

Centre intégré
universitaire de santé
et de services sociaux
de l'Ouest-de-
l'Île-de-Montréal



ACaccueil
clinique

N° dossier / Chart N°

DDN/DOB

Sexe/Sex

Nom / Name

Prénom / First Name

Nom de la mère / Name of mother

Adresse / Address

Tél. / Tel.

N° assurance maladie / Medicare Card N°

Expiration

- HGL HLAS CHSM HSA
 CHSLD DBV CHSLD DOR CHSLD LACH IUSMD
 CHSLD GD CHSLD NP CLSC LAS

PRE-PRINTED INDIVIDUAL ORDER TITLE:
Referral to the Clinical Access service for
Suspicion of Atrial Fibrillation (AF) > 48h

Init. MD/ NP	Referral to the Clinical Access service for Suspicion of AF > 48h																
	<p>Allergies: _____ Height: _____ Weight: _____ <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Liver impairment <input type="checkbox"/> Kidney impairment Others: _____</p> <p>Clinical information and relevant personal and family medical history: _____</p>																
	<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2" style="text-align: left;">Symptoms (check)</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> Feeling of palpitations</td> <td><input type="radio"/> Fatigue</td> </tr> <tr> <td><input type="radio"/> Irregular cardiac rhythm</td> <td><input type="radio"/> Regular cardiac rhythm</td> </tr> <tr> <td><input type="radio"/> Sweating</td> <td><input type="radio"/> Mild dyspnea</td> </tr> <tr> <td><input type="radio"/> Nausea</td> <td><input type="radio"/> Episodes of angina:</td> </tr> <tr> <td><input type="radio"/> Dizziness</td> <td><input type="radio"/> Others:</td> </tr> <tr> <td><input type="radio"/> Syncope</td> <td></td> </tr> <tr> <td>Beginning of symptoms: _____</td> <td>Duration of symptoms: _____</td> </tr> </tbody> </table>	Symptoms (check)		<input type="radio"/> Feeling of palpitations	<input type="radio"/> Fatigue	<input type="radio"/> Irregular cardiac rhythm	<input type="radio"/> Regular cardiac rhythm	<input type="radio"/> Sweating	<input type="radio"/> Mild dyspnea	<input type="radio"/> Nausea	<input type="radio"/> Episodes of angina:	<input type="radio"/> Dizziness	<input type="radio"/> Others:	<input type="radio"/> Syncope		Beginning of symptoms: _____	Duration of symptoms: _____
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Beginning of symptoms: _____	Duration of symptoms: _____																
_____	I have given to the patient the prescription for suspicion of AF > 48h																
_____	I confirm that the person referred meets all general admission criteria for the Clinical Access service as well as the specific inclusion criteria of the condition. I also confirm that the person does not have general exclusion criteria for the Clinical Access service or specific exclusion criteria of the condition.																
_____	I confirm that the person referred has received the instruction sheet and has been instructed to wait for the nurse from the Clinical Access service to call them.																
_____	I have read the description of the roles of the referring MD/NP and of the nurse of the Clinical Access service in the Cadre de référence and I agree to the interventions mentioned in the algorithm.																
	⇒ Fax this form and the prescription for suspicion of AF > 48h to 514-630-2870																
	Name of clinic: _____ Fax #: _____																
	Phone # for the next 24 hours: _____																
	If unavailable, MD/NP who will do the follow-up: _____ Phone #: _____																

Physician or Nurse Practitioner				
Name (in block letters)	Signature	License N°	Date (YY – MM – DD)	Hour

