AF Screening Pathway

START HERE

The Patient

No symptoms - routine screening for irregular pulse

Presentation to HCP with symptoms:
- Breathlessness/dyspnoea
- Palpitations
- Chest discomfort

Continuous or frequently irregular pulse detected?

NO

YES

Irregular pulse detected

Atrial Fibrillation confirmed

Follow the Atrial Fibrillation Better Care pathway

Assess stroke risk

Better symptoms control

Check risk factors & comorbidities

Organise ECG within 48 hours
Organise appointment to discuss findings.

Refer to secondary care if patient is clearly feeling unwell:
- Mean HR over 150
- Breathless
- Dyspnoea
- Chest pain
- Acute heart failure

Asses Symptoms associated with Irregular Pulse:
- Breathlessness or dyspnoea
- Palpitations
- Syncope or dizziness
- Chest discomfort
- Stroke/transient ischaemic attack (TIA)

Suspicion of Paroxysmal Atrial Fibrillation not detected by standard ECG recording?

- Use 24-hour ambulatory ECG monitor when asymptomatic episodes expected or when episodes less than 24 hours apart.
- Use event recorder ECG when symptomatic episodes are more than 24 hours apart.

Use CHA2DS2-VASc Stroke Risk tool to assess level of risk of your patients and get insights in the right treatment options.

Do the identified symptoms associated with AF (or the treatment of AF) affect the patient’s functionality (subjective quality of life)? Use EHRA score to evaluate impact of symptoms on patient’s functionality and quality of life.

Use AF Screening Checklist to ask your patient the right questions.

For MORE INFORMATION related to Atrial Fibrillation, please visit GETSMARTABOUTAFIB.EU