



Atrial Fibrillation (AF) Guide

This guide will help you answer the following questions:

1. [How can the resources help me to appropriately manage patients with AF?](#)
2. [How can I feel confident that our organisation is safely prescribing and monitoring anticoagulants?](#)
3. [How can I find potential 'missing' AF diagnoses within our patient list?](#)
4. [How can I see an 'at-a-glance' overview of how effectively our organisation is managing AF?](#)

1. How can the resources help me to appropriately manage patients with AF?

- You can access the AF template via one of 3 ways:
 - Template Master button  at the top left of window
 - Search bar at the bottom left of window
 - Patient status icon (if applicable to your patient)  just below the patient demographics area.
- The left-hand column is for adding information and also links to other relevant templates and clinical scoring systems.
- The middle column shows a summary of patient-specific information pertinent to management.

1. The Atrial Fibrillation Overview button opens a template which prompts the recording of key information about overall management.

2. The CHADSVasc & HASBLED templates enable rapid recording of these clinical scores. Relevant information is automatically pulled from the patient's records (*dependant on accurate coding*):

CHADSVasc / CHADS

This tool is only applicable to patients who are diagnosed with Atrial Fibrillation

Calculate: ☒ CHADSVasc ☐ CHADS

C ☐ Congestive heart failure (1 pt)
H ☐ Hypertensive (1 pt)
A ☐ Age ≥ 75 (2 pts)
D ☒ Diabetic (1 pt)
S ☐ Stroke or TIA (2 pts)
V ☐ Vascular disease (1 pt)
A ☐ Age 65-74 (1 pt)
Sc ☒ Sex category female (1 pt)

Score = 2 Save to Record

High Risk of Stroke
Consider oral anticoagulant

HASBLED Score

Hypertension (uncontrolled, >160 systolic) No
 Renal Disease (Dialysis/transplant, Cr >200) N/A
 Liver Disease (Cirrhosis, Bilirubin $>2\%$ Normal, AST/ALT/AP $>3\%$ normal) N/A
 Stroke History N/A
 PHx Major bleeding/predisposing to bleeding Yes
 Labile INR (unstable/high INRs), TTR $<60\%$ N/A
 Elderly (age >65) Yes
 Medication predisposing to bleeding (Antiplatelet agent, NSAIDs) Yes
 Alcohol intake (≥ 8 drinks/week) N/A
 Hyperten, abnorm renal/liver funct, stroke, BLEED score 3 08 Nov 2019

Annual risk of major haemorrhage when anticoagulated

Score	Risk
0	1.1%
1	1.0%
2	1.8%
3	3.7%
4	6.7%
5	12.5%
6	>10
7	>10
8	>10
9	>10

BP
 03 May 2016 O/E - Systolic BP reading (2469) 150 mmHg
 16 Mar 2017 O/E - Systolic BP reading (2469) 140 mmHg
 16 Mar 2017 O/E - Systolic BP reading (2469) 130 mmHg

Renal Function
 Serum creatinine level Not recorded

Liver Function
 Serum total bilirubin level Not recorded
 Serum alanine aminotransferase I Not recorded
 AST serum level Not recorded
 Serum alkaline phosphatase level Not recorded

Haemoglobin
 Haemoglobin concentration Not recorded

Alcohol Consumption
 Alcohol intake 10 Units/Week 16 Mar 2017

NSAID and antiplatelet use
 Naproxen 500 To be 07 Aug 2015
 Ibuprofen 400 take c. 07 Aug 2015
 Aspirin 75mg take c. 15 Oct 2015

HASBLED Score 3

3. The risk comparison template allows for comparison of stroke and bleeding risks to help facilitate shared decision making with patients.

