

## **NEW ONSET ATRIAL FIBRILLATION**

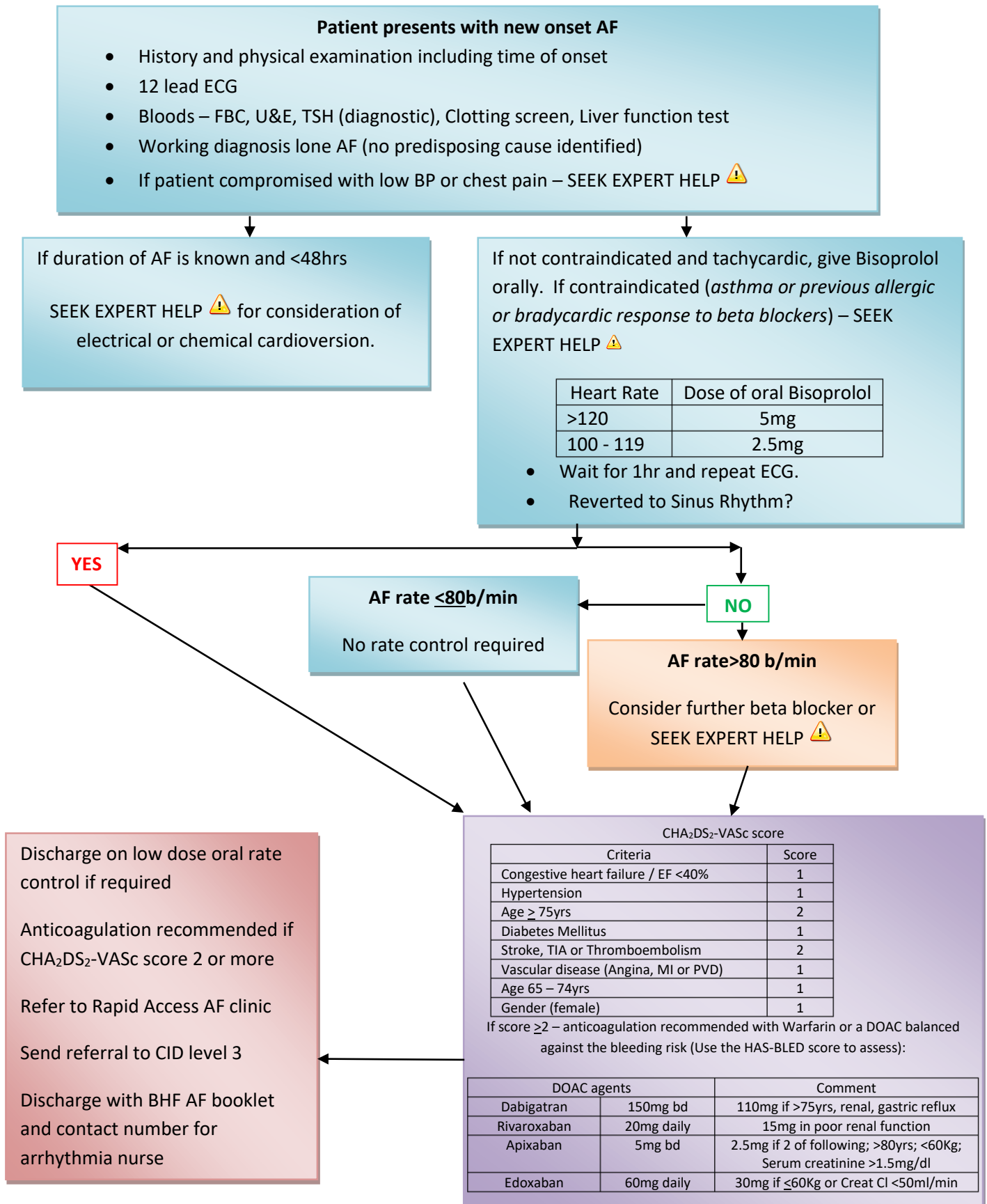
### **AMBULATORY EMERGENCY CARE PATHWAY**

