

My Atrial Fibrillation Treatment Plan

How will I prevent Stroke?	What is my plan for rhythm or rate management?	What is my Plan for Risk Factor Modification (RFM)? <i>*recommendations based on the ARREST AF Cohort Study, JACC 2014, demonstrating better outcomes in maintaining sinus rhythm with RFM</i>
<p>My <u>Cha₂DS₂VASc Score</u> is <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>If 2 or greater for men or 3 or greater for women, I am indicated for anticoagulation based on increased stroke risk</p> <ul style="list-style-type: none"> <input type="radio"/> Eliquis (apixaban) <input type="radio"/> Xarelto (Rivaroxaban) <input type="radio"/> Pradaxa (Dabigatran) <input type="radio"/> Coumadin (warfarin) <input type="radio"/> Aspirin <input type="radio"/> Left Atrial Appendage Closure (LAA) <input type="radio"/> Referred to Anticoagulation Clinic 	<p>Rate Management: This is how fast or slow my heart rate is going in atrial fibrillation</p> <ul style="list-style-type: none"> <input type="radio"/> Beta Blocker _____ <input type="radio"/> Calcium Channel Blocker _____ <p>Rhythm Management: This is a plan to help keep me in sinus rhythm</p> <p>Acute (short term strategy)</p> <ul style="list-style-type: none"> <input type="radio"/> Electrical Cardioversion <input type="radio"/> Pharmacologic Cardioversion <p>Intermediate (longer term strategy)</p> <ul style="list-style-type: none"> <input type="radio"/> Catheter Ablation _____ <input type="radio"/> Anti-Arrhythmic Drugs <p>Class IC –</p> <ul style="list-style-type: none"> <input type="radio"/> Flecainide _____ <input type="radio"/> Propafenone _____ <p>Class III-</p> <ul style="list-style-type: none"> <input type="radio"/> Tikosyn _____ <input type="radio"/> Sotalol _____ <input type="radio"/> Multaq _____ <input type="radio"/> Amiodarone _____ 	<ul style="list-style-type: none"> <input type="radio"/> Weight Management: Your BMI is _____ Recommended BMI is 27 kg/m and lower and an initial weight loss goal of 10%. We recommend that you exercise 3-4 times a week for 30 minutes and increase total endurance to 250 minutes weekly. Focus on eating a healthy diet <ul style="list-style-type: none"> <input type="radio"/> Referral to Nutrition <input type="radio"/> Referral to Weight Management <input type="radio"/> Cholesterol: Your LDL is _____ Recommended LDL is 100 or lower. We recommend healthy lifestyle measures to achieve this goal and at 3 months if above goal consider statin therapy <input type="radio"/> Sleep Apnea: _____ We may recommend an evaluation by a sleep specialist. If you have previously been diagnosed we recommend that you are compliant with your CPAP/BIPAP. <ul style="list-style-type: none"> <input type="radio"/> Referral to Sleep Medicine <input type="radio"/> Blood Pressure: _____ Current recommendations are that your blood pressure is below 130/80. If you have been previously diagnosed with hypertension we recommend strict compliance with medications and a low sodium diet. Consider a home BP diary to bring to your next visit <ul style="list-style-type: none"> <input type="radio"/> Referral to Hypertension Clinic <input type="radio"/> Diabetes: _____ Current recommendations is HbgA1c less than 6.5%. We recommend healthy lifestyle changes and if not at goal in 3 months, consider medical therapy <input type="radio"/> Alcohol Intake: _____ Recommendations have been made to decrease alcohol intake to no more than 3 standard drinks per week or to cut back weekly intake in half.

--	--	--

--	--	--