Monitoring guidance for a patient with atrial fibrillation

Learn how to monitor a patient with atrial fibrillation in a GP setting, using practical monitoring information through MedicinesComplete.

Evidence-based, actionable monitoring information to optimise drug treatment

Drug Monitoring Checker

Available through

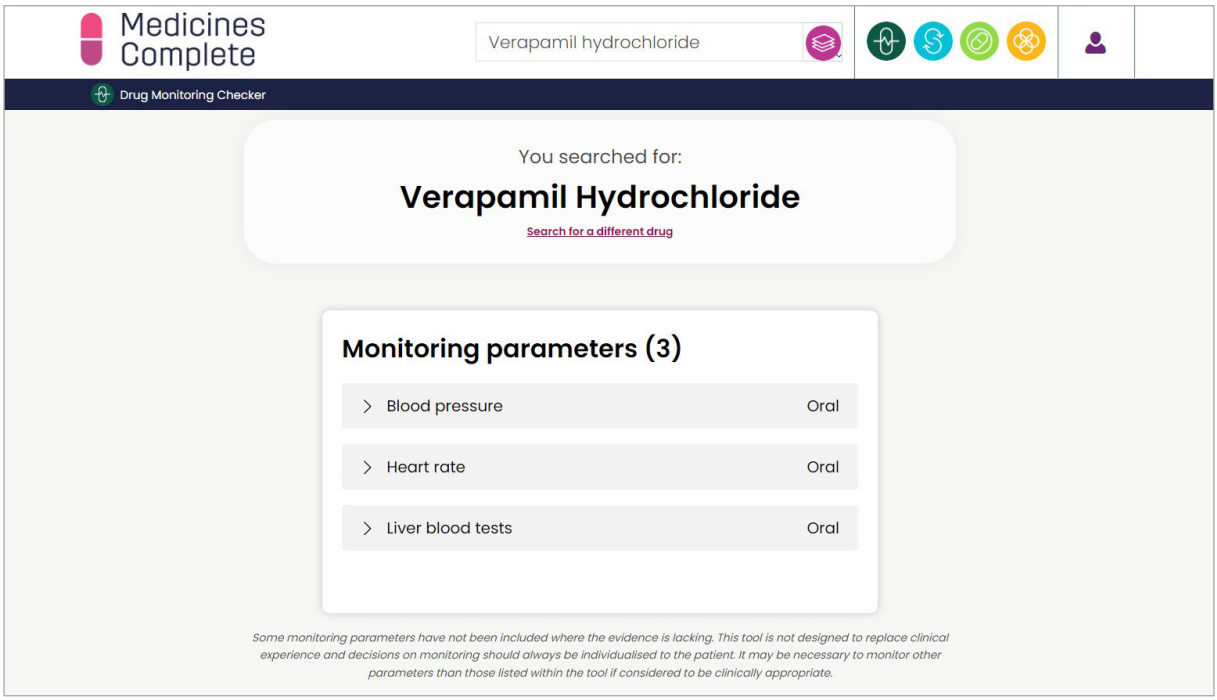
Medicines Complete

Monitoring guidance for a patient with atrial fibrillation

Using essential knowledge at the point of care

Denise is a 60-year-old retired teacher who has been experiencing episodes of shortness of breath and heart palpitations over the past week. Denise goes to the emergency department and is diagnosed with atrial fibrillation. She is subsequently started on verapamil and warfarin by the medical team and is discharged with the GP to follow-up.

