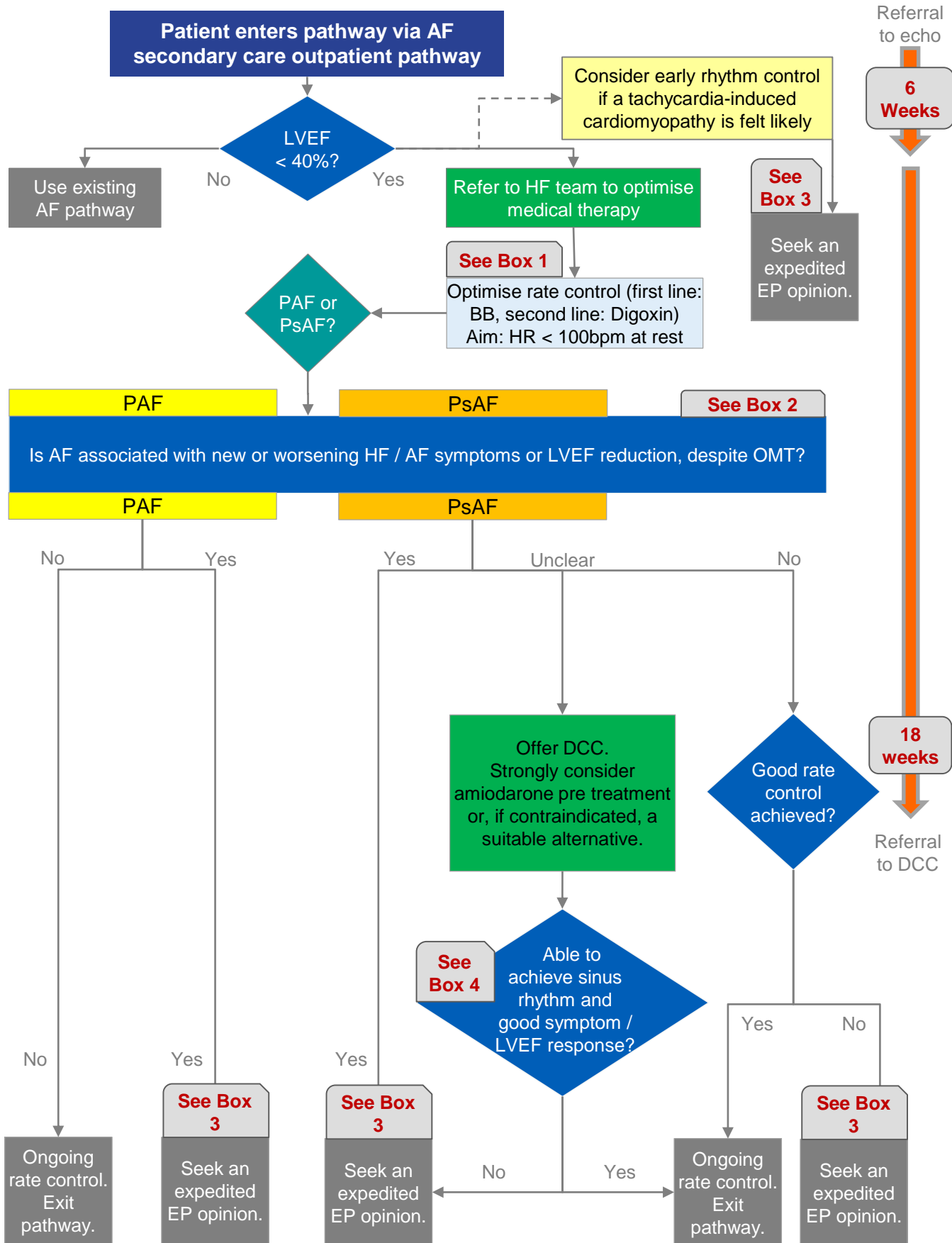


# Atrial fibrillation and heart failure guidelines and pathway



Box 1 Based on resting 12-lead ECG

Box 2 New or worsening heart failure / AF symptoms or LVEF reduction includes patients presenting with presumed tachycardia-induced cardiomyopathy.

Box 3 What constitutes an EP opinion will depend on the local provision of arrhythmia services and could be a consultant EP, a lead arrhythmia consultant (in a centre without EP) or an MDT, but at a minimum all centres without an EP consultant should have a designated arrhythmia lead.

Box 4 If **not** able to achieve/maintain SR long enough to adequately assess response but DCC not performed on an AAD consider repeating DCC on an appropriate AAD (eg amiodarone).

### Triaging

Individual centres should agree a standardised approach to triaging of AF/HF patients to facilitate early assessment and treatment.

### Suggested timelines

Given the potential prognostic benefit from AF ablation in HF patients, these patients should be given relative priority (versus non-HF patients) on the DCC and AF ablation waiting lists.