New Onset Atrial Fibrillation/Flutter - Is the patient acutely unwell? Yes No **Primary Care** Admit to hospital **Ensure ECG record** Rate or rhythm control Consider reversible causes (FBC, U&E's, glucose, TFT's) strategy initiated and Initiate appropriate stroke/TIA prophylaxis according to CHA2DS2-VASc discharged back to score (BOX A) primary care with follow-Initiate appropriate rate control (BOX B) up/onward referrals if **Patient education** required. Patients requiring DC **Paroxysmal** cardioversion referred to Persistent AF or NEED FURTHER ADVICE? AF or Flutter AF/Flutter Clinic Arrhythmia Nurse Specialist: Flutter 01305 254920 or email: ArrhythmiaNurseSpeci@dchft.nhs.uk Refer to Cardiology/Arrhythmia clinic If considering rhythm control or difficulty (Dr Boullin) - unless inappropriate due achieving rate control - refer to Rapid Access to co-morbidity or patient choice Atrial Fibrillation/Flutter Clinic via ICE **Cardiology Consultant** Appropriate strategy Rapid Access Atrial Fibrillation/Flutter Clinic initiated with onward plan 1. ECHO AND ECG made. 2. ARRHYTHMIA NURSE SPECIALIST CLINIC: Review history, symptoms, test and examination results Patient education Agree treatment plan: rhythm or rate control Arrange ongoing follow-up if required 3. Referral to cardiology clinic if other cardiac issues identified BOX A – Stroke prevention CHA2DS2-VASc Scoring Refer to full ESC quidance Rhythm Rate Point Risk Factor Control Control Congestive Heart Failure 1 **H**ypertension 1 Arrhythmia Nurse Specialist: arrange DC Primary Care -Age - 65-74 1 cardioversion (see pg 2) and/or, if indicated: Manage > 75 2 Refer to Dr Boullin for consideration of 1 **D**iabetes mellitus Long-term ablation 2 Stroke/TIA/thromboembolism anticoagulation VAscular disease 1 and Sex i.e Female 1 Rate-control

Box B: Rate control

CHA2DS2-VASc Result:

1 = Consider anticoagulation

recommended)

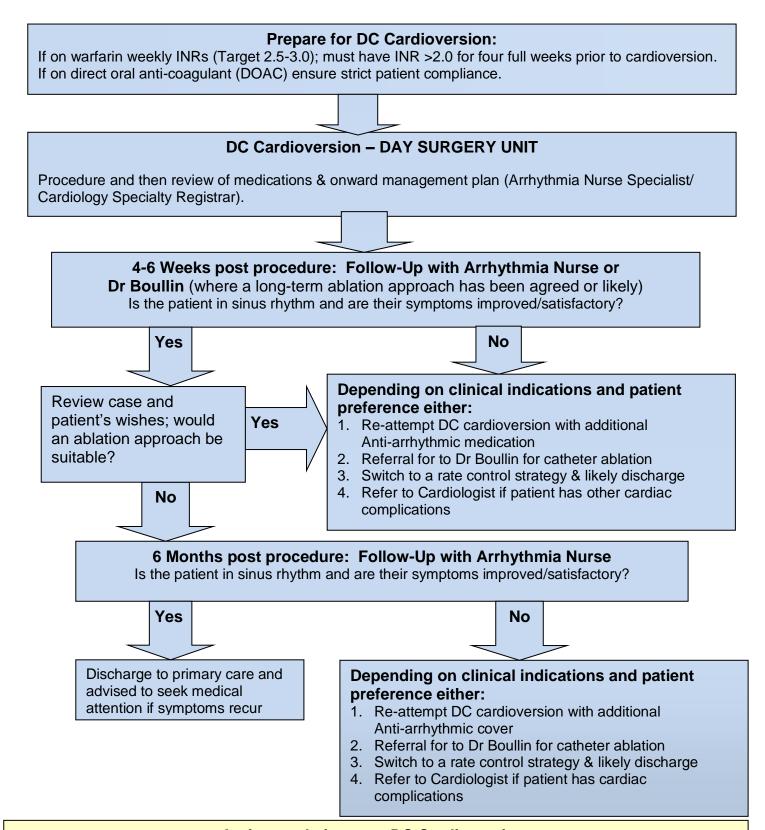
0 = No prophylactic (aspirin no longer

≥2 = Anticoagulation recommended

- 1. Beta-blocker (e.g. Bisoprolol) or a rate limiting calcium blocker (e.g. Diltiazem) if beta-blocker contraindicated.
- 2. Digoxin in additional to first line rate control agent, where required. As monotherapy only in predominantly sedentary patients. (NICE, 2014)

Pathway developed by Dorset County Hospital **Reviewed January 2021**





Anti-coagulation post DC Cardioversion:

Maintaining a therapeutic INR or good concordance with other anticoagulation during the four weeks post DC Cardioversion is essential for **ALL** patients regardless of their **CHA2DS2–VASc score**. Advice with regards to long-term anti-coagulation is based on patients' **CHA2DS2–VASc score** rather than the

Advice with regards to long-term anti-coagulation is based on patients' **CHA2DS2–VASc score** rather than the presence of sinus rhythm/absence of atrial fibrillation/flutter on ECG/Holter.

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