Trust Guideline for the Management of: Paroxysmal Atrial Fibrillation using a 'Pill in the Pocket' approach

A clinical guideline

For use in:	Cardiology Outpatients/CCU/A&E/AMU
By:	Cardiology Doctors/Cardiology Specialist Nurses/Senior Cardiology Nurses.
For:	Patients with Paroxysmal Atrial Fibrillation
Division responsible for document:	Medical
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Compliance links:	NICE 2014 CG180
If Yes – does the strategy/policy deviate from the recommendations of NICE? If so, why?	Compliant with NICE guidance, does not deviate.

This guideline has been approved by the Trust's Clinical Guidelines Assessment Panel as an aid to the diagnosis and management of relevant patients and clinical circumstances. Not every patient or situation fits neatly into a standard guideline scenario and the guideline must be interpreted and applied in practice in the light of prevailing clinical circumstances, the diagnostic and treatment options available and the professional judgement, knowledge and expertise of relevant clinicians. It is advised that the rationale for any departure from relevant guidance should be documented in the patient's case notes.#

The Trust's guidelines are made publicly available as part of the collective endeavour to continuously improve the quality of healthcare through sharing medical experience and knowledge. The Trust accepts no responsibility for any misunderstanding or misapplication of this document.

Trust Guideline for the Management of:
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Quick reference guideline/s

- Atrial Fibrillation (AF) is the most common sustained cardiac arrhythmia, affecting approximately 1% of the population (4% in over 65 year olds) (DOH, 2005).
- The 'Pill in the Pocket' approach to terminate arrhythmia has been recommended in national guidelines for the management of Atrial Fibrillation (NICE 2014).
- Patients must be seen by a cardiologist and have a history of infrequent, symptomatic episodes of AF and be considered suitable by their consultant, for a trial of the 'Pill in the Pocket' approach to treatment.
- Patients must be sent home with the patient information leaflet for safe administration of 'Pill in the Pocket' medication. However, the first time the 'Pill in the Pocket' approach is used, the patient must attend Accident and Emergency (A&E) for monitoring.

Objective/s

To provide a safe framework and guideline for the 'Pill in the Pocket' approach to the treatment of Atrial Fibrillation, within the trust.

To expedite the termination of arrhythmia.

Rationale

AF is the most common sustained cardiac arrhythmia, affecting approximately 1% of the population. This rises to 4% in those over 65 years (DOH, 2005). By 2050 it is estimated that this figure will rise to 2% in the general population and be far higher in the elderly (Savelieva et *al.*, 2008).

Episodes are associated with symptoms such as palpitations, pre-syncope, lethargy and chest pain. Episodes of AF can self terminate, but often result in patients presenting to hospital. The 'Pill in the Pocket' approach significantly reduces the number of Accident and Emergency visits and hospital admissions (Alboni et *al.*, 2004).

The 'Pill in the Pocket' approach should only be recommended for those patients who have been assessed as suitable by a cardiologist. The European Society of Cardiology (Camm et *al*., 2010) and the National Institute of Clinical Excellence (2006) recommends consideration of a 'Pill in the Pocket' approach for those patients who:

- Have No History Of LV Dysfunction, Valvular Or Ischaemic Heart Disease
- Have a history of infrequent symptomatic episodes of paroxysmal AF

Broad recommendations

- Patients will be assessed by a Consultant Cardiologist as to their suitability for the 'Pill in the Pocket' approach.
- Suitable patients will have:
    - History of infrequent, symptomatic episodes of paroxysmal AF lasting at least 6 hours not associated with major haemodynamic deterioration.
    - No underlying structural heart disease
    - An understanding of how and when to take the medication

