Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust NHS

Document Type: **GUIDELINE**			**Unique Identifier:** CORP/GUID/084
Title: **Management of Atrial Fibrillation - Primary Care**			**Version Number:** 3 **Status:** Ratified
Scope: Cardiac and Stroke Networks in Lancashire & Cumbria			**Classification:** Organisational
Author/Originator and Title: Cardiac and Stroke Networks in Lancashire & Cumbria			**Responsibility:** Cardiac Network
Replaces: Version 2 Management of Atrial Fibrillation - Primary Care CORP/GUID/084	**Description of amendments:** o Replication of notes within the guideline to the reverse of the algorithm o Further anticoagulation risk stratification advice on the algorithm		
Name of Committee: Divisional/Directorate/ Working Group: GP with Specialist Interest (GPwSI) group	**Date of Meeting:**		**Risk Assessment:** Not Applicable **Financial Implications** Not Applicable
Validated by: Kathy Blacker, Network Programme Director	**Validation Date:** May 2010		Which Principles of the NHS Constitution Apply? Principle 3&5
Ratified by: Clinical Improvement Committee Chairman's Action	**Ratified Date:** 08/07/2010		**Date of Issue:** 08/07/2010 **Review Date:** 01/05/2013

Review Dates: Review dates may alter if any significant changes are made	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
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Does this document meet with the Race Relation Amendment Act (2000) Religious Discrimination Act, Age Discrimination Act, Disability Discrimination Act and Gender Equality Regulations? Not Applicable

1 PURPOSE.

The aim of this guideline is to ensure the structured and coordinated implementation of The Management of Atrial Fibrillation NICE Guidance (June, 2006) and to provide anticoagulation risk stratification advice.

2 SCOPE.

All primary care clinicians managing patients with Atrial Fibrillation (AF)
To inform clinical decision making within all acute care settings

3 GUIDELINE

This guideline should be used when managing patients diagnosed with Atrial Fibrillation within the primary care setting.

IDENTIFICATION AND DIAGNOSIS OF ATRIAL FIBRILLATION

This document should be used in conjunction with the AF algorithm - Appendix 2 and the AF dataset - Appendix 1

Classification ***(See AF Algorithm)*** Appendix 2

Paroxysmal AF (Recurrent) – Refer ALL cases to cardiology.
Terminates spontaneously within 7days and usually < 48hours. **(Rhythm control)**

Persistent AF (Recurrent)
Lasts >7 days, not self-terminating, requires electrical or pharmacological conversion. *(See AF Algorithm)* Appendix 2

Permanent AF (Established)
No further cardioversion attempts. **(Rate control)**

Please Note An Electro Cardio Gram (ECG) should be performed in ALL patients, whether symptomatic or not, in whom AF is suspected because an irregular pulse has been detected.

It is considered to be good practice to perform opportunistic manual pulse palpation and in particular those patients who present with

- *Breathlessness*
- *Dyspnoea*
- *Palpitations*
- *Syncope/dizziness*
- *Chest discomfort.*

It is equally important to ensure that the same opportunity is seized when monitoring patients with Hypertension, Diabetes or existing Cardiovascular Disease.

Echocardiography - Most patients should have an echo particularly in the cases of:

- If you are considering “rhythm control”
- If you suspect underlying structural or functional heart disease that would influence management, such as choice of antiarrhythmic drug.

