

Atrial fibrillation overview

NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

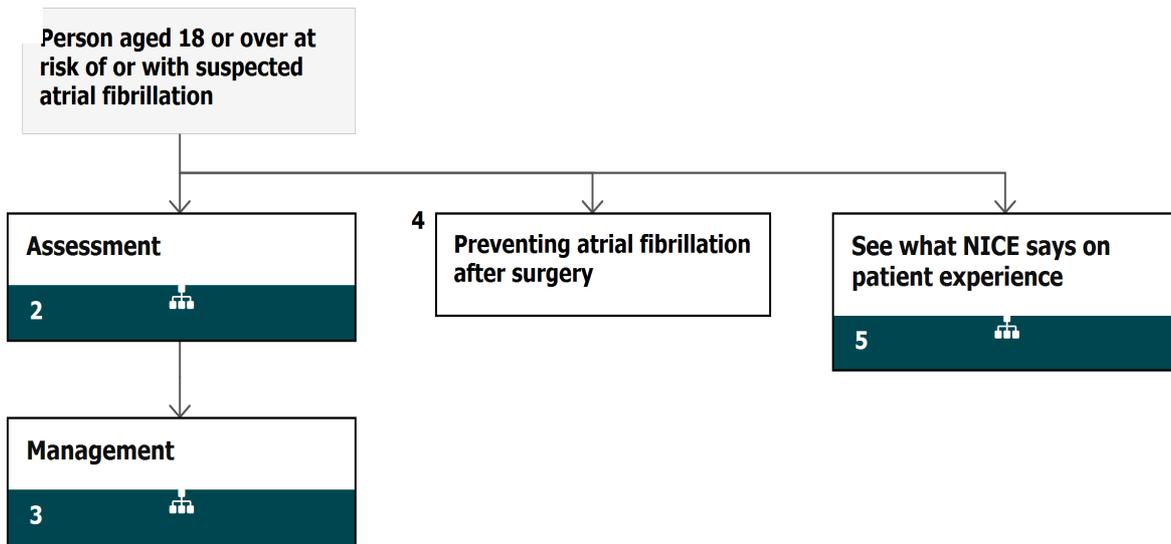
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<http://pathways.nice.org.uk/pathways/atrial-fibrillation>

Pathway last updated: 27 March 2017

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.

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1 Person aged 18 or over at risk of or with suspected atrial fibrillation

No additional information

2 Assessment

[See Atrial fibrillation / Assessing atrial fibrillation](#)

3 Management

[See Atrial fibrillation / Managing atrial fibrillation](#)

4 Preventing atrial fibrillation after surgery

In the prophylaxis of postoperative atrial fibrillation, use appropriate antithrombotic therapy and correct identifiable precipitants (such as electrolyte imbalance or hypoxia).

Cardiothoracic surgery

In people undergoing cardiothoracic surgery:

- reduce the risk of postoperative atrial fibrillation by offering 1 of the following:
 - amiodarone
 - a standard beta-blocker (that is, a standard beta-blocker other than sotalol)
 - a rate-limiting calcium antagonist
- **do not offer** digoxin.

In people undergoing cardiothoracic surgery on pre-existing beta-blocker therapy, continue this treatment unless contraindications develop (such as postoperative bradycardia or hypotension).

5 See what NICE says on patient experience

[See Patient experience in adult NHS services](#)

ACC

American College of Cardiology

BIS

Bispectral Index

EEG

electroencephalography

ECG

electrocardiogram

INR

international normalised ratio

Paroxysmal atrial fibrillation

atrial fibrillation that terminates spontaneously within 7 days, usually within 48 hours

'Pill-in-the-pocket' strategy

the person managing paroxysmal atrial fibrillation themselves by taking antiarrhythmic drugs only when an episode of atrial fibrillation starts

Promptly

no longer than 4 weeks after the final failed treatment **or** no longer than 4 weeks after recurrence of atrial fibrillation following cardioversion

TTR

time in therapeutic range

Sources

[Atrial fibrillation: management \(2014\) NICE guideline CG180](#)

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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