

AF Nov 22 2016 at Dunkenhalsh with Dr Ninan

Goes with cvd risks like HBP IHD DM2 also FH of increases the risk. Also special causes like valve disease thyrotoxicosis alcoholism sleep apnoea

Intermittent as much stroke risk as persistent

Pulse checks at Flu and chronic disease clinics

Stroke risk Chadsvasc 1 anticoagulate NICE guideline

Use B Blocker or diltiazem if asthma may add digoxin

May refer for echo if any chance of cardioversion start anticoag now

HASBLED score 3 risky to anticoagulate

2 types of clot platelet in furred arteries use aspirin or clopidogrel fibrin as in atrial appendage use anticoagulant If already on aspirin or clopidogrel continue till the year is up then continue on anticoagulant only unless cardiology advise continue due to unstable angina

Patient decision aid GOOGLE

ALIVECOR Mobile ECG

AF Association

NOACS

Last 12h Warfarin 4 days

If INR wobbles about on warfarin increased stroke risk cancels out benefit

If young warfarin better if old NOAC better

For Mitral Stenosis or metal valve warfarin only as INR needs to be 4

NOACS are not affected by food like warfarin with cabbage family but are affected by ETOH also antifungals macrolides amiodarone rifampicin

Dispense universal noac card

Monitor HB [see if it is falling from slow bleed], UE and check issues for compliance

Chg Warfarin to NOAC start when INR just under 2 Warfarin to NOAC start when INR just about 2

Missed doses take as soon as remembered of od up to 6h if bd

Dabigatran has antidote praxbind also surgical haemostasis FFP and PCC

European Heart Rhythm Association

E:MMB has NOACs chart and UEs

Ablation

LAO