Sutter Health

Heart Failure Referral

- **I NEED HELP** Criteria

Patients should be referred to a Specialized Heart Failure Cardiologist or Heart Failure Clinic if they meet one or more of the **I NEED HELP*** criteria:

I	IV Inotropes	Requirement of IV inotropes, either chronic or within the past 12 months.
N	NYCA Class	Persistent NYHA class III-IV symptoms, fatigue with activities of daily living, six-minute walk distance <300 meters, or persistently elevated natriuretic peptides (BNP > 500pg/mL or NT-proBNP > 1500 pg/ml in ambulatory, non-decompensated patients).
E	Ejection Fraction (EF)	≤ 35% despite GDMT for ≥ 3 months for consideration of device therapy in those patients without prior placement of ICD or CRT, unless device therapy is contraindicated.
E	End Organ Dysfunction	Worsening renal (Cr ≥ 1.8 mg/dL or BUN ≥ 43 mg/dL) or hepatic function, persistent hyponatremia (Na < 134 mEq/L), cachexia (loss of 5% or more body weight in the previous 12 months), and/or worsening right HF with secondary pulmonary hypertension.
D	Defibrillator shocks	Onset of AF or ventricular arrhythmias, or ICD shocks.
H	Hospitalization	Two or more emergency department visits or hospitalizations for worsening HF in prior 12 months or high mortality risk using validated risk model.
E	Edema	Clinical deterioration as indicated by worsening edema, Escalating Diuretic requirement, increasing BNP or NT-proBNP levels, worsening cardiopulmonary exercise testing, decompensated invasive cardiac hemodynamics, or evidence of progressive LV dilation or decrease in the LVEF on imaging.
L	Low Systolic BP	SBP ≤ 100 mm Hg or symptomatic hypotension or elevated heart rate (>100 bpm).
P	Progressive Intolerance GDMT	Unable to tolerate target-dose concordant GDMT, or need to down-titrate GDMT due to fatigue, hypotension, or renal dysfunction

*The same **I NEED HELP** criteria organized by category as an alternate way to review:

Category	Detail
Vitals	SBP < 100 mm Hg or symptomatic hypotension; Elevated HR (<100) Cachexia
Labs	BNP or NT-proBNP persistently high (BNP > 500pg/mL or NT-proBNP > 1500pg/mL) or increasing in an ambulatory, non-decompensated patient. CR ≥ 1.8 or BUN ≥ 43, NA <134.
Symptoms	Persistent edema; persistent NYHA class III-IV symptoms, profound fatigue, or 6-minute walk distance <300 m.
Medication	Unable to tolerate target-dose concordant GDMT; progressive intolerance of GDMT; alternate treatment options for GDMT; replacement of ACE or ARB therapy with ARNi; addition of SGLT2 inhibitors, management of side effect of medications (such as BP, HR, K, NA or CR).
Comorbidity	A Fib, ventricular arrhythmias, or ICD shocks. Worsening renal or hepatic function.
ED and Hospital visits	Two or more ED visits or hospitalizations for worsening HF in prior 12 months.
Mortality	High mortality risk score.
Advancing Disease	Worsened exercise testing; progressive remodeling on imaging; decompensated hemodynamics; Need for past (previous 12 months) or chronic IV inotropes.

*This Heart Failure referral algorithm should be used in combination with the **Sutter Health Ambulatory Heart Failure Guideline**. Please reference the full guideline for more detailed and comprehensive information, recommendations, abbreviations, citations, and references.*