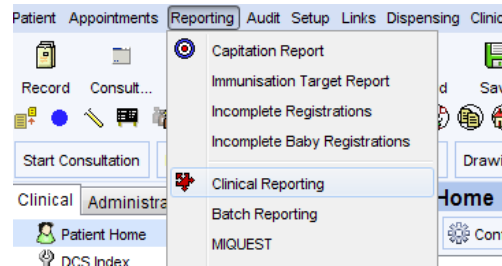
CHA2DS2-VASc				HASBLED			
1234 567	CHA2DS2 - vascular disease, a...	08 Nov 2019		1234 567	Hyperten, abnorm renal/liver fun...	08 Nov 2019	
Annual stroke risk				Annual risk of major haemorrhage when anticoagulated			
Score	Risk	Risk after NNT Rx with OAC		Score	Risk		
0	0.84%	0.27%	175	0	1.1%		
1	1.75%	0.5%	87	1	1.0%		
2	2.69%	1.0%	56	2	1.8%		
3	3.2%	1.4%	47	3	3.7%		
4	4.0%	2.1%	38	4	6.7%		
5	6.7%	3.3%	23	5	12.5%		
6	9.6%	4.1%	15	6	>10		
7	9.6%	4.6%	16	7	>10		
8	6.7%	4.7%		8	>10		
9	15.2%	5.25	10	9	>10		

NICE recommends considering anticoagulation in patients with non-valvular AF if:
 CHA2DS2Vasc ≥ 1 for men
 CHA2DS2Vasc ≥ 2 for women

- [NICE AF Pathway](#)
- [Online CHADSVASC/HASBLED tool](#)
- [NICE Patient Decision Aid](#)
- [NICE AF Guideline 2014](#)
- [CDD AF Guideline](#)

4. The anticoagulant templates facilitate safe prescribing and monitoring of each of the main DOACs and Warfarin.
5. The remaining tabs show up-to-date investigation, referral and exception-reporting information.

- Searches can be run to identify patients who may require changes to their management.
 - First navigate to the clinical reporting unit. The searches are located within the “Cardiac” folder of the “DCS Quality” section:

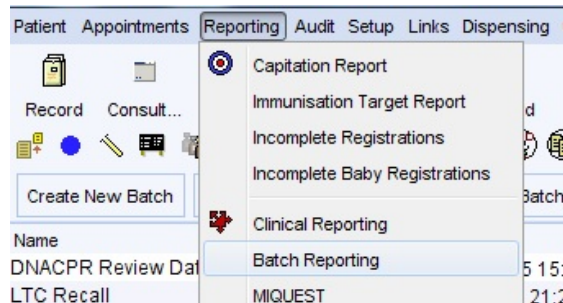


? AF 3.1 Case management - AF without CHADSVASc or possibly incorrect score
 ? AF 3.2 Case management - Consider Anticoagulation

To identify the patients for that particular search, Right-click on the search, click “Run”, after the search is complete, click “Show Patients”.

We feel that the above two searches are very important for practices to run. We recommend that they are performed on a monthly basis via batch reporting:

You can also schedule any search to run automatically at set intervals. The results of the searches can be sent via task to any member of your team to action. This can be achieved via the “Batch Reporting” function:



2. How can I feel confident that our organisation is safely prescribing and monitoring anticoagulants?

- The anticoagulant templates facilitate safe prescribing and monitoring of each of the main DOACs and Warfarin via the following:
 - Up-to-date prescribing information is embedded within the templates.

Apixaban Details		Apixaban Details	
<p>Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (NVAF), with one or more risk factors, eg:</p> <ul style="list-style-type: none"> • prior stroke or transient ischaemic attack • age ≥ 75 years • hypertension • diabetes mellitus • symptomatic heart failure (NYHA Class ≥II) 		<p>Weight 60 kg (10 st 10 lb) 16 Mar 2017</p> <p>Serum creatinine level Not recorded.</p> <p>Cockcroft Gault eGFR Not Recorded</p> <p>No record of heart failure</p>	
<p>Dose</p> <p>Aspirin if eGFR <15 (USE COCKROFT GALT eGFR)</p> <p>Treatment of VTE - 15mg for 7d then 5mg for up to 6 months</p> <p>Prophylaxis of recurrent VTE - 2.5mg following 6 months</p> <p>Prophylaxis of stroke in non-valvular AF - 5mg unless:</p> <p>At least 2 of (on which case 2.5mg bd):</p> <ul style="list-style-type: none"> Age ≥90 Weight <61kg Creatinine ≥133 <p>eGFR 15-29 - reduce to 2.5mg bd</p>		<p>Contraindicated Drugs/Drugs to Avoid</p> <p>Dronedarone Bisoprolol HIV Medication Rifampicin Phenytoin/phenobarbital/azapropazone Diclofenac/indomethacin - seek advice</p> <p>Cautions</p> <p>Amiodarone Verapamil Diltiazem</p> <p>DCS Apixaban - Initiation questionnaire View has no data for patient</p>	
<p>Increased Risk of GI Bleed</p> <p>≥80y</p> <p><60g</p> <p>Cr = 133 or GFR 30-50</p> <p>Hx GI bleeding</p> <p>HABLED=3</p>		<p>Thrombocytopenia</p> <p>SGR</p> <p>Antigplatelets or NSAIDs</p> <p>Steroids</p>	