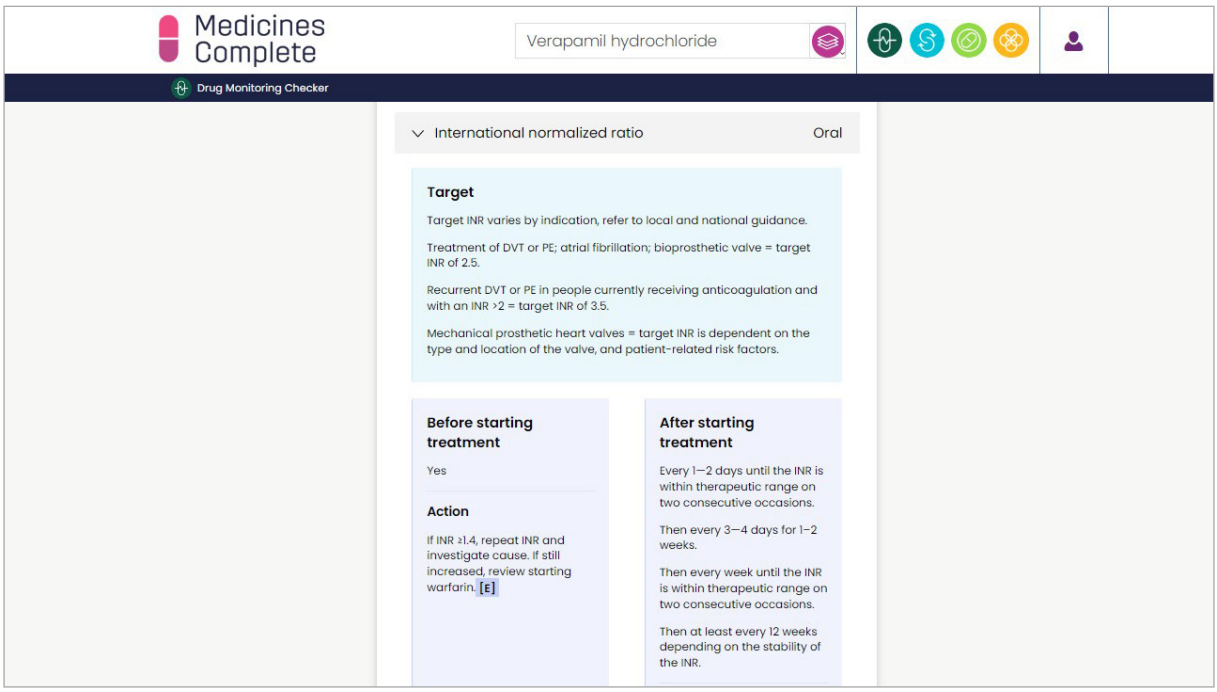
The GP would like to know what on-going monitoring is required for verapamil and refers to Drug Monitoring Checker through MedicinesComplete.



Using the practical guidance available on Drug Monitoring Checker, the GP finds that regular monitoring of blood pressure, heart rate, and liver blood tests is required for Denise. Drug Monitoring Checker provides information on the recommended frequency of monitoring which the GP notes down in Denise's health record.

Guidance within **Drug Monitoring Checker** is easily accessible and provides healthcare professionals with evidence-based information to support quick decision-making at the point of care.

Denise was discharged with twice weekly INR blood testing. The GP needs to know when they can reduce the frequency of INR monitoring and searches for warfarin in Drug Monitoring Checker to quickly find out this information.



Referring to the 'After starting treatment' section, the GP informs Denise that she needs to continue with twice weekly INR monitoring for a further week.

