

ICSI has developed a new format for all guidelines. Key additions and changes are:

- Citations are listed in the guideline utilizing the format of *Author, YYYY [report class]*. A full explanation of ICSI Evidence Grading System can be found in the Foreword of the guideline.

Citations now correspond to the recommendations at the sentence and paragraph level where applicable.

Algorithm, Clinical Highlights, Annotations

Added Recommendations Table following algorithm as a one-page tool to summarize evaluation and treatment recommendations.

Algorithm box #5 renamed, “A fib with pre-excitation/WPW syndrome.” Related content relocated from Annotation #2.

Algorithm box #7 revised and risk factor content moved to Annotation #9 and #14.

Algorithm box #10 renamed, “Assess patient for *short-term* anticoagulation” versus “Assess Patient for *chronic* anticoagulation.” Relocated other *chronic* anticoagulation content to Annotation #14.

Algorithm box #11) Removed the Note: “insufficient evidence to recommend TEE-guided anticoagulation.” This information is addressed in greater detail in the annotation.

Algorithm box #20 renamed to highlight “physician with cardiology expertise.”

Algorithm box #21 content reordered.

Modified introductory statement regarding risk of systemic thromboembolic events with atrial fibrillation.

7) Relocated information regarding risk factors for thromboembolism and risk factors for bleeding to Annotation #14.

9) Added new table regarding risk factors for bleeding. For enhanced clarity, added Table 4 “Pharmacological Cardioversion Up to Seven Days”; added Table 5 “Pharmacological Cardioversion for More Than Seven Days”; reorganized Table 6 “Guidelines for Use of Ibutilide”; and reorganized Table 7 “Treatment of Torsades de pointes.” Added additional content related to non-antiarrhythmic medical therapies. Added references Lip, 2007; Hanna, 2006, Ozaydin, 2006; Patti, 2006; Savelieva, 2008; Halonen, 2007; and Yared, 2007.

10) Relocated content to Annotation #14. Added Table 8 “CHADS2 Score”; added Table 9 “Exclusion Criteria Used in Trials Evaluating the Efficacy and Safety of Warfarin in Patients With Non-Valvular Atrial Fibrillation” and added Table 10 “Risk Factors for Bleeding for Long-Term Use of Warfarin.” Added reference Healey, 2008; and Hermosillo, 2008.

15) Updated Table 11 “Medications Used for Rate Control.”

17) Relocated content from earlier annotation regarding consultation with cardiologist along with options for treatment when pharmacologic therapies fail.

20) Deleted narrative drug information that was also presented in Figure 2 “Maintenance of Sinus Rhythm.” Deleted previous table “Selection of Antiarrhythmic Agent by Type of Condition.” Added Table 12 “Drugs with risk of QT prolongation and /or Torsades de pointes.” Updated Table 13 “Antiarrhythmic Agents.” Deleted former Table 8 “ Comparison of Antiarrhythmic Agents to Maintain Sinus Rhythm.”

21) Amended Patient Education to include a description of atrial fibrillation/flutter including causes and symptoms; mechanism of action of warfarin; explanation of INR’s; and provided specific information on when to go to the hospital.

Deleted Appendix A, B, and C.

Priority Aims & Suggested Measures, Measurement Specifications

1) Specified Aim regarding improving consistency of anticoagulation with *nonvalvular* atrial fibrillation.

2) Added Aim consistent with Joint Commission National Patient Safety Goal of reducing likelihood of patient harm associated with the use of anticoagulants.

3) Added Aim consistent with the Joint Commission National Patient Safety Goal regarding patients with confirmed diagnosis of atrial fibrillation receiving dietary monitoring.

4) Added Aim consistent with the Joint Commission National Patient Safety goal of increasing the number of patients with atrial fibrillation who have medication communication/reconciliation throughout the continuum of care.

5) Added reference ACC/AHA Physician Consortium 2008 Clinical Performance Measures for Adults with Nonvalvular Atrial Fibrillation or Atrial Flutter, 2008.

Support for Implementation

Expanded Key Implementation recommendations to include the following:

- 1) Develop a process for appropriate referral to specialty.
- 2) Develop and implement a defined anticoagulation management program.

- 3) Develop a process to assure patients diagnosed with atrial fibrillation and prescribed warfarin have a baseline INR.
- 4) Develop a process to assure completion of patient medication list for purposes of communicating with multiple providers across the continuum of care.

**An asterisk indicates any changes in clinical practice recommendations*