- Where needed to help with stratifying stroke risk for antithrombotic therapy, but **only** where clinical evidence is needed for LVD or valve disease

Rate v Rhythm

Some patients with Persistent AF will satisfy criteria for either an initial rate-control or rhythm control strategy i.e. who are older but also symptomatic therefore:

- The indications for each option should not be regarded as mutually exclusive, and the potential advantages and disadvantages of each strategy should be explained to patients before agreeing which to adopt.
- Any comorbidities that might indicate one approach rather than the other should be taken into account.
- A greater attempt should be made to restore sinus rhythm in symptomatic patients

Acute Presentation of AF

Immediate hospitilisation and urgent intervention is required for patients presenting with any of the following

- If onset of AF is known to be within 48hrs
- A ventricular rate >150 beats per minute
- Ongoing chest pain
- Significant cardiac failure or clinical signs of low cardiac output
- Haemodynamic compromise e.g. systolic blood pressure <90mmHg
- Presyncope/syncope

(1) Patients unsuitable for Cardioversion

Those with:

- Contraindications to anticoagulation
- Structural heart disease that precludes long term maintenance of sinus rhythm
- A long duration of AF (Usually > 12 months)
- A history of multiple failed attempts at cardioversion and/or relapses
- An ongoing but reversible cause of AF (e.g. Thyrotoxicosis)

(2) Lone AF

This is defined as AF without overt structural heart disease and is confirmed only if there is:

- No history of cardiovascular disease or hypertension
- No abnormal cardiac signs on physical examination
- A normal chest x-ray and, apart form the presence of AF, a normal ECG (i.e. no indication of prior Mycardial Infarction (MI) or LVD)
- Normal atria, valves and left ventricular size and function by echocardiography.

(3) Secondary AF

May be secondary to Cardiac or Non-cardiac conditions.

Cardiac	Non Cardiac
Ischaemic Heart Disease	Acute infections especially pneumonia
Rheumatic Heart Disease	Electrolyte depletion
Hypertension	Lung Carcinoma
Sick Sinus Syndrome	Pleural effusion
Wolff-Parkinson-White	Pulmonary Embolism
Cardiomyopathy	Thyrotoxicosis

(4) Referral for Specialist Intervention

Refer patients:

- In whom pharmacological therapy has failed
- With lone AF
- With ECG evidence of any underlying electrophysiological disorder i.e. Wolff-Parkinson-White syndrome.

4 ATTACHMENTS.

Appendix 1 Atrial Fibrillation Dataset
Appendix 2 Atrial Fibrillation algorithm

5 ELECTRONIC AND MANUAL RECORDING OF INFORMATION.

Database for Policies, Procedures, Protocols and Guidelines
Archive/Policy Co-ordinators office
Held By: Cardiac and Stroke networks in Lancashire & Cumbria
Held in format: Electronic and/or hard copy

6 LOCATIONS THIS DOCUMENT ISSUED TO.

Copy No	Location	Date Issued
1	Intranet	08/07/2010
	Clinical Governance Departments in all Primary Care Trusts (and Acute Trusts for information)	

7 OTHER RELEVANT /ASSOCIATED DOCUMENTS.

Procedure No.	Title
	None

8. SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS

References In Full
None

9. CONSULTATION WITH STAFF AND PATIENTS

Name	Designation

10. DEFINITIONS/GLOSSARY OF TERMS

NAME	DEFINITION

11. AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL

Issued By	Lauren Butler	**Checked By**	Kathy Blacker
Job Title	Service Development and Improvement Manager	**Job Title**	Network Programme Director
Signature		**Signature**	
Date	July 2010	**Date**	July 2010

