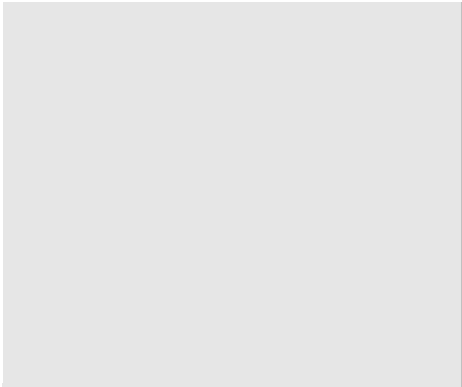


CLINICAL GUIDELINES	Guideline up for revision
<p><b>Topic:</b></p> <p><i>(Examples: Diabetes, Asthma, COPD, Women's Health, etc.)</i></p>	<p style="text-align: right; border: 1px solid black; padding: 2px;">Physician Champion: Szvetecz</p> <p style="text-align: center; font-size: 1.2em;">Atrial Fibrillation</p>
<p><b>Guideline Source:</b></p> <p><i>(Examples: ADA, USPSTF, HTW, NHLBI, etc)</i></p>	<p>2014 AHA/ACC/HRS Atrial Fibrillation Management Guideline (attached)</p>
<p><b>Guideline Original or Revision Date:</b></p>	<p>3/2014</p>
<p><b>QCEC Approval Date:</b></p>	<p>05/12/2014</p>
<p><b>Guideline Summary and link to guideline</b></p> <p><i>(Summarize guideline for Memo and link to full guideline + note on Updates</i></p>	<p><a href="http://circ.ahajournals.org/content/early/2014/04/10/CIR.000000000000040.citation">http://circ.ahajournals.org/content/early/2014/04/10/CIR.000000000000040.citation</a></p> <p>Relevant updates: (Anti-thrombosis recommendations begin page 12.)</p> <p>Highlights:</p> <ol style="list-style-type: none"> <li>1) CHA2DS2-VASc <math>\geq 2</math> now recommended risk score to treat</li> <li>2) Aspirin ineffective except for patients with a score of 1 on the CHA2DS2-VASc score</li> <li>3) NOAC's are ok, except for valves (now defined—replacement or rheumatic MS)</li> <li>4) No specific bridging recommendation—evaluate individual risks and preferences</li> </ol>

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- 5) Endorses anti-arrhythmic med mgt in certain cases
  - 6) Endorses catheter ablation in certain cases