Luminis Health
2001 Medical Parkway
Annapolis, Md. 21401
LuminisHealth.org

CCN Atrial Fibrillation Integrated Care Pathway

Arrhythmia on EKG

Diagnosis Unclear

CCN Cardiology Conulatation
AAMG CARDIOLOGY
443-481-6700
CARDIOLOGY ASSOCIATES
4435736480

NEW diagnosis of Atrial Fibrillation

Is patient in Distress?

YES

NO

Transfer to EMERGENCY DEPARTMENT

Use Doc Halo to alert ER attending physician

DOES the PATIENT HAVE ANY of the following?

History of MI
Stent in last 6 months?
Chest Pain?
History of Cardiomyopathy?
History of CHF?
Signs of CHF - (Dyspnea/Orthopnea/New edema)
Symptoms of a stroke?
Known heart valve problems?
New Murmur?

YES

NO

YES

Heart rate >120 BPM
or
Systolic BP <100

NO

RATE CONTROL

- Heart rate: 100-120 Range Consider Rate lowering therapy in stable patients with normal blood pressure.
(*See rate lowering medication options below)
- Heart rate 60-100. Goal HR is under 80 but ok to delay rate limiting therapy today

*Medications for Rate Control
Atenolol 25 mg once a day
Metoprolol ER 25mg once a day
Diltiazem 120mg ER once a day
Diltiazem 30mg every 6 hours

Order LABS:
BMP, CBC, TSH &Free T4
Screen for Sleep Apnea
Sleep Study if appropriate

CARDIOLOGY REFERRAL

RHYTHM CONTROL
Use CCN ONE CALL to Arrange for Cardiology evaluation
-ONE CALL: 443-481-5652
Cardiology will:
-Address the patients heart rhythm
-Determine if Rhythm control is needed (may only need Rate control)
-Address Rate Control
-Perform Echocardiogram
-Review Anticoagulation

Starting Anticoagulation

1. Evaluate Bleeding Risk
-Proceed with AC in low risk pts
-Can use HAS-BLED bleeding risk score to asses bleeding risk
2. Can the patient use DOAC therapy?
(can not use in valvular disease)
3. Calculate Creatinine Clearance
CrCl=_____
4. Choose a DOAC therapy
Dabigatran (Pradaxa)
-150 mg 2x a day
-75 mg 2x a day if CrCl in 15-30 range
Rivaroxaban (Xarelto)
-20mg every evening
-15mg every evening in CrCl50
Apixaban (Eliquis)
-5mg 2x a day
-2.5mg 2x a day if 2/3 are present:
Age>80
Weight<60Kg
Creatine ≥1.5
5. Have and document risk/benefit discussion of DOAC in A-Fib.

ANTICOAGULATION
Calculate CHADS2VASC Score

CHF?	(1 Point)	_____
Hypertension hx?	(1Pt)	_____
AGE	<65 (0 Point)	_____
	65-74 (1 point)	_____
	>75 (2 points)	_____
Diabetes	(1 point)	_____
SEX	Female (1point)	_____
	Male (0 points)	_____
Stroke/TIA Hx	(2points)	_____
Vascular Disease hx	(1pt)	_____
TOTAL		_____

The Biggest Risk is Stroke
For SCORE **2** or Greater
-Start Anticoagulation
For SCORE **1** for men
-Can start Anticoagulation with DOAC therapy#
For Score 0 for men, 1 for women
-Hold Anticoagulation#

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For these scores a case by case risk/ benefit analysis can also be considered