

<b>UW Health</b>	<b>Atrial Fibrillation (AF): Management - Adult - Inpatient/Ambulatory/Emergency Department Guideline Summary</b>
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**Target Population:** Patients 18 years or older diagnosed with atrial fibrillation.  
**Full Guideline:** [Atrial Fibrillation: Management - Adult - Inpatient/Ambulatory/Emergency Department](#)

**KEY POINTS**

*This clinical practice guideline is based on recommendations in the [2019 Focused Update of the 2014 American Heart Association/American College of Cardiology/Heart Rhythm Society \(AHA/ACC/HRS\) Guideline for the Management of Patients with Atrial Fibrillation](#). Key points from this guideline incorporated into the UW Health guideline and related algorithms are listed below.*

<b>Anticoagulant-related points</b>	<p><u>Anticoagulant use:</u></p> <ul style="list-style-type: none"> <li>• The decision to use an anticoagulant should not be influenced by whether the AF is paroxysmal or persistent.</li> <li>• Direct oral anticoagulants (DOACs) are recommended over warfarin except in patients with moderate to severe mitral stenosis or a prosthetic heart valve.</li> <li>• Renal and hepatic function should be tested before initiation of a DOAC and at least annually thereafter.</li> <li>• In AF patients with a CHA2DS2-VASc score <math>\geq 2</math> in men or <math>\geq 3</math> in women and a creatinine clearance <math>&lt; 15</math> ml/min or who are on dialysis, it is reasonable to use warfarin or apixaban for oral anticoagulation.</li> <li>• Percutaneous left atrial appendage occlusion may be considered for at-risk AF patients with AF at increased risk of stroke who have contraindications to long-term anticoagulation.</li> <li>• In at-risk AF patients who have undergone coronary artery stenting, double therapy with clopidogrel and low-dose rivaroxaban (15 mg daily) or dabigatran (150 twice daily) is reasonable to reduce the risk of bleeding as compared to triple therapy.</li> </ul> <p><u>For reversal of certain direct oral anticoagulants:</u></p> <ul style="list-style-type: none"> <li>• Idarucizumab is recommended for the reversal of dabigatran in the event of a life-threatening bleed or urgent procedure.</li> <li>• Andexanet alfa (recombinant factor Xa) can be useful for the reversal of rivaroxaban and apixaban in the event of life-threatening bleeding.</li> </ul>
<b>Other notable points:</b>	<ul style="list-style-type: none"> <li>• Use average of at least 2 blood pressure measurement readings to obtain BP in a patient with atrial fibrillation.</li> <li>• AF catheter ablation may be reasonable in symptomatic patients with heart failure and a reduced ejection fraction to reduce mortality and heart failure hospitalizations.</li> <li>• Weight loss combined with risk factor modification is recommended for overweight and obese patients with AF.</li> <li>• In patients with cryptogenic stroke in whom external ambulatory monitoring is inconclusive, implantation of a cardiac monitor is reasonable for detection of subclinical AF.</li> </ul>

<b>UW Health Atrial Fibrillation Algorithms</b>	
<ul style="list-style-type: none"> <li>• <a href="#">Selecting an Oral Anticoagulant for An Atrial Fibrillation Patient</a></li> <li>• <a href="#">Emergency Department Management of Atrial Fibrillation</a></li> <li>• <a href="#">Outpatient Management of Atrial Fibrillation</a></li> <li>• <a href="#">Inpatient Management of Atrial Fibrillation for General Care and IMC Patients (Non-CT Surgery)</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Inpatient Management of Atrial Fibrillation for General Care and IMC Patients (CT Surgery)</a></li> <li>• <a href="#">Digestive Heart Center Endoscopy Atrial Fibrillation Algorithm</a></li> <li>• <a href="#">Atrial Fibrillation – Rate Control Drugs</a></li> </ul>