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ENGLISH VERSION

**Prescription for Suspicion of Atrial Fibrillation
(AF) > 48h**

Init. MD/NP	Prescription for Suspicion of AF > 48h	
	<u>RATE CONTROL (Choose ONLY ONE from both pages of proposed treatment)</u>	
	Beta Blockers	
	⇒ first choice for patients with coronary artery disease ⇒ contra-indicated for patients with severe asthma, kidney failure, bradycardia < 50 beats/minute, AV block of 2 nd or 3 rd degree, heart failure, right ventricular failure secondary to pulmonary hypertension, untreated pheochromocytoma or breastfeeding women ⇒ use with caution for diabetic patients	
	Starting dose	If symptoms persist after 7 days of treatment with starting dose and after Cardiologist's approval:
	Atenolol 25 mg PO DIE X 30 days REN X 2 ⇒ recommended starting dose	Discontinue Atenolol 25 mg PO DIE then start Atenolol 50 mg PO DIE X 30 days REN X 2
	Atenolol 50 mg PO DIE X 30 days REN X 2	Discontinue Atenolol 50 mg PO DIE then start Atenolol 100 mg PO DIE X 30 days REN X 2
	Atenolol 100 mg PO DIE X 30 days REN X 2	N/A
	Bisoprolol 2.5 mg PO DIE X 30 days REN X 2 ⇒ recommended starting dose ⇒ best medication for astmatic patients	Discontinue Bisoprolol 2.5 mg PO DIE then start Bisoprolol 5 mg PO DIE X 30 days REN X 2
	Bisoprolol 5 mg PO DIE X 30 days REN X 2	Discontinue Bisoprolol 5 mg PO DIE then start Bisoprolol 10 mg PO DIE X 30 days REN X 2
	Bisoprolol 10 mg PO DIE X 30 days REN X 2	N/A
	Metoprolol 25 mg PO BID X 30 days REN X 2 ⇒ recommended starting dose	Discontinue Metoprolol 25 mg PO BID then start Metoprolol 50 mg PO BID X 30 days REN X 2
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	Metoprolol 100 mg PO BID X 30 days REN X 2	N/A

Prescriber				
Name (in block letters)	Signature	License N°	Date (YYYY-MM-DD)	Hour

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ENGLISH VERSION

Prescription for Suspicion of Atrial Fibrillation (AF) > 48h

Init. MD/NP	Prescription for suspicion of AF > 48h	
	RATE CONTROL (Choose 1 from both pages of proposed treatment)	
	Calcium Channel Blocker	
	⇒ contra-indicated for patient with lung congestion, heart failure (LVEF < 40%), hypotension, bradycardia, AV block of 2 nd or 3 rd degree, Wolff-Parkinson-White or Lown-Ganong-Levine syndrome, concomitant use with inhibitors or inducers of CYP450 or with breastfeeding women	
	⇒ use with caution in patients with liver and/or renal failure and with patients over 65 years old	
	Starting dose	If symptoms persist after 7 days of treatment with starting dose and after Cardiologist's approval:
	Diltiazem CD 120 mg PO DIE X 30 days REN X 2 ⇒ starting dose for patients with liver and/or kidney failure	Discontinue Diltiazem CD 120 mg PO DIE then start Diltiazem CD 180 mg PO DIE X 30 days REN X 2
	Diltiazem CD 180 mg PO DIE X 30 jours/days REN X 2 ⇒ recommended starting dose	Discontinue Diltiazem CD 180 mg PO DIE then start Diltiazem CD 240 mg PO DIE X 30 days REN X 2
	Diltiazem CD 240 mg PO DIE X 30 days REN X 2	Discontinue Diltiazem CD 240 mg PO DIE then start Diltiazem CD 360 mg PO DIE X 30 days REN X 2
	Diltiazem CD 360 mg PO DIE X 30 days REN X 2	N/A
	Verapamil SR 180 mg PO DIE X 30 days REN X 2 ⇒ recommended starting dose	Discontinue Verapamil SR 180 mg PO DIE then start Verapamil SR 240 mg PO DIE X 30 days REN X 2
	Verapamil SR 240 mg PO DIE X 30 days REN X 2	Discontinue Verapamil SR 240 mg PO DIE then start Verapamil SR 360 mg PO DIE X 30 days REN X 2
	Verapamil SR 360 mg PO DIE X 30 days REN X 2	Discontinue Verapamil SR 360 mg PO DIE then start Verapamil SR 480 mg PO DIE X 30 days REN X 2
	Verapamil SR 480 mg PO DIE X 30 days REN X 2	N/A
	Adjust the dose of current medication: _____	

Prescriber				
Name (in block letters)	Signature	License N°	Date (YYYY – MM – DD)	Hour

