Appendix 1

Cardiac Rehabilitation AF Patients Service Audit

The data is drawn from the April 2018 - March 2019 database, though we only started sending AF tailored information packs out around June 2018

Total number of AF referrals = 334

**DO NOT WAIT ANTICOAGULATE!** Appendix 2 Anticoagulation poster

Does your patient have paroxysmal or persistent atrial fibrillation or flutter?

Have they been assessed for anticoagulation?

Asprin monotherapy is not recommended for the management of AF.

These rhythms are associated with strokes of significantly higher morbidity and mortality than non-AF related strokes.

Assess the stroke risk using the CHADSVASc scoring system (online medical guidelines).

 •If **CHA2DS2VASc = 1 consider** anticoagulation (excluding 1 for female sex alone).

•If **CHA2DS2VASc ≥ 2 offer** anticoagulation.

We use '**consider**' to reflect a recommendation for which the evidence of benefit is less certain. We use '**offer**' to reflect a strong recommendation where there is clear evidence of benefit (NICE).

Assess the bleeding risk using the HASBLED scoring system (online medical guidelines).

Document your findings. **If you do not anticoagulate, document the reason.**

If you need advice contact Staffordshire Thrombosis and Anticoagulation Centre (STAC) on \*\*\*\*\*\* OR STAC Registrar, pager 15458 or stroke AF team on \*\*\*\*\*\* or arrhythmia nurse team on \*\*\*\*\*\*.

**Despite receiving only 15% of the cardiac output, the brain is the destination for most clots (>80%) that embolise from the heart.**

AF in old age (>75 yrs) is a strong indication,

NOT A CONTRAINDICATION for anticoagulation.

If you send your patient away with a direct/newer oral anticoagulant (DOAC/NOAC), their stroke protection starts within a few hours.

Before you commence a DOAC the patient should have FBC, INR, LFT and U&E. The dose is dependent on creatinine clearance (Cockcroft and Gault equation, online calculation tools are available). Should be monitored regularly for renal function (STAC will do if referred) and advised to seek immediate help for bleeding issues.

**If you do not assess for anticoagulation the patient may suffer a stroke while waiting.**

Anticoagulate with edoxaban, rivaroxaban, apixaban, dabigatran or warfarin-see medical

 guidelines.

**DO NOT WAIT ANTICOAGULATE!**