Covering GPs in Chesterfield, North East and High Peak and Dales areas)  Heart Failure Nurse Services  Welbeck Suite, Walton Hospital  Whitecotes Lane  Chesterfield  S30 3HW  Tel: 01246 253061  Monday to Friday 9 – 4pm  (excl. bank holidays)  [DCHST.heartfailurenorth@nhs.net](mailto:DCHST.heartfailurenorth@nhs.net) | (Covering GPs in Erewash, Amber Valley, Derbyshire Dales and City areas)  Heart Failure Nurse Services  Junction 10 level 5  London Road Community Hospital  Derby, DE1 2QY  Tel 01332 258131  Monday to Friday 9 – 4pm  (excl. bank holidays)  [DHFT.derbyhfteam@nhs.net](mailto:DHFT.derbyhfteam@nhs.net) |

**Heart Failure Team**

**Referral Form**

Please send a copy of patient summary information - to include GP and Patient Contact Data, Past Medical History, Current Prescriptions, known Allergies/Intolerances and recent blood tests, **then just complete the Investigations and Current Condition sections** (pg 1).

## 

## Patient Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | D.O.B. |  | | Male / Female |
| Address |  | | | | | |
|  | NHS No | | |  | |
| Postcode |  | Telephone | | |  | |

## GP Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address |  | | |
|
| Tel |  | Fax |  |

## Referrer’s Details (if not GP)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Title |  |
| Tel |  | Fax |  |

## TPP GP patients, consent to share record (TPP GP PRACTICES MUST COMPLETE)

|  |  |  |  |
| --- | --- | --- | --- |
| Pt. consents to IN share with GP | Y / N | Pt. consents to OUT share with GP | Y / N |
| Pt. consents to IN share with HFSN | Y / N | Pt. consents to OUT share with HFSN | Y / N |

## Investigations – (ECG, BNP and Echo findings – MUST BE COMPLETED)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date | Result | | | | | | | |
| BNP/NT-BNP |  |  | | | | | | | |
| ECG |  |  | | | | | | | |
| CXR |  |  | | | | | | | |
| Echo |  |  | | | | | | | |
| Last U&E |  | Na |  | K |  | Urea |  | Creat |  |
| Trends in U&E |  |  | | | | | | | |

## Current Condition and REASON FOR REFERRAL – MUST BE COMPLETED

|  |
| --- |
| Brief history of illness. (Please also include any factors that may affect staff safety): |
|  |

Important information

|  |  |
| --- | --- |
| Other medical issues /events/ **ALLERGIES** / previous medicines intolerance | |
|  | |
| No of acute admissions in last year |  |

Current Medications

|  |  |  |  |
| --- | --- | --- | --- |
| Drug | Dose | Frequency | Start Date if Known |
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