Atrial Fibrillation Referral Guideline

For more information or referral questions, contact your local cardiology practice. For a complete listing, visit mainehealth.org/services/cardiovascular/service-locations

Signs & Symptoms

Heart rate greater than 150 bpm
Severe distress
Syncope
Shortness of breath
Heart Failure
Angina

Suggested previsit workup

Referral to emergency room with inpatient cardiology evaluation
Screen for sleep apnea

Suggested consultation or co-management

Fatigue or malaise
Effort intolerance
Dizziness
Difficult heart rate control
Significant bleeding risk with CHA2DS2-VASc score of ≥ 2

Suggested workup

TSH, CMP, CBC
Echocardiogram
Monitoring: 24-hour Holter monitor for persistent atrial fibrillation
Monitoring: Event recorder or MCOT for paroxysmal atrial fibrillation
Screen for sleep apnea
Lifestyle counseling: Moderation with respect to alcohol
Weight loss
Increased activity

Suggested consultation or co-management

Minimal or no symptoms
Heart rate controlled

Suggested management

TSH, CMP, CBC
Echocardiogram
Monitoring: 24-hour Holter monitor for persistent atrial fibrillation
Monitoring: Event recorder or MCOT for paroxysmal atrial fibrillation
Beta blockers or calcium channel blockers if resting HR > 90 or average HR on Holter > 110 bpm.
Anticoagulation for CHA2DS2-VASc score of ≥ 2
Screen for sleep apnea
Lifestyle counseling: Moderation with respect to alcohol
Weight loss
Increased activity
Cardiology referral for development of symptoms, difficulty with heart rate control, or any challenging management issues

Clinical Pearls

- Atrial fibrillation is a common arrhythmia with increasing prevalence. It requires numerous shared decisions, including thromboembolic prophylaxis, symptom control, and rate control. Procedures available include cardioversion, pacemaker implantation, radiofrequency ablation, surgical maze, or a combination of the above.

We recommend that patients receiving antiarrhythmic medications be co-managed with a cardiologist.