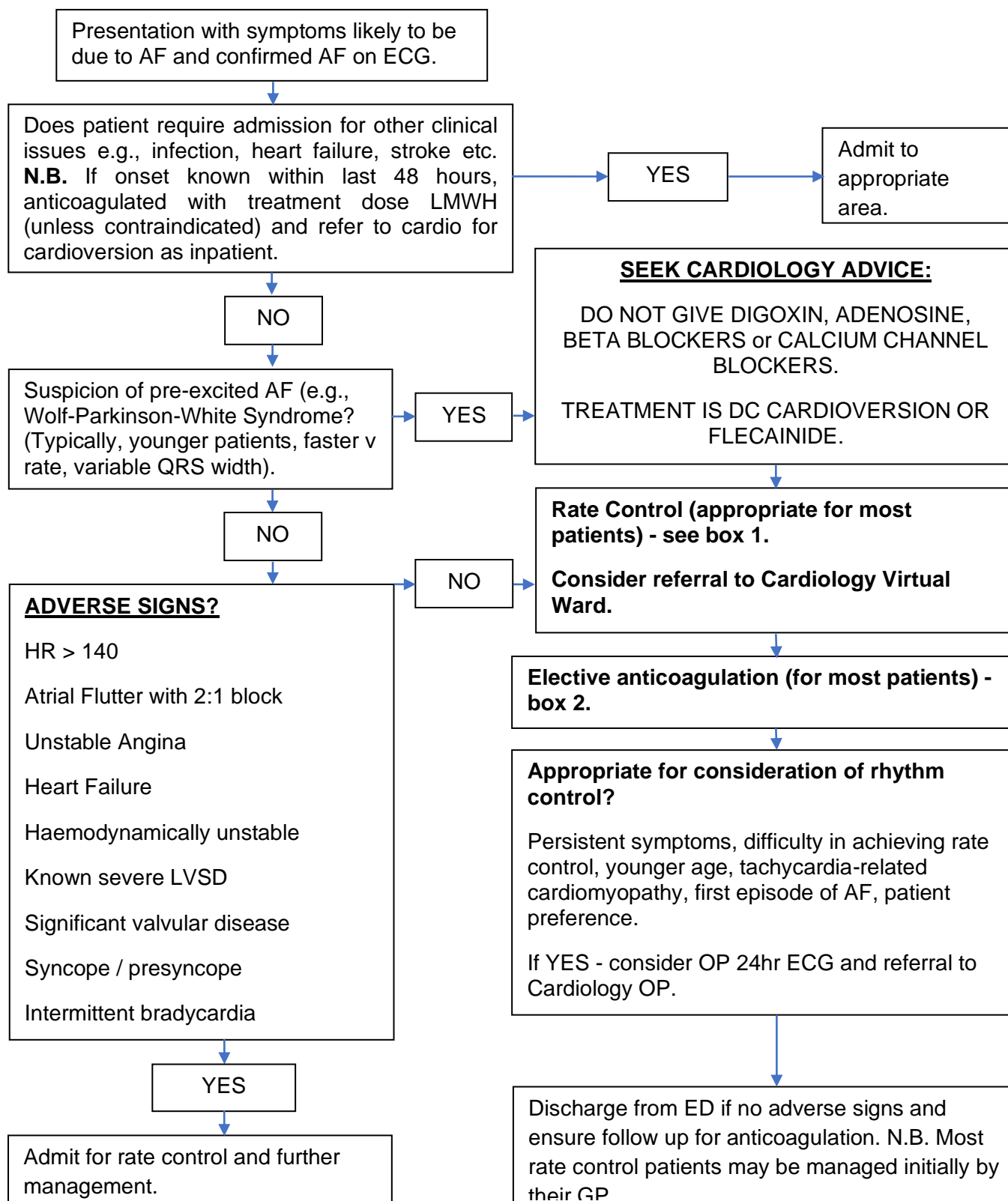


Atrial Fibrillation - Summary Clinical Guideline

Reference No: CG-EMD/2023/005

Atrial Fibrillation pathway for ED / Acute Hospital Units / MAU



Reference Boxes

1. Rate Control Aim**HR < 100 - 110 at rest.****Initial doses:**

Bisoprolol 5 - 10mg PO

OR Diltiazem SR 60 - 120mg PO followed by 60 - 90mg BD.**OR** Digoxin 1000 - 1500mcg loading dose in 2-3 divided doses q8h followed by 62.5mcg - 250mcg PO OD if limited mobility, frail elderly or in heart failure or Bisoprolol or Diltiazem is contraindicated or ineffective, consider Digoxin.