- The 'Anticoagulation details' template prompts prescribers to be clear on key points around anticoagulation initiation.
- The Cockcroft-Gault calculator facilitates safe dose-adjustment.

Page 1

Cockcroft-Gault Estimated Creatinine Clearance

1. Check weight recorded around last creatinine
2. Record Cockcroft-Gault creatinine clearance using same date as the most recent creatinine.

GFR Cockcroft-Gault

Renal Disease Calculations OFF-Screen necessary

Parameters

Age Years

Height m

Weight kg

Sex ☒ Female ☐ Male

Serum Creatinine umol/L

Results

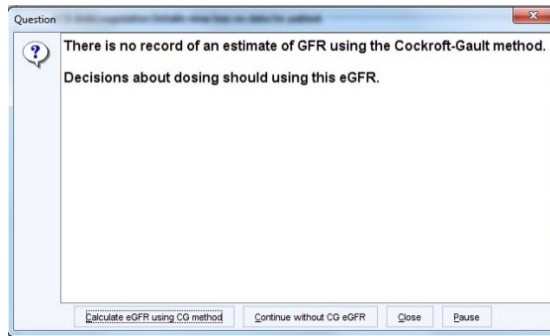
Cockcroft-Gault Formula:

Creatinine clearance ml/min

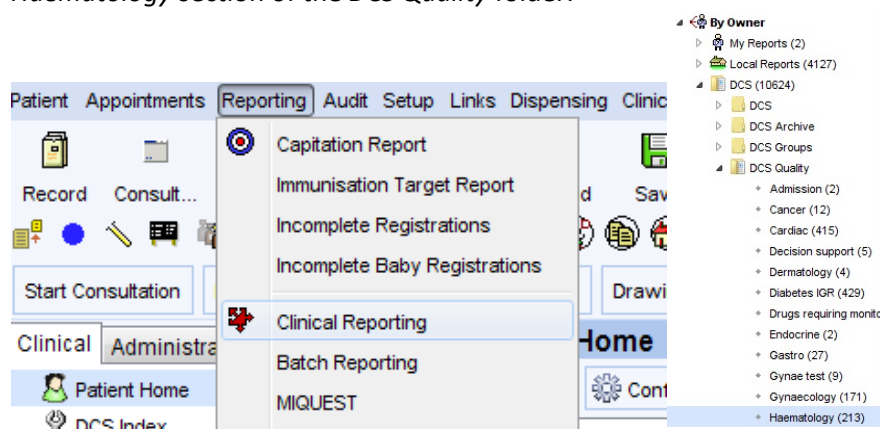
- Warfarin-specific prescribing prompts are located within the warfarin tab which includes a time in therapeutic range calculator and poor INR control guidance.

Warfarin	Legacy Codes	Apixaban Details	Dabigatran Details	Edoxaban Details	Rivaroxaban Details	Po...
<div> <div>Warfarin</div> <div>PL Warfarin (P Info)</div> </div>						
<div> <div>Anticoagulation FAQs</div> </div>						
<div> <div>Anticoagulation Details</div> </div>						
<div> <div>Anticoagulation enhanced services admin</div> <div>Home visit for anticoagulation monitoring</div> <div>INR</div> <div>Warfarin Dose</div> <div>Dose instructions</div> <div>Date of next anticoagulant clinic appt</div> <div>Calculate TTR</div> <div>Time in therapeutic range (T... %)</div> <div>Poor INR Control</div> </div>						
<div> <div>Current Antiplatelets/Anticoagulants</div> <div>No record of repeat antiplatelet or anticoagulant</div> </div>						
<div> <div>DCS Anticoagulation Details view has no data for patient</div> </div>						
<div> <div>INR</div> <div>Not recorded.</div> </div>						
<div> <div>TTR Not Recorded</div> </div>						

