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 → **Send to ED**

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**

See pg. 2

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

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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

	Possible Diagnosis	Investigations	Management
Cardiology	Heart Failure Angina/Heart Disease Valvular Disease Arrhythmia	• Is there prior cardiac hx? • Consider Holter monitor to investigate palpitations, falls, dizziness, or syncope • Consider stress test and/or echocardiogram	Refer to Cardiology www.kwcps.com/_files/ugd/eeb67b_736756ab754e45a199c1aa6063c33612.pdf Refer to Heart Function Clinic (if appropriate for HF) www.smgh.ca/areas-of-care/cardiac-care/cardiac-referral-information/smgh_hfc_referral_form_2022.pdf
Pulmonology	Asthma/COPD Interstitial Lung Disease Neuromuscular Weakness Pulmonary Embolism	• CXR • Spirometry or PFT • Outpatient Respirology referral • Chest CT (suspected ILD)	Refer to Respirology or consider referral to: • SMGH Asthma Education Program • Allergy testing • COPD Activation Program referral • SMGH smoking Cessation referral
Internal Medicine	Complex or Multiple Comorbidities Renal Disease Cancers Studies	• Initial labs/studies as recommended • Other testing to be determined with assessment	Refer to GIMRAC or contact SCOPE Nurse Navigator to arrange GIM phone consult
Hematology	Anemia Iron Deficiency Anemia Malignancy	• Obtain lab values for B12, folate, ferritin, iron, Hgb • Assess for ETOH hx to r/o microcytic anemia • Cancer studies	Refer to Hematology Clinic or GIMRAC www.grhosp.on.ca/assets/documents/GIMRAC-Referral-Form-Rev-June-29-2022.pdf
Mental Health	Anxiety Depression	• Assess with Gad 7 or phq 9 • Utilize Ocean e-form for patient evaluation	Refer for Counselling Refer to Psychiatry or Psychology

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/lifestyle-changes-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]