

PRIMARY CARE MANAGEMENT OF ATRIAL FIBRILLATION

AF with severe cardiovascular symptoms: angina, heart failure, hypotension

- Mon-Fri, 8am-4pm, refer to ED (at other times admit via medical H/S)

AF with tolerable symptoms

- identify and manage any underlying causes: caffeine, alcohol, drugs, medications, thyroid disease, acute rheumatic fever, acute systemic illness
- obtain ECG
- start aspirin (unless contraindicated)
- start B blocker if rate control required (or diltiazem if age under 60 or if B blocker contraindicated)
- refer for urgent echo (see below*)
- consider urgent CXR if lung disease suspected as underlying cause of AF
- arrange GP follow-up appointment in 2 weeks (see below*)

*Echo referral

Complete full cardiology type referral letter (see chest pain clinic referral template) and attach ECG

Echo will be arranged within a few days and reported to GP with advice on subsequent management

*GP follow-up visit

- Review symptoms and CV status
- Check rate control and adjust meds as required (aim for heart rate of <90 at rest and <120 on exertion)
- Review echo result and implement plan of care as advised by cardiologist