Swansea AcuteGP-Fast AF Pathway

Background

Please read in conjunction with NICE Guidelines AF

https://www.nice.org.uk/guidance/CG180

There are some patients who is would be appropriate to consider treating on an ambulatory basis is Swansea AcuteGP Unit after assessment. Clinical symptoms can be discussed with local GP and a decision normally made from symptoms and signs if a patient is suitable for ambulatory management either in the Community or at the AcuteGP unit.

Organise appropriate investigations as soon as possible as we would need to give rate control as soon as is possible in order to monitor and repeat ECG in 2-3 hours post Rx.

Red Flags

Admit the patient to SAU if:

- Apex beat rate is greater than 150 bpm
- Systolic blood pressure less than 90mm Hg
- Loss of consciousness
- Severe dizziness
- Ongoing chest pain
- Increasing breathlessness
- Stroke
- Transient Ischaemic Attack
- Acute heart failure

When admitting a patient ask the GP to send any old ECGs or letters indicating whether AF was present in the past.

Also ask for a copy of today's ECG to be sent.

Management of AF in a patient who is **haemodynamically unstable** is an emergency and may involve defibrillation and/or intravenous drugs. Either way the patient must be admitted for treatment.

Reviewed Jun 2019 – Dr Greenfield

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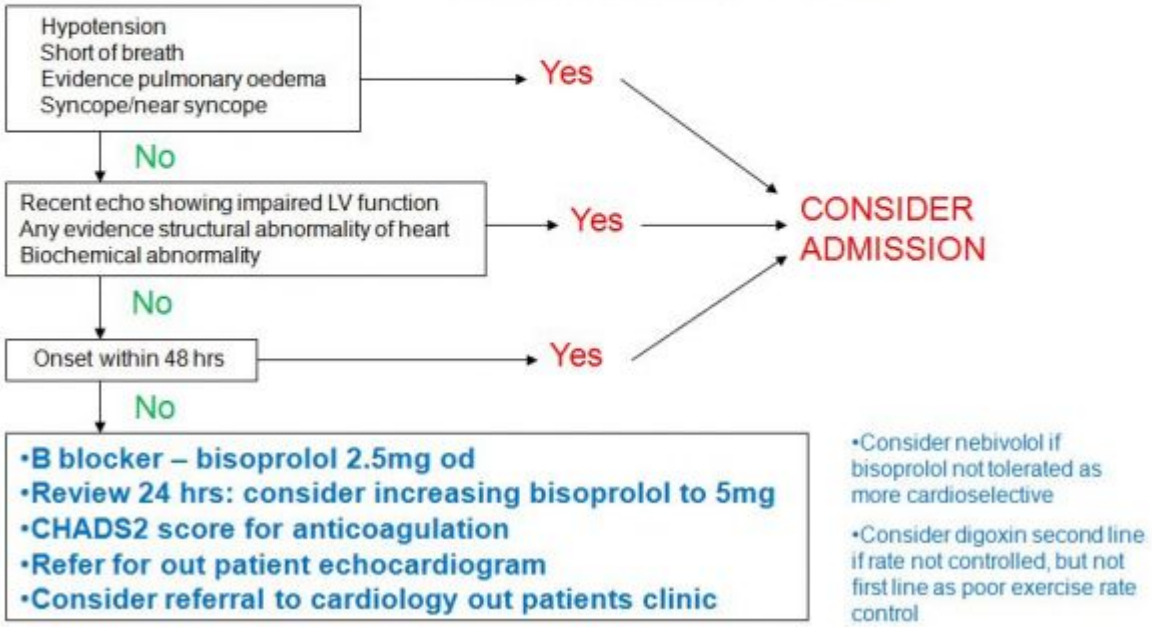
New Fast AF

History	?SOB, ?syncope/near syncope
Exam	?rate, ?BP, ?evidence pulmonary oedema
Investigations	ECG, CXR, FBC, U&E, LFT, Bone, Mg++, TFT, TnT, ?recent echo



Review

Review all patients in 24 hours or next available AGPU session if a Friday, If rates settled and patient well refer back to GP.

Echocardiography

Either

- Refer back to GP to organise via Community Cardiology Clinic **OR**
- Organise referral to Community Cardiology via AGPU **OR**
- Fill in a hospital referral Echo form available in Dept or in SAU

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Anticoagulation

CHA_2DS_2-VASc		
	Condition	**Points**
C	Congestive heart failure (or Left ventricular systolic dysfunction)	1
H	Hypertension: blood pressure consistently above 140/90 mmHg (or treated hypertension on medication)	1
A_2	Age ≥75 years	2
D	Diabetes Mellitus	1
S_2	Prior Stroke or TIA or thromboembolism	2
V	Vascular disease (e.g. peripheral artery disease, myocardial infarction, aortic plaque)	1
A	Age 65–74 years	1
Sc	Sex category (i.e. female sex)	1

NICE recommends the following (https://www.nice.org.uk/guidance/cg180/chapter/1-Recommendations#management-for-people-presenting-acutely-with-atrial-fibrillation)

Anticoagulation may be with apixaban, dabigatran etexilate, rivaroxaban or a vitamin K antagonist.

> 1.5.2 Consider anticoagulation for men with a CHA_2DS_2-VASc score of 1. Take the bleeding risk into account. **[new 2014]**
>
> 1.5.3 Offer anticoagulation to people with a CHA_2DS_2-VASc score of 2 or above, taking bleeding risk into account. **[new 2014]**
>
> 1.5.4 Discuss the options for anticoagulation with the person and base the choice on their clinical features and preferences. **[new 2014]**

Use a suitable bleeding risk tool such as HAS-BLED

HAS-BLED score for bleeding risk on oral anticoagulation in atrial fibrillation

Feature	Score if present
Hypertension (Systolic >= 160mmHg)	1
Abnormal renal function	1
Abnormal liver function	1
Age >= 65 years	1

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Stroke in past	1
Bleeding	1
Labile INRs	1
Taking other drugs as well	1
Alcohol intake at same time	

score of 3 or more indicates increased one year bleed risk on anticoagulation sufficient to justify caution or more regular review

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COIN clinical online information network

Swansea Bay University Health Board

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