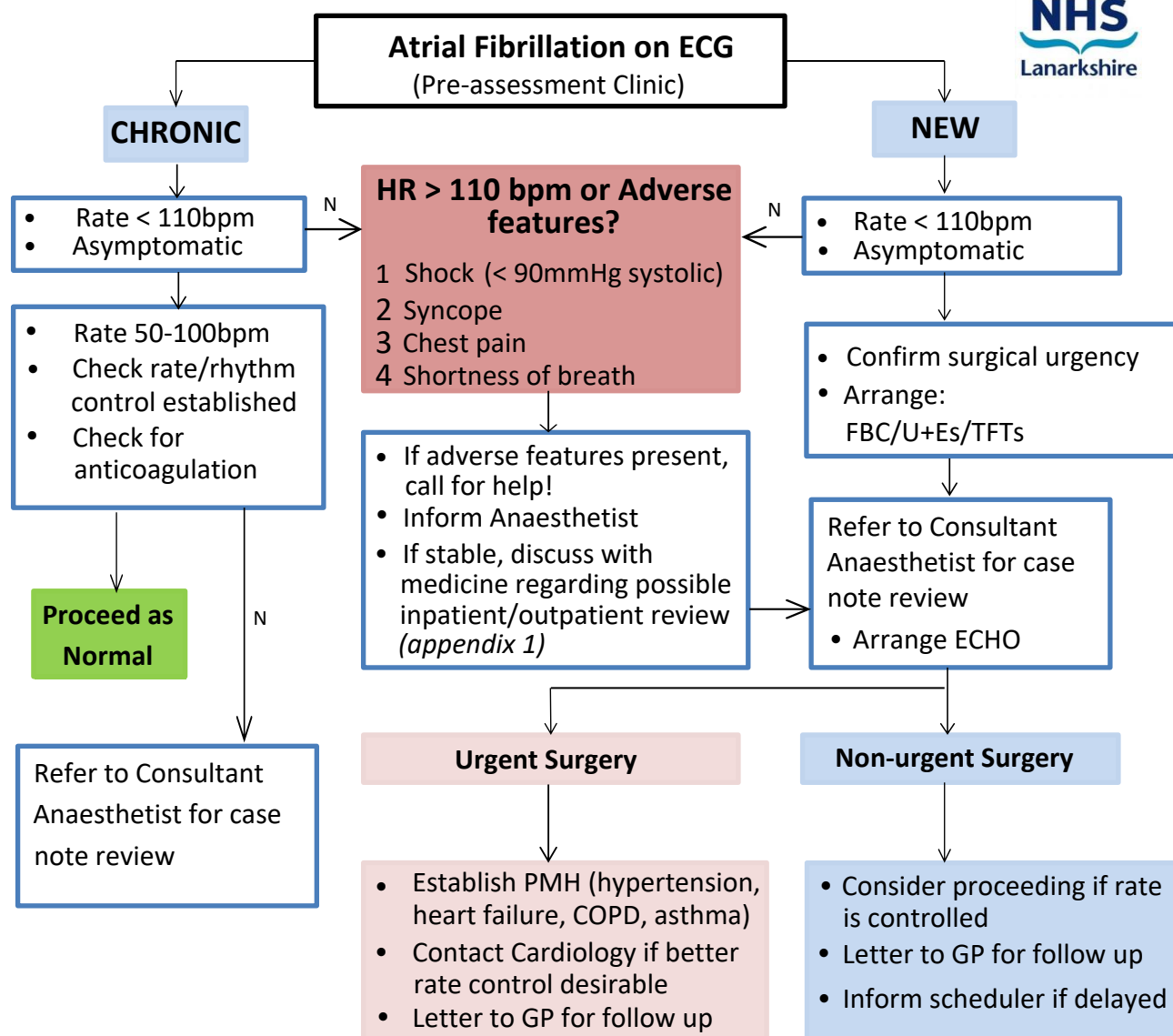


TARGET AUDIENCE	Pre-assessment anaesthetists and nursing staff
PATIENT GROUP	All patients attending NHS Lanarkshire pre-assessment service ahead of planned surgery