Appendix 1 Atrial Fibrillation Dataset

Data Item	5 Byte Codes	Comments
Atrial Fibrillation		
Red text = nGMS QOF Indicators & codes		
Atrial Fibrillation and flutter	G573.%	Plus lower level codes
Atrial fibrillation	G5730	
Atrial flutter	G5731	
Paroxysmal Atrial fibrillation	G5732	
Atrial Fibrillation resolved	212R.	
Exception Reporting AF: Informed Dissent	9hF1.	
Exception Reporting AF: Patient Unsuitable	9hF0.	
Referral for 24 hour ECG	8HR9.	
Referral for Exercise ECG	8HRA.	
Refer for ECG recording	8HR1.	
Cardiological referral	8H44.	
Refer to Cardio special interest GP	8H4R.	
Private referral to Cardiologist	8HVJ.	New Nov'06
ECG: Atrial Fibrillation	3272.	
ECG: shows Myocardial Ischaemia	3222.	
ECG: shows LVH	3242.	
ECG: Atrial Flutter	3273.	
ECG: Paroxysmal Atrial Tachy.	3274.	
ECG: Normal	3216.	
ECG: Abnormal	3217.	Free text
Exercise ECG – Normal	32130	
Exercise ECG - Abnormal	32131	
Referral for Echocardiography	8HQ7.	
Echocardiogram - Normal	58530.	
Echocardiogram - Abnormal	58531	
Echocardiogram - Equivocal	5C20.	
Echocardiogram shows LV Systolic Dysfunction	585f.	
Echocardiogram shows LV Diastolic Dysfunction	585g.	
Aspirin: Prophylaxis	8B63.	
Aspirin: Over the counter therapy	8B3T.	
Aspirin: H/O Allergy	14LK.	
Aspirin: Adverse effects	U6051	

Appendix 1 Atrial Fibrillation Dataset

Data Item	5 Byte Codes	Comments
Aspirin: Prophylaxis contra-indicated	8I24.	
Aspirin: Prophylaxis refused	8I38.	
Aspirin: Not indicated	8I66.	
Atrial Fibrillation continued		
Aspirin: Not tolerated	8I70.	
Advice about taking aspirin	67I8.	
Warfarin: Allergy	14LP.	
Warfarin: Contraindicated	8I25.	
Warfarin: Declined	8I3E.	
Warfarin: Not indicated	8I65.	
Anticoagulants: Adverse effects	U6042	
Anticoagulation: Contraindicated	8I2R.	
Anticoagulation: Declined	8I3d.	
Anticoagulation: Not indicated	8I6N.	
Anticoagulation: Not tolerated	8I7A.	
Anticoagulants: Prescribed by third party	8B2K.	
Clopidogrel: Pprophylaxis	8B6P.	
Clopidogrel: Allergy	14LQ.	
Clopidogrel: Adverse effects	U6048	
Clopidogrel: Contraindicated	8I2K.	
Clopidogrel: Declined	8I3R.	
Clopidogrel: Not indicated	8I6B.	
Clopidogrel: Not tolerated	8I72.	
Dipyridamole: H/O Allergy	14LX.	
Dipyridamole: Adverse reaction	TJC44	
Dipyridamole: Contraindicated	8I2b.	
Dipyridamole: Declined	8I3n.	
Dipyridamole: Not indicated	8I6a.	
Dipyridamole: Not tolerated	8I7J.	
Beta blocker: Prophylaxis	8B69.	
Beta blocker: Contra-indicated	8I26.	
Beta blocker: Adverse reaction	U60B7	
Beta blocker: Not tolerated	8I73.	
Beta blocker: Therapy refused	8I36.	
Beta blocker: H/O Allergy	14LL.	
Beta blocker: Not indicated	8I62.	
Patient on maximal tolerated beta blocker therapy	8B6V.	

Data Item	5 Byte Codes	Comments
Digoxin: Prophylaxis	8B6K.	
Digoxin: Adverse reaction	TJC10	
Calcium channel blocker: Prophylaxis	8B6M.	
Calcium channel blocker: Declined	8I3I.	
Calcium channel blocker: Indicated	8BG1.	
Atrial Fibrillation continued		
Calcium channel blocker: Not indicated	8I68.	
Calcium channel blocker: Not tolerated	8I77.	
Personal history of calcium allergy	ZV14L	
Calcium channel blocker: Contraindicated	8I2B.	
Calcium-channel blockers: Causing adverse effects in therapeutic use	U60C1	
Blood sent > Biochem lab	4143.	
Patient refused lab. test	415..	
Serum Cholesterol	44P..	
Serum LDL cholesterol level	44P6.	
Serum HDL cholesterol level	44P5.	
Total cholesterol: HDL ratio	44PF.	
Serum triglycerides	44Q..	
Serum creatinine	44J3.	
Plasma fasting glucose level	44g1.	
INR Normal	42QE0	
INR Abnormal	42QE1	
Systolic	2469.	Other nGMS
Diastolic	246A.	
Blood pressure procedure refused	8I3Y.	
Pulse – Regular	2431.	
Pulse – Irregular	2432.	
Pulse – Regular Irregular	2433.	
O/E – Weight	22A..	Other nGMS
O/E – Height	229..	
BMI	22K..	
Body mass index 30+ - Obesity	22K5.	Other nGMS
Body mass index 40+ - Severely Obese	22K7.	
Waist Circumference	22N0.	
Patient advised re diet	8CA4.	

