Southern Health and Social Care Trust

Quality Care - for you, with you

Patient addressograph

Allergy status:

Adult attending GP with new AF

GP history / assessment

Clinically stable adult

Unwell adult

Confirm AF on ECG
(lack of discernible positive p waves in leads II, III, aVF)
Ensure rhythm is not:

- **Sinus arrhythmia**
- **Atrial ectopics**
- **Ventricular ectopics**

Refer to ED if:

- ✓ **Haemodynamic compromise**
- ✓ **Chest pain**
- ✓ **Dyspnoea**
- ✓ **BP < 90/60mmHg**

Rate control (starting doses):

- ✓ **Bisoprolol 2.5mg* OR**
- ✓ **Digoxin 125mcg** OR**
- ✓ **Diltiazem 120mg*** OR**
- ✓ **Verapamil 120mg*****

Titrate rate control to affect aiming target HR <110 bpm

Anticoagulation:

- ✓ **Calculate CHA_2DS_2VASc score (see overleaf)**
- ✓ **Calculate HASBLED scores (see overleaf)**
- ✓ **Anticoagulate if appropriate (see overleaf)**

Patients should be consented on the risks and benefits
Assess FBP and renal function prior to anticoagulation

Refer to SHSCT general cardiology e-triage system:

- ✓ **ECG MUST be attached (referral will be returned otherwise)**
- ✓ **State referral is for 'Rapid access new AF clinic'**
- ✓ **Patient will be seen at rapid access NEW AF clinic**
- ✓ **Rhythm control via DCC or oral antiarrhythmic therapy will be decided and arranged (after a minimum of 3 weeks of anticoagulation)**
- ✓ **TTE will be arranged if felt necessary**
- ✓ **Patients will only be followed up if required**

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Allergy status:

CHA_2DS_2VASC and HASBLED scores:

CHA_2DS_2-VASc score

CHA_2DS_2-VASc risk factor	Points
Congestive heart failure Signs/symptoms of heart failure or objective evidence of reduced left ventricular ejection fraction	+1
Hypertension Resting blood pressure >140/90 mmHg on at least two occasions or current antihypertensive treatment	+1
Age 75 years or older	+2
Diabetes mellitus Fasting glucose >125 mg/dL (7 mmol/L) or treatment with oral hypoglycaemic agent and/or insulin	+1
Previous stroke, transient ischaemic attack, or thromboembolism	+2
Vascular disease Previous myocardial infarction, peripheral artery disease, or aortic plaque	+1
Age 65–74 years	+1
Sex category (female)	+1

CHA_2DS_2-VASc = Congestive Heart failure, hypertension, Age ≥75 (doubled), Diabetes, Stroke (doubled), Vascular disease, Age 65–74, and Sex (female).

HAS-BLED Criteria	Score
Hypertension	1
Abnormal renal or liver function (1 point each)	1 or 2
Stroke	1
Bleeding	1
Labile INRs	1
Elderly (> 65 years)	1
Drugs or alcohol (1 point each)	1 or 2

Renal adjustment for NOAC prescribing:

CrCl	Apixaban[1,2] (5 mg BD)*	Dabigatran[1,3] (150 mg BD)†	Rivaroxaban[1,4] (20 mg OD)‡	Edoxaban[1,5] (60 mg OD)§
Normal renal function (>80 mL/min)	No dose adjustment necessary unless patient meets other criteria for dose reduction*	No dose adjustment necessary unless patient meets other criteria for dose reduction†	No dose adjustment necessary	No dose adjustment necessary unless patient meets other criteria for dose reduction§
Mild renal impairment (CrCl 50–80 mL/min)[3] (CrCl 51–80 mL/min)[5]				
Moderate renal impairment (CrCl 30–49 mL/min)[4] (CrCl 30–50 mL/min)[3,5]		Reduce to 110 mg BD if high risk of bleeding	Reduce to 15 mg OD‡	Reduce to 30 mg OD§
Severe renal impairment (CrCl 15–29 mL/min)	Reduce to 2.5 mg BD*	Contraindicated		
End-stage renal disease (CrCl <15 mL/min or undergoing dialysis)	Not recommended	Contraindicated	Not recommended	Not recommended

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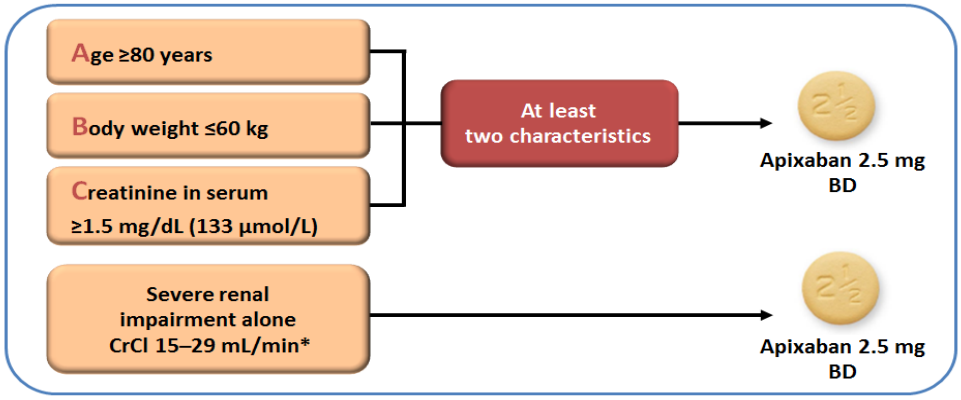
Allergy status:

Specific prescribing guidance for Apixaban:

Criteria for dose reduction to 2.5 mg BD:



Notes

***Consider Bisoprolol 1.25mg in elderly / frail / bradycardia**

**** Can be used if intolerant to beta-blockers (e.g. significant respiratory disease) or as an adjunct to high dose beta blockers if rate control not achieved.**
Usual starting dose Digoxin 125 micrograms (reduce to 62.5 micrograms if GFR<30mls / significant renal impairment / reduced weight)

*****Can be used if intolerant to beta-blockers assuming no significant LV systolic dysfunction**

- ✓ **Anticoagulation should be considered if CHA_2DS_2VASC >1 (exception of young females)**
- ✓ **NOAC is preferred over warfarin**
- ✓ **Warfarin is required for mechanical valves, rheumatic mitral stenosis, CrCl < 15mls by Cockcroft Gault equation, weight <50kg or > 130mg, intolerance, allergy, pregnancy.**
- ✓ **A high HASBLED score is not a contraindication to anticoagulation but should be used during the consent process to determine risk**
- ✓ **DCC will only be considered if anticoagulation for >3 weeks and patient has been fully compliant**

Further details can be found in the full SHSCT AF policy

These guidelines are based on:

ESC Guidelines for the management of atrial fibrillation developed in collaboration with EACTS. The Task Force for the management of atrial fibrillation of the European Society of Cardiology (ESC). European Heart Journal (2016) 37, 2893–2962.