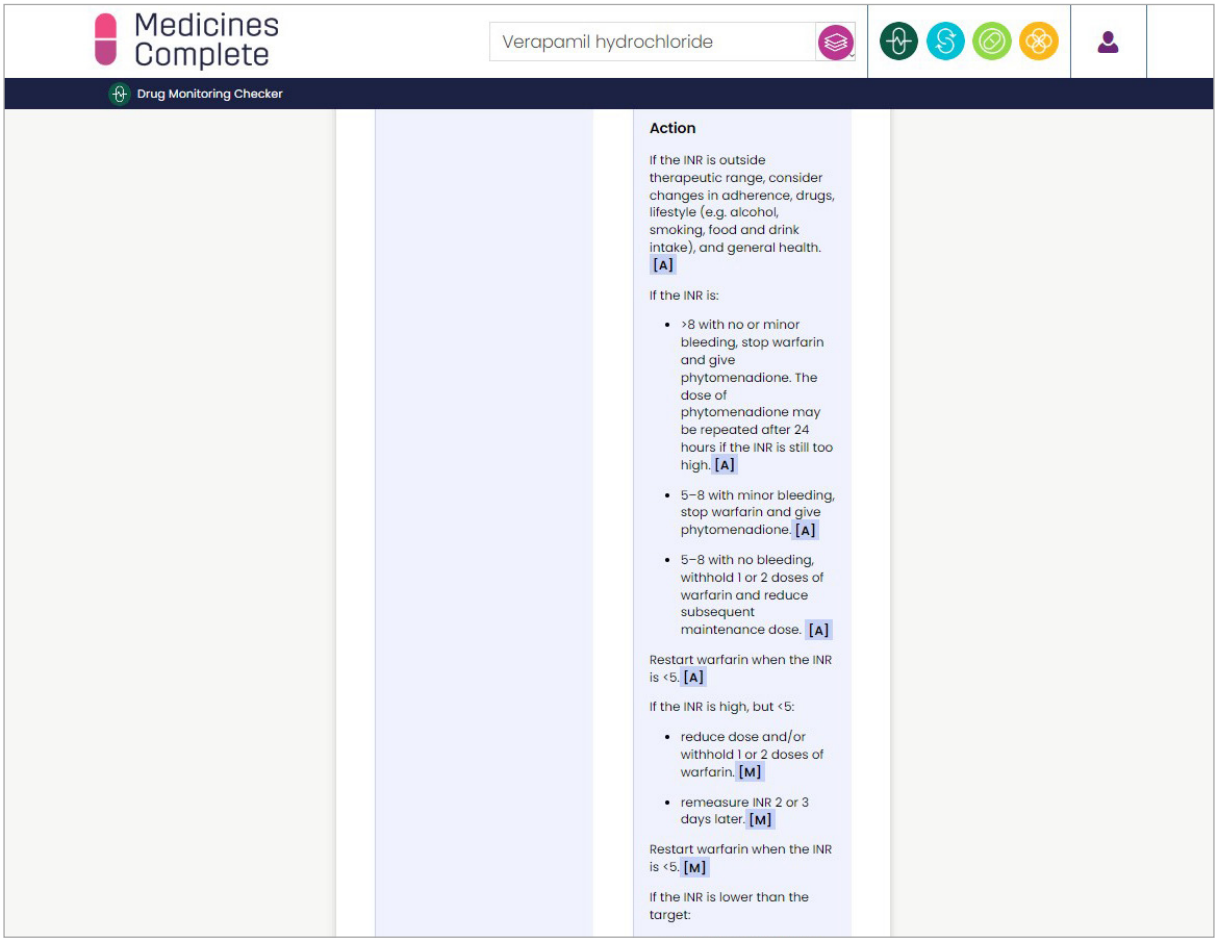
1 week later

Denise returns to see the GP who reduces the INR monitoring to once weekly as Denise's INR is on target. As shown in Drug Monitoring Checker, the target INR for atrial fibrillation is 2.5.

3 weeks later

Denise's INR result is 6. The GP phones Denise and requests that she come into the practice for a bleeding assessment.

Since Denise has no signs of bleeding, the GP consults the 'Action' section in Drug Monitoring Checker for advice.