- Patients may be offered supplies of single oral dose of Flecainide 300mg.
- In order to make sure this approach is safe, patients will be asked to present to A&E to receive this therapy for the first time, under medical supervision and ECG monitoring.
- A&E team should perform an ECG to confirm AF
- Ensure the onset of symptoms are less than 24 hours. It is safe to proceed (unless on warfarin and INR has been above 2, for 3 weeks).
- **Flecainide should not be given in Atrial Flutter as this reduces the atrial rate and may lead to a profound tachycardia with 1:1 AV conduction.**
- Cardiac monitoring should be in place. BP should be monitored every 15 minutes. If the patient becomes haemodynamically unstable they may require urgent DC Cardioversion.
- Administer oral Flecainide 300mg. Patients may have a sip of water to take the tablet.
- A further ECG should be recorded if any other arrhythmia is subsequently noted such as Atrial Flutter.
- If sinus rhythm restored, confirm with an ECG and discharge a minimum of four hours following the administration of Flecainide.
- Please inform the on-call Cardiology SpR of patient's admission.
- If sinus rhythm not restored, consider DC Cardioversion.
- A further ECG should be recorded prior to discharge.
- The patient should be given a copy of their ECG in sinus rhythm and in AF.
- The patient should be advised to contact the Arrhythmia Specialist Nurse within one week of discharge to discuss future management (direct line 01603 288852 or via hospital switchboard).
- Subsequent doses: Once the patient has been successfully treated under hospital supervision using the 'Pill in the Pocket' approach, they will be able to have subsequent doses for self treatment when symptoms occur. Patients should be discharged with, or instructed to see their GP to obtain a prescription of Flecainide 300mg tablets. The patient should be informed of the importance that :
    - They rest until the palpitations stop or up to 4 hours following self administration of Flecainide.
    - They are accompanied.
    - In the event of deterioration of symptoms, such as dizziness or collapse, or if the medication fails to terminate the AF after 4hours, they must report to A&E.
    - Inform the patient they must never take more than 300mg Flecainide in any 24 hour period.

Clinical audit standards

This guideline could be audited in several ways which may include the following:

- Data regarding numbers of patients treated using this approach, clinical details, side effects experienced, demographics and outcomes will be collected on and audited on an annual basis.
- Specific data collection relating to any side effects or problems encountered by patients using this approach.

Summary of development and consultation process undertaken before registration and dissemination

The authors listed above originally drafted this protocol on behalf of Dr. T. Gilbert, Clinical Director for Cardiology, who has agreed its final content. During its development it has been circulated for comment to Dr. T. Gilbert, Dr. S. Nair, Dr. T. Page, Dr. L. Hughes, Dr. T. Wistow, Dr. L. Freeman, Dr. C. Grahame-Clark, Dr. I. Williams, Dr. S. Eccleshall, Dr. T. Sarev, Dr. A. Ryding (Consultant Cardiologists), Dr. V. Inyang (Clinical Director for Emergency Medicine), Dr. A. Green (Emergency Medicine). Dawn Collins (Deputy Director of Nursing), Tanya Moon (Cardiology Matron), Maria Litten (Sister CCU), Suzanne Nurse (Sister, Kilverstone Ward), Sheila Wood (Principal Technician Cardiology), Gareth Hall (Principal Technician Pacing Services), Catherine Heywood (Pharmacy Teacher/Practitioner), Toni Hardiman (Sister Cardiology Outpatients), Nick Pember (Charge nurse Cardiology Outpatients), Simon Bowles (Arrhythmia Specialist Nurse), Cardiology Specialist Nurses.

The guideline was reviewed in 2019 and no clinical changes were necessary.

This version has been endorsed by the Clinical Guidelines Assessment Panel.

Distribution list / dissemination method

Trust Intranet

References / source documents

Alboni, et *al.* (2004) Outpatient Treatment of Recent-Onset Atrial Fibrillation with the 'Pill-in-the-Pocket' Approach. The New England Journal of Medicine 351:23, 2384-91.

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Camm, et *al.* (2010) The Task Force for the Management of Atrial Fibrillation of the European Society of Cardiology European Heart Journal 31, 2369-2429.

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