Appendix 1 Atrial Fibrillation Dataset

Data Item	5 Byte Codes	Comments
Refer to dietician	8H76.	
Patient advised re exercise	8CA5.	
Referral for exercise therapy	8H7q.	
Attends exercise classes	138G.	
Current Smoker	137R.	Other nGMS
Never smoked tobacco	1371.	
Atrial Fibrillation continued		
Ex-smoker	137S.	Other nGMS
Trivial smoker - <1 cig/day	1372.	
Light smoker – 1-9 cigs/day	1373.	
Moderate smoker – 10-19 cigs/day	1374.	
Heavy smoker – 20-39 cigs/day	1375.	
Very heavy smoker 40+ cigs/day	1376.	
Smoking Cessation Advice	8CAL.	
Referral to smoking cessation advisor	8H7i.	
Referral to stop smoking clinic	8HTK.	
DNA smoking cessation clinic	9N4M.	
Nicotine replacement therapy	8B2B.	
OTC nicotine replacement therapy	8B3Y.	
Nicotine replacement therapy provided free	8B3f.	
Smoking Reduced	137V.	
Trying to give up smoking	137G.	
Stopped smoking	137K.	
Date ceased smoking	137T.	
Alcohol - Teetotaller	1361.	
Trivial drinker - <1u/day	***1362.***	
Light drinker – 1-2u/day	1363.	
Moderate drinker – 3-6u/day	1364.	
Heavy drinker – 7-9u/day	1365.	
Very heavy drinker - >9u/day	1366.	
Ex-moderate drinker (3-6u/day)	136C.	
Ex-heavy drinker (7-9u/day)	136D.	
Ex-very heavy drinker (>9u/day)	136E.	
Suspect alcohol abuse – denied	1369.	
Health ed. – Alcohol	6792.	
Stopped dinking Alcohol	1367.	

Appendix 1 Atrial Fibrillation Dataset

Data Item	**5 Byte Codes**	**Comments**
Tiredness symptom NOS	168Z.	
Breathlessness NOS	173Z.	
Palpitations	1812.	
Dizziness present	1B53.	
Chest discomfort	R0656	
H/O: Syncope	147A.	
O/E Dyspnoea	2322.	
H/O: Atrial fibrillation	14AN.	
Atrial Fibrillation continued		
H/O: TIA	14AB.	
H/O: Hypertension	14A2.	
H/O: Heart disease NOS	14AA.	
H/O: Diabetes Mellitus	1434.	
H/O: Alcoholism	1462.	
FH: Hypertension	12C1.	
FH: CVA/stroke	12C4.	
FH: Ischaemic heart dis. <60	12C2.	
FH: Ischaemic heart dis. >60	12C3.	
FH: Transient ischaemic attack	12C7.	
FH: Diabetes mellitus	1252.	
FH: Death under 60 years	12Z3.	
FH: Not known - Adopted	12V0.	
Family history unknown	12V..	
Recurrent falls	16D1.	
Number of falls in last year	16D2.	
At risk of falls	14OC.	
Referral to Cardiac rehabilitation nurse	8H7v.	
Cardiac rehabilitation	8F9..	
AF Monitoring review date		

Appendix 2 Atrial Fibrillation algorithm