Ambulatory Emergency Care Pathways

Atrial Fibrillation
<table>
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<tr>
<th>Ref</th>
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<th>Description</th>
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<td>Identifies pathway details and clinical sign-off</td>
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<td>Identifies the pathway to follow to identify patients suitable for Ambulatory Care</td>
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<td>Patient Criteria</td>
<td>Criteria for patients appropriate for the pathway</td>
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<td>Identifies Patient Information leaflets for issue to patients regarding their pathway</td>
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1. Condition Details

<table>
<thead>
<tr>
<th>Condition Details Summary</th>
<th>Data (Baseline using 2010/11 outturn)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRG/ICD-10 Codes</td>
<td>EB07I, EB07H / I471, I479, I48X, I495, I498, I499, R000, R002, R008</td>
</tr>
<tr>
<td>Total Patients per Month (Avg)</td>
<td>37.33</td>
</tr>
<tr>
<td>Bed Days Utilised per Month (Avg)</td>
<td>93.50</td>
</tr>
<tr>
<td>Number of Beds Utilised per Month (Avg)</td>
<td>0.26</td>
</tr>
<tr>
<td>Average Length of Stay</td>
<td>2.5</td>
</tr>
<tr>
<td>Potential Percentage suitable for ambulatory care</td>
<td>30-60%</td>
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</tbody>
</table>

Sign Off:

Pathway Designed by Clinical Subject Matter Expert

Pathway Approved by Specialty Lead

Pathway Authorised by Divisional Director
2. Pathway Algorithm
Atrial Fibrillation

Patient Presents with:
Suspected Atrial Fibrillation

History & Examination
(Including basic observations)

Investigations, including
12-lead ECG & Routine Bloods

ECG Confirmed Atrial Fibrillation

Red Flags:
History of loss of consciousness or BP <100/60 or ischaemic changes on ECG or HR < 60bpm

1) If HR $\geq 110$, administer Bisoprolol 2.5mg - 5mg if no contraindications, otherwise digoxin loading and maintenance dosing
2) If CHADSVASC $\geq 2$ then consider anticoagulation if no contraindications; if CHADSVASC <2 then consider Aspirin if no contraindications

Is HR <110 after 3 hours and is patient stable?

Yes

No

Admit

Consider Alternative Diagnosis

Discharge Patient
- Refer to Dr. Kaba’s Arrhythmia Clinic as a New Outpatient; include a copy of the ECG during AF
- Continue Bisoprolol (or digoxin)
- Issue Patient Information
- Letter to GP to check pulse, BP and ECG in 3-4 days
- Refer to anticoagulation clinic if appropriate
- “Tick” APD box on CAS form
## 3. Patient Criteria

### Red Flags - Exclude the following Patients and Admit:

<table>
<thead>
<tr>
<th>Condition</th>
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</thead>
<tbody>
<tr>
<td>History of loss of consciousness</td>
</tr>
<tr>
<td>BP &lt; 100/60</td>
</tr>
<tr>
<td>Ischaemic changes on ECG</td>
</tr>
<tr>
<td>HR &lt; 60 bpm</td>
</tr>
</tbody>
</table>
Atrial fibrillation

An irregular pulse could be a sign that you have an abnormal heart rhythm. Atrial Fibrillation (AF) is one of the most common forms of an abnormal heart rhythm and a major cause of stroke.

That's why it's important to find out if you have it, because you can get effective treatment to reduce the risk of stroke.

Normally, your heart’s natural pacemaker sends out regular electrical impulses. AF happens when those impulses fire off from different places in the atria (the top chambers of the heart) in a disorganised way.

People with AF have an irregular and sometimes fast pulse. You can check to see if you might have AF simply by feeling your pulse.

Around 800,000 people in the UK have AF - roughly one in 100 - and mostly aged 55 and over.

What causes AF?

Causes include high blood pressure, heart valve disease, thyrotoxicosis (overactive thyroid gland) and excess alcohol consumption.

