



NEW ONSET ATRIAL FIBRILLATION

AMBULATORY EMERGENCY CARE PATHWAY

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

Patient Sticker: Date: Time:

Patient presents with new onset AF

- History and physical examination including time of onset
- 12 lead ECG
- Bloods FBC, U&E, TSH (diagnostic), Clotting screen, Liver function test
- Working diagnosis lone AF (no predisposing cause identified)
- If patient compromised with low BP or chest pain SEEK EXPERT HELP 🔔

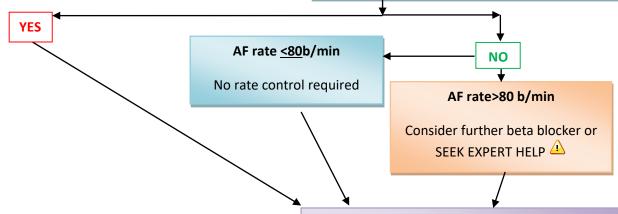
If duration of AF is known and <48hrs

SEEK EXPERT HELP 4 for consideration of electrical or chemical cardioversion.

If not contraindicated and tachycardic, give Bisoprolol orally. If contraindicated (asthma or previous allergic or bradycardic response to beta blockers) - SEEK EXPERT HELP 📤

Heart Rate	Dose of oral Bisoprolol
>120	5mg
100 - 119	2.5mg

- Wait for 1hr and repeat ECG.
- Reverted to Sinus Rhythm?



Discharge on low dose oral rate control if required

Anticoagulation recommended if CHA₂DS₂-VASc score 2 or more

Refer to Rapid Access AF clinic

Send referral to CID level 3

Discharge with BHF AF booklet and contact number for arrhythmia nurse

CHA₂DS₂-VASc score

Criteria	Score
Congestive heart failure / EF <40%	1
Hypertension	1
Age <u>></u> 75yrs	2
Diabetes Mellitus	1
Stroke, TIA or Thromboembolism	2
Vascular disease (Angina, MI or PVD)	1
Age 65 – 74yrs	1
Gender (female)	1

If score \geq 2 – anticoagulation recommended with Warfarin or a DOAC balanced against the bleeding risk (Use the HAS-BLED score to assess):

DOAC agents		Comment	
Dabigatran	150mg bd	110mg if >75yrs, renal, gastric reflux	
Rivaroxaban	20mg daily	15mg in poor renal function	
Apixaban	5mg bd	2.5mg if 2 of following; >80yrs; <60Kg;	
		Serum creatinine >1.5mg/dl	
Edoxaban	60mg daily	30mg if <60Kg or Creat Cl <50ml/min	





NEW ONSET AF CARE PATHWAY

DISCHARGE CHECKLIST

Patient Sticker:	Date: T		Time:
		YES	NO
Attendance with diagnosis lone AF			
Suitability flowchart for Ambulatory Care completed			
Given stat dose rate / rhythm control agent and/or ant	icoagulant		
Responded to treatment			
BHF AF booklet and contact number given			
Referral to Rapid Access AF clinic completed and sent			
24hr tape request if still in AF			
Letter to GP			
Advised to see GP if symptoms worsen			
Comment:			
Completed by: Sig	gned:	De	signation:





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

Dear D	octor		`	Yeovil District Hospi	ital NHS Foundation Trus BA21 4A	
Your pa	atient:	Affix patient sticker here				
was ad	mitted to Yeovil District	t Hospital with a diagnosis ne	ew onset atrial	fibrillation. They w	ere assessed and:	
•	medications listed belo	of Bisoprolol, <i>reverted</i> to sin ow and will be seen in the Ra ythmia Nurse with further in	apid Access AF	clinic following a 2	4hr tape. You will be	
•	medications listed belo	of Bisoprolol, <i>did not revert</i> ow and will be seen in the Ra ythmia Nurse with further in	apid Access AF	clinic following a 2	4hr tape. You will be	
•	 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:					
16.1		de conference e conse				
If there	e are any queries please	do not hesitate to contact ι	IS.			
Kind Re	egards,					
Signatu	ıre	Print name		Date	2	

Tel: 01935 383441



RAPID ACCESS ATRIAL FIBRILLATION REFERRAL FORM

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

Name		GP		
Address				
Tolonhono	Home:	Hoopital Number		
Telephone numbers	nome.	Hospital Number		
Humbers	Mobile:	Interpreter Required	l?	
	Work:	Language:-		
Date of Birth				
Date of referral				
Date of Discharge				
Duration of symptom	ns:			
CHA ₂ DS ₂ -VASc sco	rot			
CHA2D32-VA3C SCO	I U .			
Rate control on Disc	harge:			
Anticoagulant therap	by on discharge:			
Relevant Past Medi	ical History		Yes	No
Known Coronary Art	ery Disease			
Hypertension Diabetes				
Thyroid Disease				
Previous TIA / Stroke	e / Falls			
Heart Valve Disease				
Other			<u> </u>	
Please a	attach a current EC	G recording a	and medicatio	n list
Signature	Print name		Date	
Ambulatory Care Team				