The addition of intravenous magnesium to standard rate-control measures is reasonable to achieve and maintain rate control.

N.B., Betablocker plus Diltiazem should not be prescribed together due to risk of complete heart block.

2. Elective Anticoagulation**Use CHA2DS2-VASC And HAS-BLED scores.****CHA2DS2-VASC SCORE**

CCF or LVSD	1
Hypertension	1
>75 years	2
Diabetes	1
Stroke or TIA	2
Vascular Disease	1
Age 65 - 74	1
Female	1

HAS-BLED SCORE

BP > 160 systolic	1
Abnormal LFTs (Bili >x2ULN & AST/ALP or ALP >x3 ULN)	1
Abnormal renal function (Cr 200, Dialysis, Transplant)	1
Stroke	1
Bleeding tendency	1
Labile INR	1
Elderly > 65 years	1
Drugs - antiplatelets, NSAIDS	1
Alcohol excess	1

SCORE > 3 is high risk**If...**

CHA2D2-VASc = 0 in men

CHA2D2-VASc = 1 in women

→ No antithrombotic / reassess annually.**If...**

CHA2D2-VASc = 1 in men

→ Consider anticoagulation.**If...**

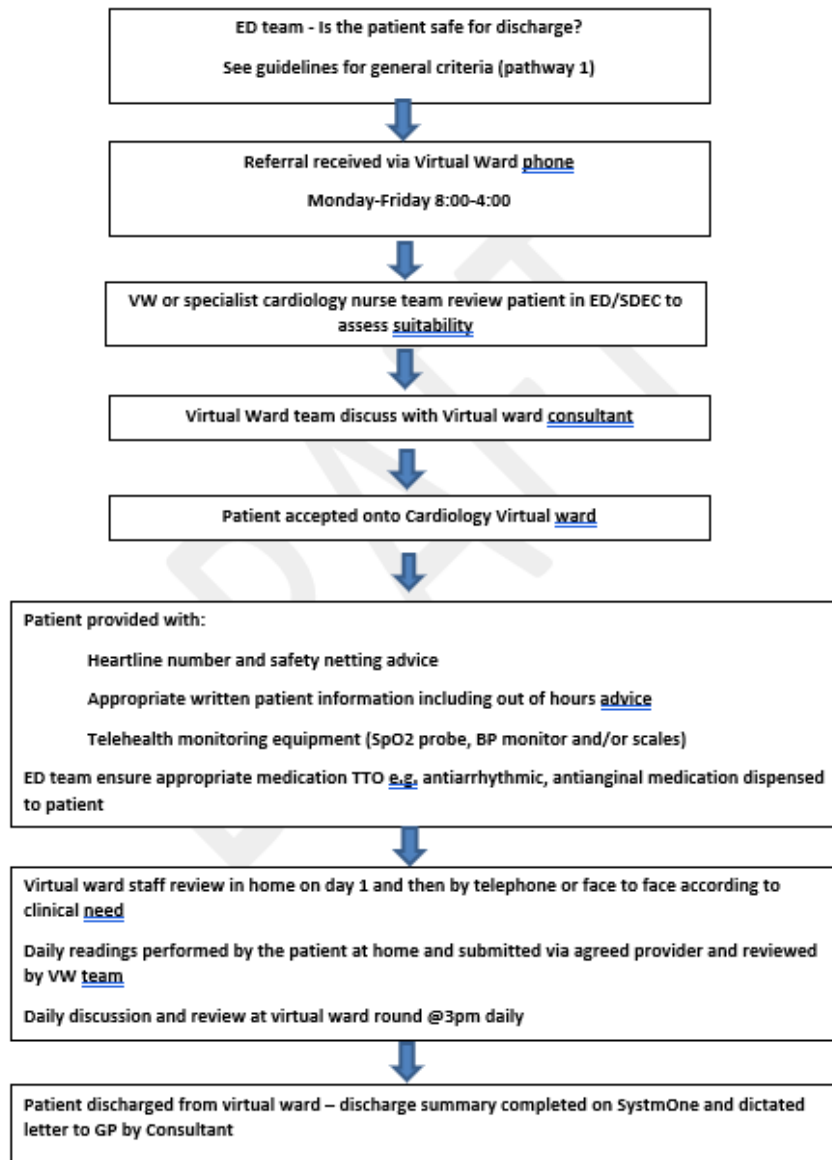
CHA2D2-VASc = / > 2

→ Offer anticoagulants.**HAS-BLED Score ≥ 3 then high risk****→ Offer modification and monitoring** of the following factors:

