

# ATRIAL FIBRILLATION REFERRAL GUIDELINE

For more information or referral questions, contact your local cardiology practice. For a complete listing, visit [mainehealth.org/services/cardiovascular/service-locations](http://mainehealth.org/services/cardiovascular/service-locations)

## HIGH RISK

### SUGGESTED EMERGENT CONSULTATION

#### SIGNS & SYMPTOMS

Heart rate greater than 150 bpm  
Severe distress  
Syncope  
Shortness of breath  
Heart Failure  
Angina

#### SUGGESTED PREVISIT WORKUP

Referral to emergency room with inpatient cardiology evaluation  
Screen for sleep apnea

## MODERATE RISK

### SUGGESTED CONSULTATION OR CO-MANAGEMENT

#### SIGNS & SYMPTOMS

Fatigue or malaise  
Effort intolerance  
Dizziness  
Difficult heart rate control  
Significant bleeding risk with CHA<sub>2</sub>DS<sub>2</sub>-VASc score of  $\geq 2$

#### SUGGESTED WORKUP

TSH, CMP, CBC  
Echocardiogram  
Monitoring: 24-hour Holter monitor for persistent atrial fibrillation  
Monitoring: Event recorder or MCOT for paroxysmal atrial fibrillation  
Screen for sleep apnea  
Lifestyle counseling: Moderation with respect to alcohol  
Weight loss  
Increased activity

## LOW RISK

### SUGGESTED ROUTINE CARE

#### SIGNS & SYMPTOMS

Minimal or no symptoms  
Heart rate controlled

#### SUGGESTED MANAGEMENT

TSH, CMP, CBC  
Echocardiogram  
Monitoring: 24-hour Holter monitor for persistent atrial fibrillation  
Monitoring: Event recorder or MCOT for paroxysmal atrial fibrillation  
Beta blockers or calcium channel blockers if resting HR  $> 90$  or average HR on Holter  $> 110$  bpm.  
Anticoagulation for CHA<sub>2</sub>DS<sub>2</sub>-VASc score of  $\geq 2$   
Screen for sleep apnea  
Lifestyle counseling: Moderation with respect to alcohol  
Weight loss  
Increased activity  
Cardiology referral for development of symptoms, difficulty with heart rate control, or any challenging management issues

## CLINICAL PEARLS

- Atrial fibrillation is a common arrhythmia with increasing prevalence. It requires numerous shared decisions, including thromboembolic prophylaxis, symptom control, and rate control. Procedures available include cardioversion, pacemaker implantation, radiofrequency ablation, surgical maze, or a combination of the above.

We recommend that patients receiving antiarrhythmic medications be co-managed with a cardiologist.

Maine Medical  
PARTNERS

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