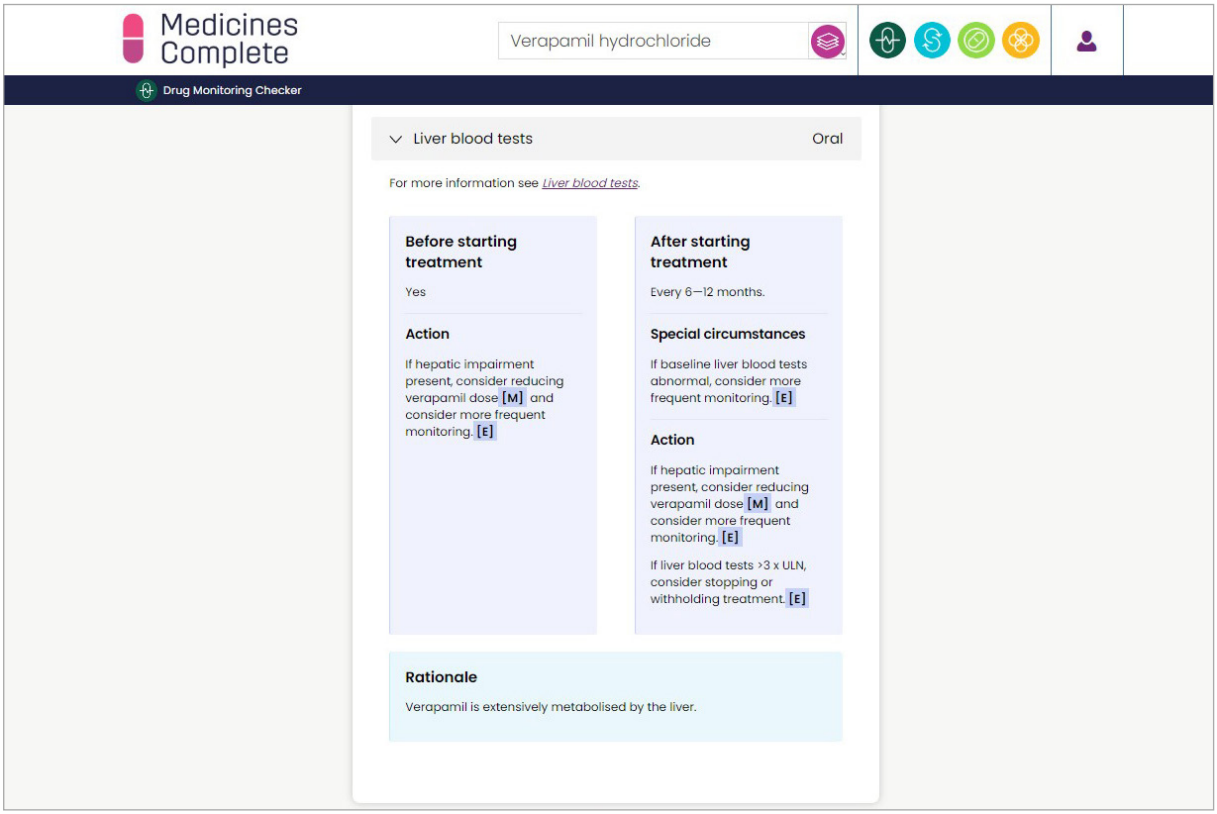
Using the actionable monitoring information, the GP decides to withhold warfarin for 2 doses and then re-measures the INR.

Denise's INR drops to 3.5, so the GP restarts warfarin at a reduced dose.

6 weeks later

Denise returns to the GP practice for her regular liver blood test monitoring for verapamil. The GP would like to know about the liver blood test cut-offs with verapamil.

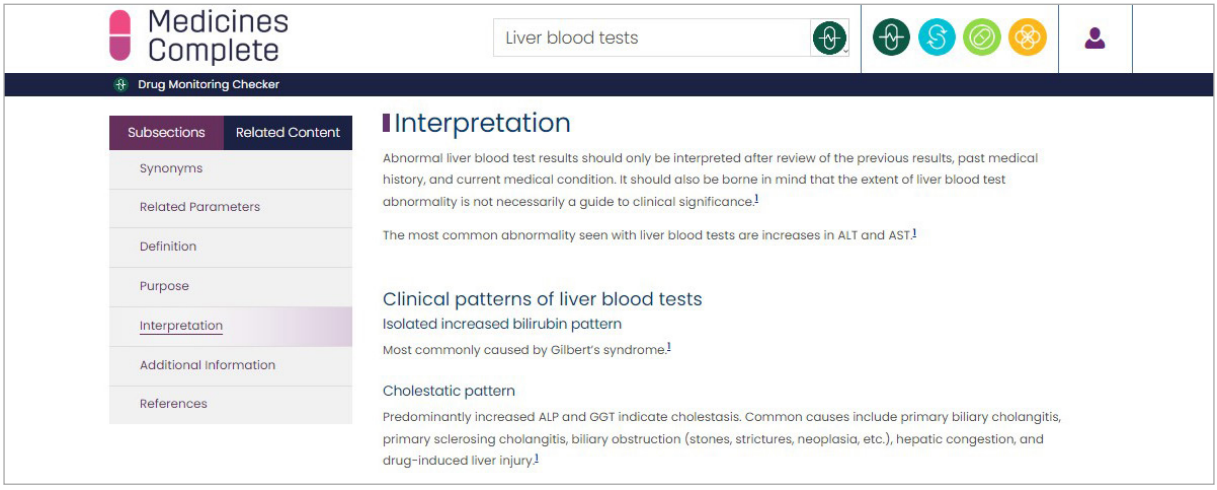
The GP searches for 'verapamil' in Drug Monitoring Checker and finds this information in the action section of the liver blood tests parameter.