It’s also associated with coronary heart disease. But in many patients no underlying cause can be found. Sometimes the AF can be resolved once the underlying condition has been dealt with.
What are the symptoms of AF?

Symptoms can include palpitation (being aware of your heart beat), tiredness, shortness of breath, dizziness or feeling faint. However, some people only have mild symptoms, while other people have no symptoms at all.

How can AF be detected?

AF can be detected by feeling the pulse at your wrist. The pulse will feel irregular and beats may be variable in strength.

Some people don’t realise they have AF. It’s only discovered when they have a pulse check or ECG (a test which records the electrical activity of the heart).

Make sure you know your pulse

If your pulse is irregular or if you’re concerned in any way about your pulse you should make an appointment to see your GP.

Is an irregular pulse always due to AF?

Occasional irregularities such as missed beats or extra beats are very common and usually nothing to worry about.

AF on the other hand is continuously irregular with no pattern to it at all.

What are the complications of AF?

It can increase the risk of a blood clot forming inside the chambers of the heart, which can lead to a stroke. AF increases stroke risk by around four to five times.

Although AF can greatly increase the risk of stroke, there are other factors that can contribute to a stroke. These include smoking, high cholesterol, high blood pressure, physical inactivity, being overweight and diabetes.

With appropriate treatment the risk of stroke, can be substantially reduced. An anticoagulant (blood thinner) drug called Warfarin is the most effective treatment to reduce the risk of stroke in people with AF.
What should you do if your pulse is irregular?

If your pulse is irregular or if you’re concerned in any way about your pulse you should make an appointment to see your GP.

A quick guide to checking your pulse

Checking your pulse
Our senior Cardiac Nurse, Ellen Mason, shows you how to check your pulse.

1. Put one of your hands out so you’re looking at your palm.
2. Use the index/first finger and middle finger of your other hand and place the pads of these fingers on the inside of your wrist.
   You should place them at the base of your thumb near where the strap of a watch would sit.
3. Press lightly and feel the pulse. If you can’t feel anything press slightly harder or move your fingers around until you feel your pulse.
4. Once you’ve found your pulse, continue to feel it for about 20-30 seconds. Feel the rhythm of the pulse and check if it’s regular or irregular.

More information

Arrhythmia Alliance
Promoting better understanding, diagnosis, treatment and quality of life for individuals with cardiac arrhythmias.
Tel: 01789 450787

Atrial Fibrillation Association
Providing information, support and access to established, new and innovative treatments for Atrial Fibrillation.
Tel: 01789 451837

What happens next?
You have been referred to a specialist clinic at the hospital where your doctor will review your case and will discuss any further treatments that may be required.

What can I do if I become worried about my condition?
If at any point you are concerned about your condition, please see your GP or contact NHS Direct on 0845 46 47. If you have any loss of consciousness, go to A&E immediately.
The information in this leaflet is not intended to replace the advice given to you by your doctor or the service looking after you.
5. KPIs

<table>
<thead>
<tr>
<th>KPIs</th>
<th>Description</th>
<th>How it will be measured</th>
<th>Baseline (2010/11)</th>
<th>At Min %</th>
<th>At Max %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core KPIs</td>
<td>Reduction in the number of patients requiring a stay of more than 24 hours</td>
<td>PAS</td>
<td>448</td>
<td>34</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>(i.e. a 0-Day LoS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduction in the Avg number of Bed Days utilised for the condition</td>
<td>PAS</td>
<td>1122</td>
<td>84</td>
<td>168</td>
</tr>
<tr>
<td></td>
<td>Reduction in Bed Numbers</td>
<td>PAS</td>
<td>3.07</td>
<td>0.23</td>
<td>0.46</td>
</tr>
<tr>
<td>Other KPIs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scope</td>
<td><strong>Scope:</strong> Patients entering the AECP Pathway at St. Peter’s Hospital</td>
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<tr>
<td>Governance</td>
<td><strong>Governance:</strong> Reports to the Unscheduled Care Programme Board and Divisional Performance Review Meetings</td>
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- Above Min and Max figures are part year effects for 2011/12 based on month of implementation