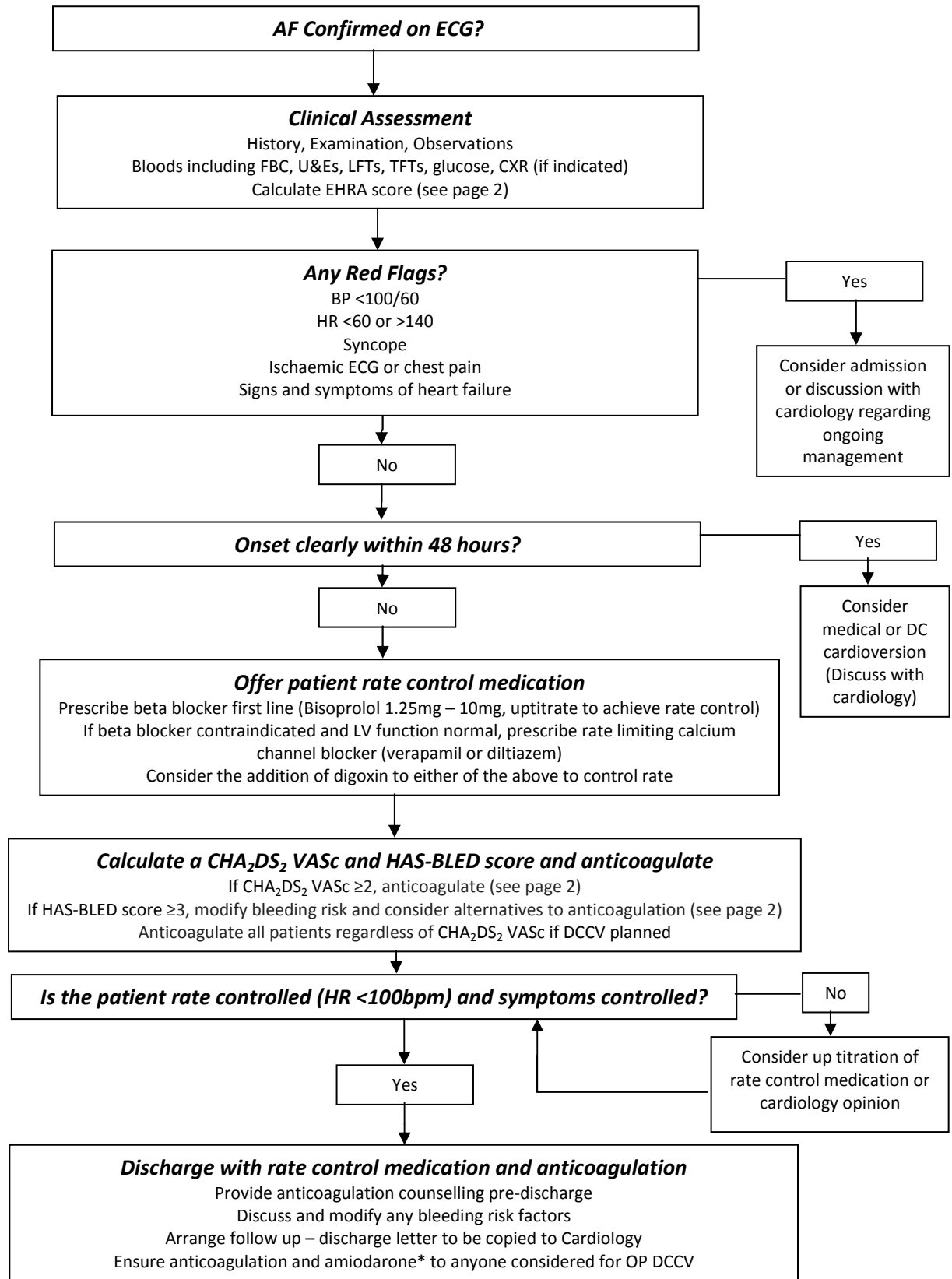


# NHS Lothian Condensed AF Pathway

For management of patients in new onset AF in A&E, Ambulatory Care or the Medical Assessment Unit



\*Check ECG for QTc in 7-10 days after starting amiodarone, caution with other QT prolonging medications

# Risk Stratification for Anticoagulation in Non-Valvular Atrial Fibrillation



All patients with AF should have a CHA<sub>2</sub>DS<sub>2</sub> VASc score and a HAS-BLED score calculated, and anticoagulation should be given as appropriate. If indicated, this should be continued long term regardless of AF management strategy (rate/rhythm control), or the appearance of the maintenance of sinus rhythm.

## CHA<sub>2</sub>DS<sub>2</sub> VASc Score

Risk Factor	Points given	Score
Congestive heart failure (signs of heart failure, or LVSD)	1	
Hypertension	1	
Age ≥ 75	2	
Diabetes mellitus	1	
Previous stroke, TIA or thromboembolism	2	
Vascular disease (prev MI, PVD, aortic plaque)	1	
Age 65-74	1	
Female sex	1	
<b>Total CHA<sub>2</sub>DS<sub>2</sub> VASc Score</b>		

## HAS-BLED Score

Risk Factor	Points given	Score
Hypertension	1	
Abnormal Liver/Kidney function	1 for each	
Stroke	1	
Bleeding – current or risk of major bleeding	1	
Labile INR	1	
Elderly (>65)	1	
Drugs or alcohol (antiplatelets, NSAIDs)	1 for each	
<b>Total HAS-BLED score</b>		

A high HAS-BLED score does not mean anticoagulation is contraindicated, but if ≥3, modifiable risk factors should be corrected, and alternatives to anticoagulation should be considered if absolute contraindication.

## Who to Anticoagulate?

CHA <sub>2</sub> DS <sub>2</sub> VASc Score	
Score of ≥2	Anticoagulate
Score of 1	Probably anticoagulate
Score of 0	Don't anticoagulate

## Which Anticoagulant?

<b>Valvular AF</b>	Presence of moderate to severe mitral stenosis or any prosthetic valve	Warfarin
<b>Non-valvular AF</b>	Any other patient with AF, including valve disease that does not meet above criteria	Apixaban 5mg BD Reduce dose to 2.5 BD if creatinine clearance 15–29 mL/minute, or if serum-creatinine over 133 micromol/litre is associated with age over 80 years or body-weight under 61kg

See [Apixaban Prescribing Guidance](#) on the intranet for comprehensive prescribing guidance and counselling information

## EHRA Score

Modified EHRA score	Symptoms	
1	None	AF does not cause any symptoms
2a	Mild	Normal daily activity not affected by symptoms
2b	Moderate	Normal daily activity not affected by symptoms of AF, but patient troubled by symptoms
3	Severe	Normal daily activity affected by symptoms of AF
4	Disabling	Normal daily activity discontinued due to symptoms of AF