Stroke Risk for Patients with Atrial Fibrillation
Fast Facts for Providers

What to do when a patient presents with atrial fibrillation in the emergency department

When an ED patient is diagnosed with atrial fibrillation, ED providers should assess whether atrial fibrillation is related to their reason of visit, or chief complaint, and treat the patient appropriately.

For all patients with atrial fibrillation, conducting brief risk-stratification with the $CHADS_2$ classification may help to communicate a patient's risk of stroke back to their personal physician or cardiologist.

Stratifying stroke risk can help ensure the patient is prescribed the optimum antithrombotic therapy for stroke prevention. In most cases, ED providers should not start patients on anti-thrombotic therapy and discharge the patient unless closely coordinated with a primary care provider or cardiologist.

Diagnose: Patient is found to have atrial fibrillation in the ED.

Stratify: Determine the patient's stroke risk using the $CHADS_2$ formula.

Assess: Is the patient currently on the most appropriate medication to prevent stroke risk?

Refer: If the patient is not on recommended treatment, determine a follow-up plan with a primary care physician or cardiologist.

The formula is additive, with the points next to the "Yes" of each corresponding question.

Congestive Heart Failure history?	Yes + 1	
Hypertension history?	Yes + 1	
Age ≥ 75?	Yes + 1	
Diabetes Mellitus history?	Yes + 1	
Stroke symptoms previously or TIA or thromboembolism?	Yes + 2	
Patient has none of these	No Risk Present	
SCORE		

$CHADS_2$ Score	Stroke Risk (%/year)	95% CI
0	1.9	1.2-3.0
1	2.8	2.0-3.8
2	4.0	3.1-5.1
3	5.9	4.6-7.3
4	8.5	6.3-11.1
5	12.5	8.2-17.5
6	18.2	10.5-27.4

Use the score from the formula above to determine the patient's stroke risk

Use the $CHADS_2$ score to determine antithrombotic therapy

$CHADS_2$ Score	Stroke Risk	Considerations
0	Low	No treatment (or aspirin 75-325mg/day)
1	Moderate	Oral anticoagulant, either warfarin with INR 2-3 or new oral anticoagulant (or aspirin 75–325 mg daily)
2 or higher	Moderate to High	Oral anticoagulant, either warfarin with INR 2-3 or new oral anticoagulant

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