

# ATRIAL FIBRILLATION

CRD-3 Protocol and Pathway - Cardiology Specialty (14/03/2011)

Patient presents

## PATIENT HISTORY

1. Does this patient have Atrial Fibrillation?
2. Is the patient haemodynamically compromised?
3. Does he need an acute admission

## INITIAL MANAGEMENT IN PRIMARY CARE

1. Establish the diagnosis by a 12 lead ECG
2. Calculate CHAD Risk score – stroke risk
3. Check for any contraindications to anticoagulation
4. Is the Atrial Fibrillation of recent onset or old & established?
5. If above not known or uncertain – refer for consideration for cardioversion if appropriate.
6. Consider possible causes of AF in this patient.
7. Investigate for appropriate causes – if not acute – i.e TFTs, U&E etc.

## IF NO IMPROVEMENT OR MORE COMPLEX CARE NEEDED, THEN:

1. As above AND:
2. Initiation of anticoagulation with warfarin if no contraindication
3. Referral to anticoagulation clinic – either local or secondary care – as per local services availability
4. Consider and do an Echocardiogram to establish reasons for AF.
5. Investigate for and start appropriate treatment for possible causes of the AF
6. Consider whether rhythm control is appropriate and refer for cardioversion
7. Rate control if needed.

ONWARD REFERRAL

## Key

Patient presents

GP level intervention

Non-Primary Care

Red flag