

ATRIAL FIBRILLATION – ANNUAL REVIEW

Prevention of thromboembolism	Symptom relief	Rate control	Optimal management of concomitant CVD
<p>If not on oral anticoagulation (OAC) check CHA2DS2Vasc and HAS-BLED score</p> <p style="text-align: center;"><i>If > 1 and male</i></p> <p style="text-align: center;">OR</p> <p style="text-align: center;"><i>>2 and female</i></p> <p>Refer to GP to discuss risk and to offer anticoagulation</p>	<p>Symptoms review: onset, frequency, duration:</p> <ul style="list-style-type: none"> • palpitations • chest pain • breathlessness • syncope • sweating • peripheral oedema <p>If symptomatic refer to GP</p>	<p>Pulse rate/rhythm</p> <p>(if on medication for rate control and rate >90bpm refer to GP)</p> <p>ECG if required</p>	<p>Blood pressure, height and weight, BMI</p> <p style="text-align: center;">Alcohol consumption</p> <p>Advice and guidance and/or intervention to support CVD risk factor reduction</p> <p style="text-align: center;">QRISK score (if no other CVD)</p> <p>Assess for thromboembolic events:</p> <ul style="list-style-type: none"> • Weakness, numbness or paralysis in face, arms or legs • Slurred or garbled speech • Sudden loss/blurring of vision • Dizziness • Confusion • Difficulty understanding others • Loss of balance or co-ordination • Difficulty swallowing
<p>Education re: atrial fibrillation, management and stroke risk</p>			
<p>Medication review, including information and compliance, food/drug interactions and over the counter medication</p> <p style="text-align: center;">Adverse effects, e.g. Nausea, diarrhoea, dyspepsia, abdominal pain, anaemia, bleeding</p> <p>U&E, LFT and FBC at least annually (more frequently if illnesses that may impact on renal or liver function)</p>			
<p>Red Flags:</p> <p>Refer to GP/Admit if systemically unwell or complications of AF:</p> <ul style="list-style-type: none"> • HR >150bpm and/or systolic BP <90mmHg • Loss of consciousness, sever dizziness, ongoing chest pain • Suspected TIA, stroke or heart failure 		<p>Ongoing monitoring of anticoagulation</p>	
		<p>DOACs:</p> <p>Assess compliance and reinforce advice re: regular dosing schedule</p> <p>Side effects: Nausea, diarrhoea, dyspepsia, abdominal pain, anaemia, bleeding</p>	<p>Warfarin: INR monitoring - as required and review control</p> <p>Criteria for unstable anticoagulation:</p> <ul style="list-style-type: none"> • Time in Therapeutic Range (TTR) ≤65% • 2 x INRs >5 in last 6m • 1 x INR >8 in last 6m • 2 x INRs <1.5 in last 6m