





Aim

anticoagulation (OAC) consideration, when attended by

A retrospective audit of patients who had a face-to-face assessment by NEAS, between 1st February and 30th April

2022, who had their pulse rhythm recorded and an

age, any event of cardiac arrest, and consistently impalpable pulse were excluded from analysis. Past

medical history (PMH) including stroke risk score

Method

electronic patient care record (ePCR) completed. Duplicate

cases, out of date range, patients < 18 years or unknown

(CHA<sub>2</sub>DS<sub>2</sub>-Vasc), past history of AF and OAC prescription

were extracted from the EMS record. Data were labelled

as not recorded if missing from the ePCR, not available to

To report the regional population of patients with

potentially new AF who were eligible for oral

EMS but not conveyed to hospital.

## Identification of atrial fibrillation by emergency medical services: a potential opportunity for stroke prevention

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## Background

Atrial fibrillation (AF) is a significant risk factor for ischaemic stroke (Lippi et al., 2020), however it is often asymptomatic and therefore unrecognised. Previous work suggested up to two patients per day may have a new diagnosis of AF identified by North East Ambulance Service (NEAS) NHS Foundation Trust Emergency Medical Services (EMS) (Heppenstall et al., 2022).

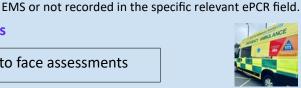


Potentially new AF = no AF already documented in PMH and no OAC prescribed

OAC prescription = warfarin or direct acting OAC

Irregular pulse = irregularly irregular or regularly irregular

Criteria for OAC =  $CHA_2DS_2$ -Vasc > 2 (NICE, 2021)

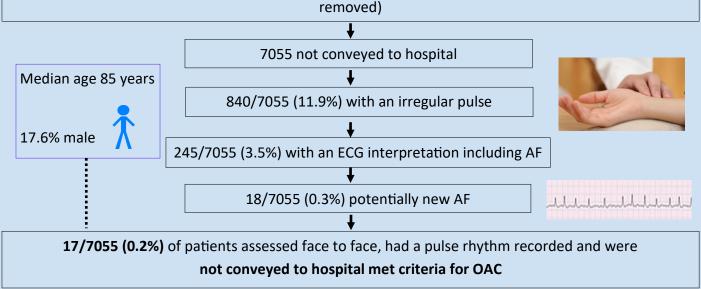




94,265 ambulance face to face assessments

**Results** 

24,033 face to face consultations with pulse rhythm recorded (once exclusions and missing dispositions



## Conclusion

Limitations are that the numbers here are small, with variable clinical information documented. In addition, only around a third of patients assessed face to face had their pulse rhythm recorded, meaning cases here may be under reported.

Despite these limitations, potentially new AF can be found in the non conveyed population. EMS could provide a new screening opportunity for stroke prevention if an OAC pathway could be developed.

Heppenstall E., McClelland, G., Price, C., & Wilkinson, C. (2022). Documentation of atrial fibrillation among non-conveyed ambulance patients: a new primary prevention opportunity? British Paramedic Journal, 7(1), 51-57 Lippi, G., Sanchis-Gomar, F., & Cervellin, G. (2020). Global epidemiology of atrial fibrillation: An increasing epidemic and public health challenge. International Journal of Stroke, 16(2), 217-221. doi:10.1177/1747493019897870 National Institute for Health and Care Excellence. (2021) Atrial fibrillation diagnosis and management NG196. Available at

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https://www.nice.org.uk/guidance/ng196/chapter/Recommendations#detection-and-diagnosis