

Adult with a heart murmur and suspected valve disease (because of the nature of the murmur, family history, age or medical history)

Referral for
echocardiography

Offer an echocardiogram if:

- signs (peripheral oedema) or symptoms (angina or breathlessness) of heart failure, or
- an abnormal ECG, or
- an ejection systolic murmur with a reduced second heart sound

Consider an echocardiogram if there are no other signs or symptoms

Advise that mild disease seldom causes symptoms but to seek review if symptoms or signs of progression develop

Referral for specialist
assessment

Offer urgent (ideally within 2 weeks) specialist assessment or an urgent echocardiogram if a systolic murmur and exertional syncope

Consider urgent (ideally within 2 weeks) specialist assessment if severe symptoms (angina or breathlessness on minimal exertion or at rest)

Offer specialist assessment for:

- moderate or severe valve disease of any type
- bicuspid aortic valve disease of any severity
- mitral valve prolapse with documented ventricular arrhythmia