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ENGLISH VERSION

**Prescription for Suspicion of Atrial Fibrillation
(AF) > 48h**

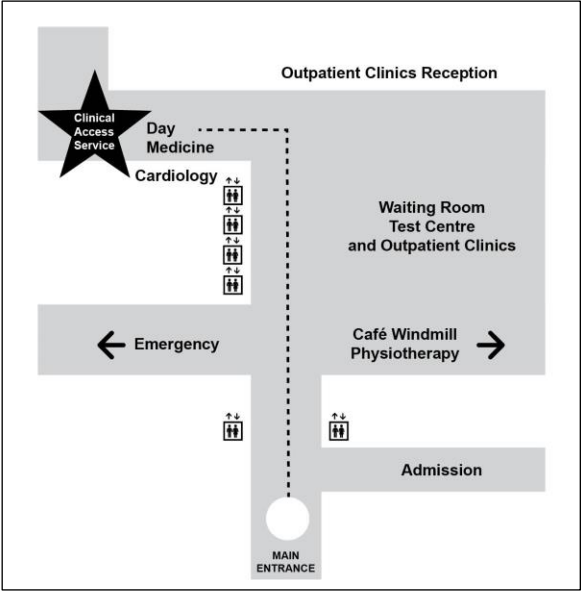
Init. MD/IPS/NP	Prescription for suspicion of AF > 48h																							
	<p><u>DIRECT ORAL ANTICOAGULANTS</u></p> <p>⇒ contra-indicated for patient with active bleeding and/or recent cerebral vascular attack and/or peptic ulcer, concomitant use of anticoagulant and/or NSAIDs and/or P-GP inhibitors such as amiodarone, diltiazem, erythromycine, ketoconazole, lansoprazole, omeprazole, quinidine, verapamil, etc. (non-exhaustive list), thrombocytopenia, renal failure or hepatic failure or with breastfeeding women</p> <p>⇒ avoid use if patient is taking SSRIs or SNRIs such as fluoxetine, paroxetine, citalopram, escitalopram, sertraline, venlafaxine, duloxetine etc...(non-exhaustive list)</p> <p>If CHADS-65 score ≥ 1, recommendation is to begin anticoagulation as per Canadian Cardiovascular Society algorithm (Annex 4)</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 80%;">CHADS-65</th> <th style="width: 20%;">Score</th> </tr> </thead> <tbody> <tr> <td>Congestive heart failure</td> <td style="text-align: center;">o 1</td> </tr> <tr> <td>Hypertension</td> <td style="text-align: center;">o 1</td> </tr> <tr> <td>Age ≥ 65 years</td> <td style="text-align: center;">o 1</td> </tr> <tr> <td>Diabetes mellitus</td> <td style="text-align: center;">o 1</td> </tr> <tr> <td>Stroke or transient ischemic attack or thromboemboli</td> <td style="text-align: center;">o 2</td> </tr> <tr> <td></td> <td style="text-align: center;">Total:</td> </tr> </tbody> </table>				CHADS-65	Score	Congestive heart failure	o 1	Hypertension	o 1	Age ≥ 65 years	o 1	Diabetes mellitus	o 1	Stroke or transient ischemic attack or thromboemboli	o 2		Total:						
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Prescriber				
Name (in block letters)	Signature	License N°	Date (YYYY – MM – DD)	Hour

Document to Give to Patients

What is the Clinical Access Service? Your doctor or specialized nurse practitioner (SNP) has referred you to the Clinical Access Service because your condition is considered semi-urgent. This service will give you tailored access to diagnostic tests and specialists as quickly as possible.

Here is the procedure: The Clinical Access Service nurse will be available throughout the diagnostic period to answer your questions. You can call them at **514-630-2225, ext. 1719** during opening hours (Monday to Friday from 8:00 a.m. to 4:00 p.m., except on holidays).

<p>1. The physician or SNP will give you documents when you leave their office:</p> <ul style="list-style-type: none"> • A referral to the Clinical Access service • A prescription for the pharmacy (in certain cases) 	<p>2. As soon as they receive the referral, the Clinical Access Service nurse <u>will call you</u> by phone to schedule an appointment with you.</p> <p><u>*Make sure you are easily reachable</u></p>
<p>3. You must bring to your appointment:</p> <ul style="list-style-type: none"> • Your hospital card (if you do not have one, go to the Admissions office BEFORE coming to Clinical Access Service) • Your health insurance card • A list of all your medications • The documents your physician/SNP gave you 	<p>4. Appointment at Clinical Access Service <u>Lakeshore General Hospital</u> 160 Stillview Avenue, Pointe-Claire, Ambulatory Centre, 1st Floor, Day Medicine</p>
<p>5. Parking:</p> <ul style="list-style-type: none"> • Parking on the streets surrounding the hospital is restricted to residents only at certain times of the day. • Hospital Parking Rates: <ul style="list-style-type: none"> - Under 2 hours.....free - 2 hours to under 4 hours..\$6 - More than 4 hours.....\$10 	



Information on your prescribed treatment

Your doctor may prescribe preventative medication pending confirmation of an atrial fibrillation diagnosis. The pharmacist or the nurse at the Clinical Access Service will give you a handout on the prescribed treatment.