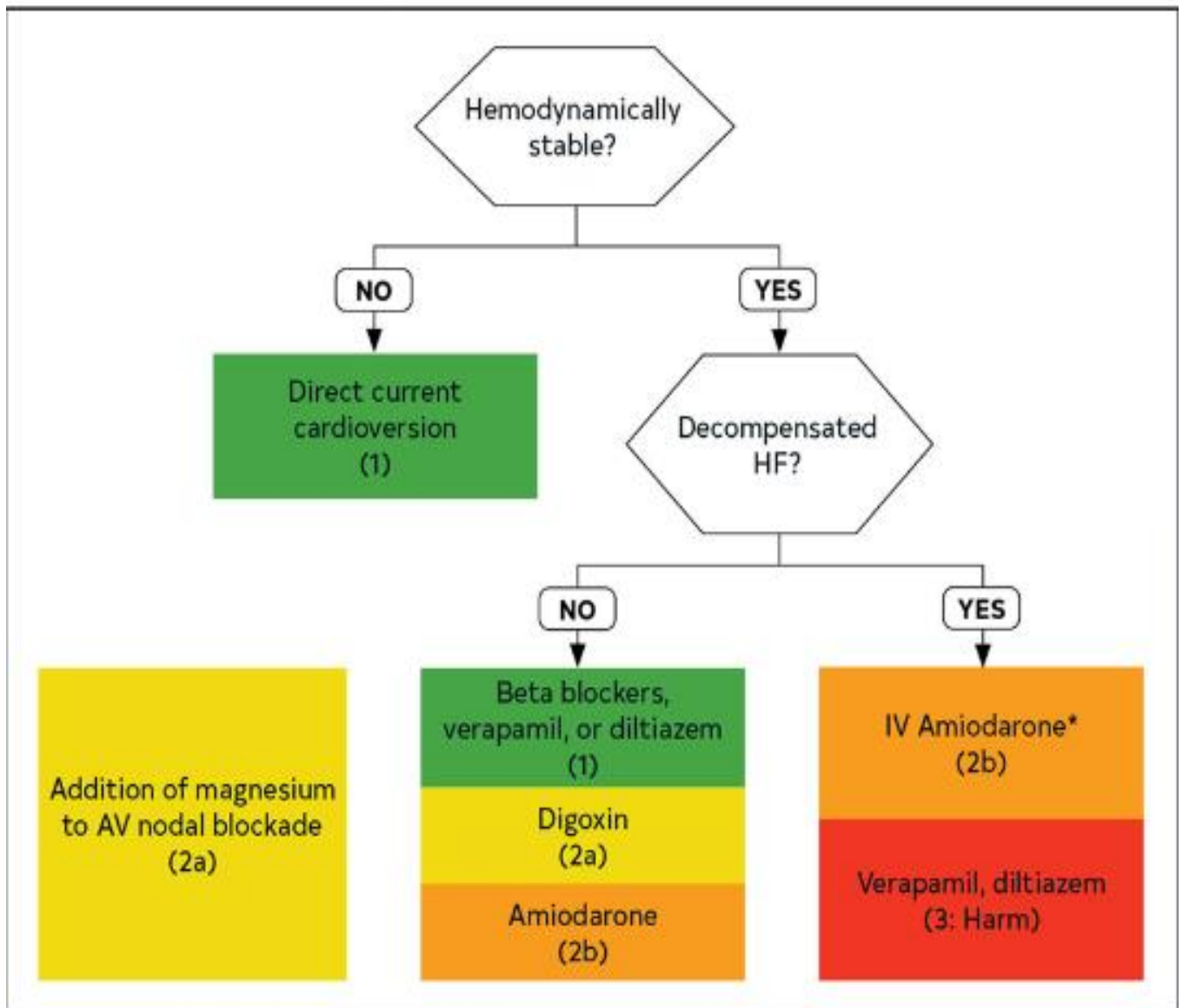
- Uncontrolled hypertension.
- Poor control of INR.
- Concurrent medications.
- Harmful alcohol consumption.

Referral process for Cardiology Virtual ward

8. Pathway 3: ED/SDEC pathway for Cardiology Virtual Ward



Acute Rate Control in AF with RVR



Documentation Controls:

Version	3
Development of Guideline:	Dr Damian Kelly Dr Tanweer Hussain Dr Elizabeth Mullaney Magdalena Holloway
Consultation With	ED
Approved by	Cardiology - December 2023 Medicine Division – December 2026
Review Date	December 2026
Date of Upload	21/12/2023