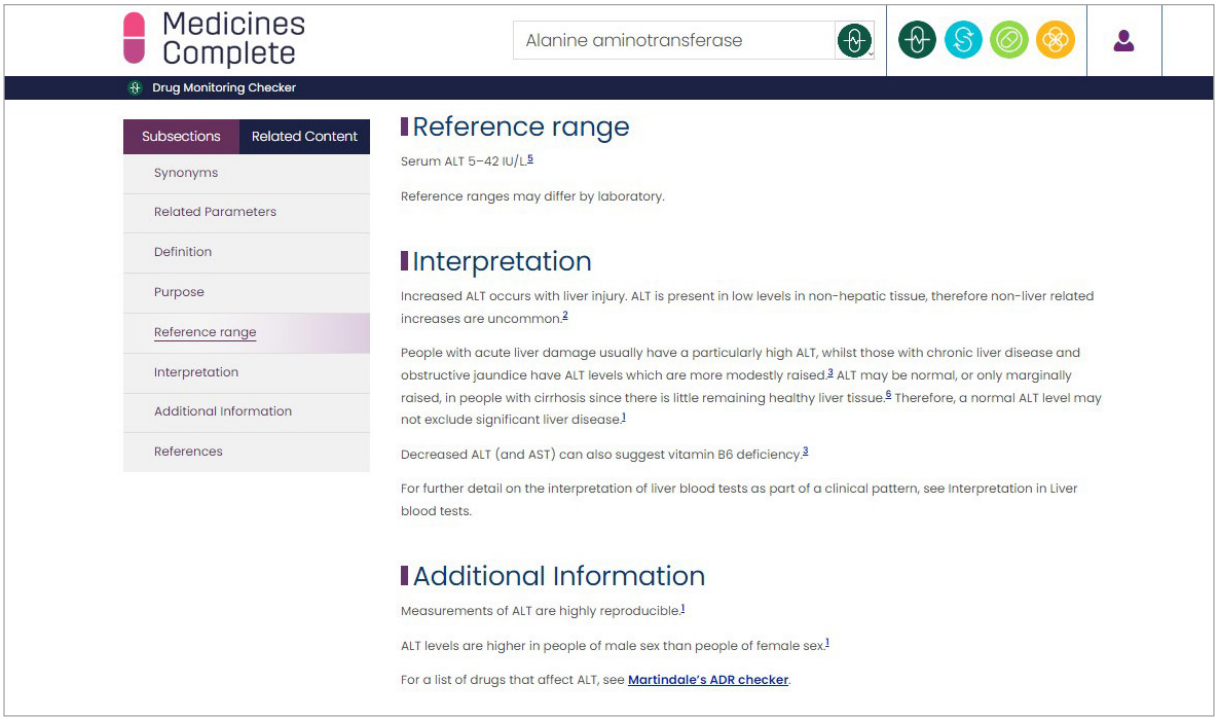
Fortunately, Denise's liver blood tests return within the normal reference ranges, so the GP reduces the ongoing liver blood test monitoring to every 12 months.

To learn more about the clinical patterns of liver blood tests and specific liver blood test reference ranges, the GP refers to the 'Liver blood tests' and 'Alanine aminotransferase' Parameter Profiles in Drug Monitoring Checker.

Parameter Profile - Liver blood tests:



Parameter Profile - Alanine aminotransferase:



Further detailed information on monitoring parameters can be found in the **Parameter Profiles**. Each Parameter Profile is presented in a standardised format including information on definition, purpose, reference ranges, interpretation and requirements.