

## SUMMARY TREATMENT PATHWAY: ANTICOAGULATION

### Diagnosis of AF on 12 lead ECG

Risk assess patient's suitability for anticoagulation therapy (see box A and B exclusion criteria).

- Assess CHA<sub>2</sub>DS<sub>2</sub> VASC AND HASBLED SCORE, share AF patient information leaflet with patient.
- Consider all possible contraindications to anticoagulation and gain patient agreement to commence anticoagulants.
- Check and review results of FBC, U+E, LFT'S, TFT'S and baseline Coag screen
- Weigh patient and calculate Cr/Cl (use Cockcroft and gault equation).
- Review patient's usual medication for contraindications to anticoagulants.

Decision made to anticoagulant from A+E? (CHA<sub>2</sub>DS<sub>2</sub> VASC) >2

#### YES

- Complete fast track AF referral form, then scan and send it to Afib@sthk.nhs.uk.
- Advise patient of their diagnosis and need for anticoagulation.
- Discuss the risks and benefits of the anticoagulation with the patient.
- Provide the sthk patient guidance leaflet.
- Discuss the risks and benefits of anticoagulation with the patient.
- Calculate the correct dose of Apixaban for the discharging prescription. (See guidance on the AF referral form.)
- Provide a 5 day issue of Apixaban at the correct dose from A+E.
- Ensure there is a patient information leaflet and alert card in the pack.
- Advise patient that they will receive a phone call from the Anti Coag Co-ordinator with the fast track clinic appointment on the next working day.
- A+E to send notes for scanning.

#### NO

- Refer to sthk Anti-Coag service via usual process
- Forms on internet or refer back to GP if more information is required before a decision is made to anticoagulation.