Clinical Guidelines Summary

- When AF is encountered on pre-assessment ECG the patient will be managed according to this guideline
- If chronic AF and rate >110bpm or symptomatic
 - Adverse features will be explored and if present, patient will be referred to medicine acutely for advice on heart rate/rhythm control
- If chronic AF and rate <110bpm
 - Check for rate/rhythm control and anticoagulation medications
 - Proceed if heart rate 50-100bpm
 - Otherwise for anaesthetist led case note review
- If new AF and rate >110bpm or symptomatic
 - Adverse features will be explored and if present, patient will be referred to medicine acutely for advice on heart rate/rhythm control
- If new AF and rate <110bpm
 - Confirm urgency of surgery
 - Arrange FBC, U+Es and TFTs
 - Notes for anaesthetist led case note review
 - Arrange ECHO
 - If non-urgent surgery
 - Consider proceeding if rate controlled
 - Letter to GP for follow up and initiation of treatment
 - Inform scheduler if delayed
 - If urgent surgery
 - Establish PMH
 - Contact Cardiology if better rate control desirable
 - Letter to GP for follow up and initiation of treatment

Guideline Body



Lead Author	Dairshini Sithambara/Graeme Carroll	Date approved	27/11/2024
Version	1	Review Date	01/11/2027

References/Evidence

Hindricks G., Potpara T., Dagres N., Arbelo E., Bax J.J., Blomström-Lundqvist C., Boriani G., Castella M., Dan G., Dilaveris P.E, Fauchier L., Filippatos G., Kalman J.M, La Meir M., Lane D.A., Lebeau J. (2020) ESC Guidelines for the diagnosis and management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS): The Task Force for the diagnosis and management of atrial fibrillation of the European Society of Cardiology (ESC) Developed with the special contribution of the European Heart Rhythm Association (EHRA) of the ESC. European Heart Journal (2020) 42, 373-498. DOI: <https://doi.org/10.1093/eurheartj/ehaa612>

Lead Author	Dairshini Sithambara/Graeme Carroll	Date approved	27/11/2024
Version	1	Review Date	01/11/2027

Appendices

1. Governance information for Guidance document

Lead Author(s):	Graeme Carroll, Dairshini Sithambara
Endorsing Body:	NHS Lanarkshire
Version Number:	1
Approval date:	27/11/2024
Review Date:	01/11/2027
Responsible Person (if different from lead author)	

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	Brian O'Rourke (Cardiology)
Consultation Process / Stakeholders:	NHS Lanarkshire pre-assessment consultant anaesthetists
Distribution	NHSL anaesthetics departments NHSL consultant anaesthetists NHSL pre-assessment departments

Lead Author	Dairshini Sithambara/Graeme Carroll	Date approved	27/11/2024
Version	1	Review Date	01/11/2027

CHANGE RECORD			
Date	Lead Author	Change	Version No.
20/08/24	Graeme Carroll/ Dairshini Sithambara	Updated guideline in line with current AF practice	1
			2
			3
			4
			5

2. You can include additional appendices with complimentary information that doesn't fit into the main text of your guideline, but is crucial and supports its understanding.

e.g. supporting documents for implementation of guideline, patient information, specific monitoring requirements for secondary and primary care clinicians, dosing regimen/considerations according to weight and/or creatinine clearance

Appendix 1 (contact numbers)

- In emergency dial 2222
- University Hospital Hairmyres
 - CEPOD anaesthetist: 5731
 - Medical registrar: 5647
- University Hospital Wishaw
 -
- University Hospital Monklands
 - Pre-assessment anaesthetist
or Emergency Department

Lead Author	Dairshini Sithambara/Graeme Carroll	Date approved	27/11/2024
Version	1	Review Date	01/11/2027