Summary treatment pathway: Anticoagulation for the prevention of stroke and systemic embolism in non-valvular atrial fibrillation (AF)

**ALL referrers (primary & secondary care)**
Risk assess for stroke prevention (CHA₂DS₂-VASc) and bleeding (HASBLED)

**Warfarin**
Complete warfarin referral proforma as per local procedures

**Decision made to anticoagulate**
Referrer to indicate warfarin or NOAC (taking into consideration NCL NOAC criteria*)
Warfarin remains the current standard of treatment across NCL. Note that all referral proformas will be reviewed by the haematologist to ensure appropriateness; referrer may be contacted

**NOAC**
Complete NOAC referral proforma as per local procedures
Rivaroxaban is preferred NCL agent. Dabigatran / apixaban can be used where clinically justified

**Existing AC patients fulfilling NCL NOAC criteria: Refer back to AC clinic for review**

**NCL NOAC criteria**
- Documented warfarin/VKA allergy or specific intolerance
- Unable to comply with warfarin/VKA specific monitoring requirements
- Unable to achieve satisfactory INR control
- Awaiting DCCV or urgent AF ablation (within 4 weeks)
- Specific clinical indication as advised by locally designated consultants

Non-compliance is NOT a reason to switch to NOAC

**Primary care**
Complete NOAC referral proforma

**Secondary care**
- Routine out-patients or in-patients: letter to GP requesting referral to local AC clinic
- Non NCL patient: refer back to GP for local pathway

**Secondary care anticoagulation (AC) clinic**
- Select appropriate NOAC and dose
- Counsel and initiate treatment
- Review for tolerance and adherence at one month; issue second month’s prescription
- Transfer care to GP with appropriate paperwork; GP to take over from start of month 3

**NB: referral pathways may be subject to local variation**

NOAC pathway, NCL 2.10.13