- Safety protocols for each anticoagulant guide prescribers through a series of questions to ensure that the patient is on a safe dose and that appropriate monitoring has been completed:



- Safety searches can be run to identify patients who may require changes to their management.
 - i. First navigate to the clinical reporting unit. The searches are found within the *Haematology* section of the *DCS Quality* folder:



- ii. The specific searches are as follows (they all begin with a “?” – *the other searches are internal ones to enable the templates to work*):

```
? Anticoagulation Safety - ?Poor Concordance #
? Anticoagulation Safety - DOAC - Antiphospholipid Syndrome - consider stopping #
? Anticoagulation Safety - DOAC - Cockcroft Gault CrCl Record Overdue - test done #
? Anticoagulation Safety - DOAC - Cockcroft Gault CrCl Record Overdue - test not done #
? Anticoagulation Safety - DOAC - Consider Dose Increase #
? Anticoagulation Safety - DOAC - Consider Dose Increase (unless reason in the last 2 years) #
? Anticoagulation Safety - DOAC - Consider Reduced Dose (CG) #
? Anticoagulation Safety - DOAC - Contraindicated/not recommended drugs #
? Anticoagulation Safety - DOAC - High GI Bleed Risk #
? Anticoagulation Safety - DOAC - High GI Bleed Risk - no gastroprotection #
? Anticoagulation Safety - DOAC - No apparent licensed indication #
? Anticoagulation Safety - DOAC - Severe renal impairment- consider stopping (CG) #
? Anticoagulation Safety - Warfarin or VKA - Latest TTR <65% #
? Anticoagulation Safety - Warfarin or VKA - No INR in the last 12w #
? Anticoagulation Safety - Warfarin or VKA - No TTR in the last year #
? Anticoagulation Safety - Warfarin or VKA - Poor control (NICE criteria) #
```

3. How can I find potential 'missing' AF diagnoses within our patient list?

- a. Searches can be used to identify potential ‘missing’ patients. These are located within the “Cardiac” folder of the DCS Quality section as above (via the Clinical Reporting unit):

```
? AF 2.1 Casefinding - Medication that might be for AF but no AF code
? AF 2.2 Casefinding - AF potential indicator but no AF code
? AF 2.3 Casefinding - Irregular pulse but no subsequent ECG
? AF 2.4 Casefinding - AF marked as resolved
```


4. How can I see an 'at-a-glance' overview of how effectively our organisation is managing AF?

- First, navigate to the clinical reporting unit.
- The AF searches to show the overview of care are found within the *Integrated Prevention* section of the *DCS Quality* folder:

CVD Prevention - AF01 - Prevalence
 CVD Prevention - AF01a - Low risk (latest recorded)
 CVD Prevention - AF01ai - Low risk (latest recorded) - Anticoagulated
 CVD Prevention - AF01aia - Low risk (latest recorded) - Anticoagulated or good reason why not
 CVD Prevention - AF01b - Moderate risk (latest recorded)
 CVD Prevention - AF01bi - Moderate risk (latest recorded) - Anticoagulated
 CVD Prevention - AF01bia - Moderate risk (latest recorded) - Anticoagulated or good reason why not
 CVD Prevention - AF01c - High risk (latest recorded)
 CVD Prevention - AF01ci - High risk (latest recorded) - Anticoagulated
 CVD Prevention - AF01cia - High risk (latest recorded) - Anticoagulated or good reason why not
 CVD Prevention - AF01d - CHADSVASc not recorded
 CVD Prevention - AF01e - Recent CHADSVASc Low Risk BUT calculated mod/high risk NOT on anticoagulation
 CVD Prevention - AF01f - Recent CHADSVASc Mod/High Risk BUT calculated low risk ON anticoagulation
 CVD Prevention - AF02 - Possible Missed AF (non-QoF code)
 CVD Prevention - AF03 - Irregular Pulse but no ECG
 CVD Prevention - AF04 - Higher Risk LTC without AF
 CVD Prevention - AF04i - Higher Risk LTC and pulse check in the last 12 months

