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

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SIGNS & SYMPTOMS

Heart rate greater than 150 bpm

Severe distress

Syncope

Shortness of breath

Heart Failure

Angina

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SIGNS & SYMPTOMS

Fatigue or malaise

Effort intolerance

Dizziness

Difficult heart rate control

Significant bleeding risk with CHA₂DS₂-VASc score of ≥ 2

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 CHA₂DS₂-VASc score of > 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

SUGGESTED PREVISIT WORKUP

Referral to emergency room with inpatient cardiology evaluation

Screen for sleep apnea

SUGGESTED WORKUP

TSH, CMP, CBC

Echocardiogram

Monitoring: 24-hour Holter monitor for persistent atrial fibrillation

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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.



A department of Maine Medical Center

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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

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