IMPORTANT: BEFORE TAKING OVER-THE-COUNTER PAIN RELIEVERS OR NATURAL PRODUCTS, PLEASE CONSULT YOUR PHARMACIST.

Questions?

- **The nurse at the Clinical Access Service**, Monday through Friday, from 8 am to 4 pm (except statutory holidays) at 514-630-2225 extension 1719;
- **Info-Santé nurse by dialing 811**. This service is available 24/7;
- **Heart & Stroke** www.heartandstroke.ca

Other available resources

Both resources are available at your CLSC or online at www.osezlasanté.ca:

- **Health Education Centre** to review your lifestyle habits;
- **Smoking Cessation Centre** to help you stop smoking.

PREPARED BY: Sylvie Aubin, Nurse Clinician. COLLABORATORS: Dr. Henry Lapin, Internist and Micheline Hotte, Senior Nursing Advisor with the ND REVISED BY: Laetitia Olone Konzabi, inf. B.Sc, M.Sc.(c), Nursing Advisor.

LAKESHORE
GENERAL HOSPITAL

CLINICAL ACCESS SERVICE



PATIENT EDUCATION HANDOUT
AND APPOINTMENT TRAJECTORY



SUSPECTED ATRIAL FIBRILLATION (AFib) > 48 HRS

YOUR APPOINTMENTS:



- **Blood tests** (fasting required)
Date and time: _____
Location: Ambulatory Centre – Day Medicine, Room 1900
- **1st Electrocardiogram:**
Date and time: _____
Location: Cardiology Department, Ground Floor
- **2nd Electrocardiogram:**
Date and time: _____
Location: Cardiology Department, Ground Floor
- **Cardiology consultation**
Date and time: _____
Location: West Island Cardiovascular Clinic

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What is atrial fibrillation or AFib?

Atrial fibrillation is a type of irregular heart rhythm known as arrhythmia that is caused by electrical signal disturbances of the heart.



Why use the Clinical Access Service?

The nurse at the Clinical Access Service will perform a health assessment with the help of a questionnaire. This will be followed by an electrocardiogram to measure the electrical activity of your heart. Then, depending on the results, blood tests may be requested.

The nurse at the Clinical Access Service will keep your doctor or nurse practitioner specializing in primary care informed. Your healthcare provider will receive a copy of all your laboratory and diagnostic test results.



What causes AFib?

- High blood pressure is the most common cause
- Heart defects
- Infection or inflammation of the heart (myocarditis or pericarditis)
- Diseases that damage the valves of the heart
- Overactive thyroid (hyperthyroidism)
- Blood clot in the lung (pulmonary embolism)
- Congenital heart defect
- Diabetes
- Heavy alcohol use
- Age (AFib is more common in older adults)
- Obesity

HAVING HEALTHY LIFESTYLE HABITS AND BEING PHYSICALLY ACTIVE CAN HELP REDUCE THE RISK OF DEVELOPING HIGH BLOOD PRESSURE, THE MOST COMMON CAUSE OF AFIB.



What signs and symptoms should I watch out for?

Some people have no symptoms, while others experience one or more of the following symptoms:

- Irregular or rapid heartbeat
- Heart palpitations or feeling like your heart is racing
- Fatigue
- Weakness or loss of consciousness

If you occasionally experience these symptoms, talk to your doctor



The following symptoms are similar to those of a heart attack:

- Chest pain, discomfort or pressure
- Dizziness, sweating, nausea
- Shortness of breath, especially during exertion or caused by anxiety



If you experience one or more of these symptoms, do not wait for your appointment at the Clinical Access Service. Go to the Emergency as soon as possible. When you report to the Emergency Department, tell the triage nurse that you are currently being assessed and are followed at the Clinical Access Service and that you may be experiencing a possible complication since your last medical appointment.

What are the risks and complications?

Left untreated, AFib increases your risk for stroke and heart failure.

Can I continue to be physically active?

This usually depends on the severity of your symptoms. Continuing to be physically active and doing light-to-moderate activities is not a problem. Any change in lifestyle habits that can help lower your blood pressure (such as maintaining a healthy weight) is likely to reduce your risk of atrial fibrillation. Making changes to certain lifestyle habits can also reduce the risks of related complications. Here are a few examples:

- Stop smoking
- Reduce your sugar, salt and fat intake
- Limit your alcohol intake
- Limit your stress levels where possible