Dorset County Hospital
NHS Foundation Trust

New Onset Atrial Fibrillation/Flutter - Is the patient acutely unwell?

Yes

Admit to hospital
Rate or rhythm control strategy initiated and discharged back to primary care with follow-up/onward referrals if required.
Patients requiring DC cardioversion referred to AF/Flutter Clinic

No

Primary Care
- **Ensure ECG record**
- **Consider reversible causes** (FBC, U&E's, glucose, TFT's)
- **Initiate appropriate stroke/TIA prophylaxis** according to CHA2DS2–VASc score **(BOX A)**
- **Initiate appropriate rate control (BOX B)**
- **Patient education**

Paroxysmal AF or Flutter

NEED FURTHER ADVICE?
Arrhythmia Nurse Specialist:
01305 254920 or email:
ArrhythmiaNurseSpeci@dchft.nhs.uk

Persistent AF or Flutter

Refer to Cardiology/Arrhythmia clinic (Dr Boullin) - unless inappropriate due to co-morbidity or patient choice

If considering rhythm control or difficulty achieving rate control - refer to Rapid Access Atrial Fibrillation/Flutter Clinic via ICE

Cardiology Consultant
Appropriate strategy initiated with onward plan made.

Rapid Access Atrial Fibrillation/Flutter Clinic
1. ECHO AND ECG
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

Rhythm Control

- Arrhythmia Nurse Specialist: arrange DC cardioversion (see pg 2) and/or, if indicated:
- Refer to Dr Boullin for consideration of ablation

Rate Control

Primary Care - Manage Long-term anticoagulation and Rate-control

BOX A – Stroke prevention

CHA2DS2–VASc Scoring
Refer to full ESC guidance

Risk Factor	Point
Congestive Heart Failure	1
Hypertension	1
Age - 65-74	1
> 75	2
Diabetes mellitus	1
Stroke/TIA/thromboembolism	2
VAscular disease	1
Sex i.e Female	1

CHA2DS2–VASc Result:
0 = No prophylactic (aspirin no longer recommended)
1 = Consider anticoagulation
≥2 = Anticoagulation recommended

Box B: Rate control

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

References: National Institute for Health and Clinical Excellence (2014) The management of atrial fibrillation.
European Society of Cardiology (2016) Guidelines for the management of atrial fibrillation.

Prepare for DC Cardioversion:
If on warfarin weekly INRs (Target 2.5-3.0); must have INR >2.0 for four full weeks prior to cardioversion.
If on direct oral anti-coagulant (DOAC) ensure strict patient compliance.

DC Cardioversion – DAY SURGERY UNIT

Procedure and then review of medications & onward management plan (Arrhythmia Nurse Specialist/ Cardiology Specialty Registrar).

4-6 Weeks post procedure: Follow-Up with Arrhythmia Nurse or Dr Boullin (where a long-term ablation approach has been agreed or likely)
Is the patient in sinus rhythm and are their symptoms improved/satisfactory?

Yes

Review case and patient's wishes; would an ablation approach be suitable?

Yes

Depending on clinical indications and patient preference either:
1. Re-attempt DC cardioversion with additional Anti-arrhythmic medication
2. Referral for to Dr Boullin for catheter ablation
3. Switch to a rate control strategy & likely discharge
4. Refer to Cardiologist if patient has other cardiac complications

No

No

6 Months post procedure: Follow-Up with Arrhythmia Nurse
Is the patient in sinus rhythm and are their symptoms improved/satisfactory?

Yes

Discharge to primary care and advised to seek medical attention if symptoms recur

No

Depending on clinical indications and patient preference either:
1. Re-attempt DC cardioversion with additional Anti-arrhythmic cover
2. Referral for to Dr Boullin for catheter ablation
3. Switch to a rate control strategy & likely discharge
4. Refer to Cardiologist if patient has cardiac complications

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 presence of sinus rhythm/absence of atrial fibrillation/flutter on ECG/Holter.

Pathway developed by Dorset County Hospital
Reviewed January 2021

References: National Institute for Health and Clinical Excellence (2014) The management of atrial fibrillation.
European Society of Cardiology (2016) Guidelines for the management of atrial fibrillation.