## SUITABILITY FLOWCHART FOR NEW ONSET ATRIAL FIBRILLATION (AF) CARE PATHWAY

Patient Sticker:

Date:

Time:



**NEW ONSET AF CARE PATHWAY****DISCHARGE CHECKLIST**

Patient Sticker:

Date:

Time:

	YES	NO
Attendance with diagnosis lone AF	<input type="checkbox"/>	<input type="checkbox"/>
Suitability flowchart for Ambulatory Care completed	<input type="checkbox"/>	<input type="checkbox"/>
Given stat dose rate / rhythm control agent and/or anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>
Responded to treatment	<input type="checkbox"/>	<input type="checkbox"/>
BHF AF booklet and contact number given	<input type="checkbox"/>	<input type="checkbox"/>
Referral to Rapid Access AF clinic completed and sent	<input type="checkbox"/>	<input type="checkbox"/>
24hr tape request if still in AF	<input type="checkbox"/>	<input type="checkbox"/>
Letter to GP	<input type="checkbox"/>	<input type="checkbox"/>
Advised to see GP if symptoms worsen	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

Completed by: \_\_\_\_\_ Signed: \_\_\_\_\_ Designation: \_\_\_\_\_

Ambulatory Emergency Care Unit,  
Level 3  
Yeovil District Hospital  
Higher Kingston  
Yeovil District Hospital NHS Foundation Trust  
BA21 4AT

Dear Doctor

Your patient:                      Affix patient sticker here

was admitted to Yeovil District Hospital with a diagnosis new onset atrial fibrillation. They were assessed and:

- ☐ • Following a stat dose of Bisoprolol, **reverted** to sinus rhythm, they have been commenced on the medications listed below and will be seen in the Rapid Access AF clinic following a 24hr tape. You will be contacted by the Arrhythmia Nurse with further information regarding an on-going treatment plan.
- ☐ • Following a stat dose of Bisoprolol, **did not revert** to sinus rhythm, they have been commenced on the medications listed below and will be seen in the Rapid Access AF clinic following a 24hr tape. You will be contacted by the Arrhythmia Nurse with further information regarding an on-going treatment plan.
- ☐ • Was found to be unsuitable for a stat dose of Bisoprolol (see below for rationale). They have been commenced on the medications listed below and will be seen in the Rapid Access AF clinic following a 24hr tape. You will be contacted by the Arrhythmia Nurse with further information regarding an on-going treatment plan.

Medication commenced during this hospital episode (the patient has been dispensed a one month supply of these medicines):

Medication	Dose	Route	Frequency

Further comments:

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If there are any queries please do not hesitate to contact us.

Kind Regards,

Signature..... Print name..... Date.....

Ambulatory Care Team

## RAPID ACCESS ATRIAL FIBRILLATION

### REFERRAL FORM

Please take to the Clinical Investigations Department level 3 or  
fax to 01935-384648

<b>Name</b>		<b>GP</b>	
<b>Address</b>			
<b>Telephone numbers</b>	<b>Home:</b>	<b>Hospital Number</b>	
	<b>Mobile:</b>	<b>Interpreter Required?</b>	
	<b>Work:</b>	<b>Language:-</b>	
<b>Date of Birth</b>			
<b>Date of referral</b>			
<b>Date of Discharge</b>			
<b>Duration of symptoms:</b>			
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASc score:</b>			
<b>Rate control on Discharge:</b>			
<b>Anticoagulant therapy on discharge:</b>			

Relevant Past Medical History	Yes	No
Known Coronary Artery Disease		
Hypertension		
Diabetes		
Thyroid Disease		
Previous TIA / Stroke / Falls		
Heart Valve Disease		
Other		

**\*Please attach a current ECG recording and medication list\***

Signature.....

Print name.....

Date.....

Ambulatory Care Team