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Atrial Fibrillation AF Awareness in Care Settings

A Practical Guide for Care Staff

Knowledge Hub Resource 064

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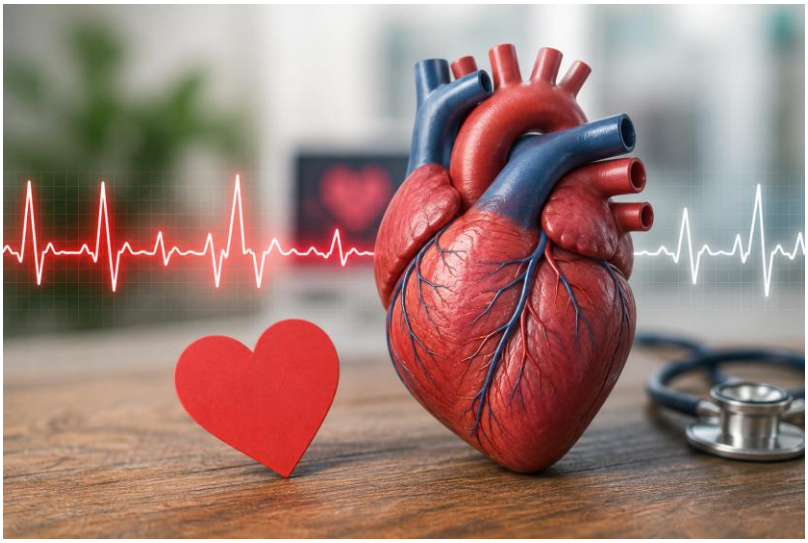

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Introduction

Atrial fibrillation (**AF**) is a heart rhythm condition that causes the heart to beat irregularly. The heart may also beat faster than normal. AF can affect people differently: some individuals experience noticeable symptoms, while others may have no obvious symptoms at all.

AF becomes more common as people get older and is particularly important because it can increase the risk of **blood clots and stroke**. Appropriate medical treatment can help control symptoms and reduce associated risks.

Care staff are not responsible for diagnosing AF. However, they have an important role in understanding an individual's usual condition, following their care plan, supporting prescribed treatment within the limits of their role and recognising changes that may require further assessment or emergency assistance.

Why This Resource Matters

Understanding atrial fibrillation awareness helps care staff to:

- Understand what atrial fibrillation is.
- Recognise possible symptoms associated with AF.
- Understand that some people with AF may have no noticeable symptoms.
- Recognise the important relationship between AF and increased stroke risk.
- Know the **FAST** warning signs of a possible stroke.
- Recognise significant changes from an individual's usual condition.
- Support prescribed medication safely when trained, competent and authorised.
- Understand the importance of anticoagulant medicines where these have been prescribed.
- Record and report relevant observations accurately.
- Recognise when urgent or emergency medical assistance may be required.
- Provide safe, dignified and person-centred support.

Possible Symptoms of Atrial Fibrillation

Some individuals with AF may experience:

- A noticeably irregular heartbeat or pulse.
- Heart palpitations — feeling that the heart is racing, fluttering or pounding.
- Tiredness or reduced energy.
- Breathlessness.
- Dizziness or feeling light-headed.
- Reduced ability to carry out normal activities.
- Chest discomfort in some circumstances.

These symptoms can also occur for many other reasons. Care staff should **not attempt to diagnose AF based on symptoms**.

Instead, observe the individual, follow their care plan and report new, unusual or worsening symptoms appropriately.

AF and Stroke Risk

When the heart beats irregularly in atrial fibrillation, blood may not move through the heart as effectively. This can increase the possibility of a blood clot forming. If a clot travels to the brain and blocks its blood supply, it can cause a **stroke**.

For this reason, some people with AF are prescribed **anticoagulant medicines** to reduce their risk of blood clots and stroke.

Care staff should never start, stop or alter anticoagulant medication themselves. Medication must be administered and supported strictly in accordance with the prescription, care plan and organisational procedures.

Key Message

Atrial fibrillation can increase the risk of stroke.

Care staff should be familiar with an individual's usual condition and know how to recognise the **FAST signs of stroke — Face weakness, Arm weakness and Speech problems: Time to call 999.**

Any suspected stroke should be treated as a **medical emergency**.

Understanding Atrial Fibrillation

A healthy heart normally beats in a regular rhythm. In atrial fibrillation (**AF**), the electrical signals controlling the heartbeat become irregular, causing the upper chambers of the heart to beat in an uncoordinated way.

AF may be intermittent, with episodes that come and go, or it may be persistent or permanent. Some individuals are very aware of changes in their heartbeat, while others may have AF without experiencing obvious symptoms.

Treatment varies according to the individual's circumstances and may include medicines to control the heart rate or rhythm and **anticoagulant medication to reduce the risk of blood clots and stroke**.

Care staff should always follow the individual's prescribed treatment arrangements and care plan.

Supporting an Individual with AF

Care staff can support individuals living with atrial fibrillation by:

- Understanding what is normal for the individual.
- Allowing sufficient time for everyday activities if the person experiences fatigue or breathlessness.
- Supporting safe mobility and independence according to the care plan.
- Providing reassurance if the individual feels anxious about palpitations or other symptoms.
- Following any prescribed monitoring arrangements.
- Supporting prescribed medication only when trained, competent and authorised.
- Observing for new or worsening symptoms.
- Recording relevant observations accurately.
- Reporting significant changes promptly.
- Remaining alert to the signs of a possible stroke.

Anticoagulant Medication

Some people with AF are prescribed **anticoagulants**, sometimes referred to as blood-thinning medicines. These medicines reduce the blood's ability to clot and can significantly reduce the risk of an AF-related stroke.

Because anticoagulants affect blood clotting, care staff should be particularly alert to **unusual or significant bleeding** and follow the individual's care plan and organisational procedures.

Possible concerns may include:

- Unexplained or extensive bruising.
- Prolonged bleeding from cuts.
- Repeated nosebleeds.
- Blood in urine.
- Blood in stools or black, tar-like stools.
- Vomiting or coughing up blood.
- A significant fall or injury, particularly involving the head.

These signs do not necessarily mean that a serious complication has occurred, but they should **not be ignored**.

Care staff should seek appropriate clinical advice or emergency assistance according to the circumstances, care plan and organisational procedures.

Recognising a Possible Stroke – FAST

Remember **FAST**:

F – Face: Has the person's face fallen on one side? Can they smile?

A – Arms: Can they raise both arms and keep them there?

S – Speech: Is their speech slurred or difficult to understand?

T – Time: If you notice any of these signs, **call 999 immediately**.

Other sudden neurological symptoms can also require emergency assessment. If you suspect that an individual may be experiencing a stroke, **do not wait to see whether the symptoms improve**.

Remember

Care staff should never attempt to diagnose atrial fibrillation or independently change prescribed medication.

The professional role is to **observe, support, record and report**.

Knowing the individual's usual condition and responding promptly to significant changes can help ensure that appropriate medical assistance is obtained when needed.

Professional Responsibilities

Care staff have an important role in supporting individuals living with atrial fibrillation (**AF**). Staff should understand the person's usual condition, follow their individual care plan and recognise changes that may require prompt medical assessment.

As a care professional, you should always:

- Treat the individual with dignity, patience and respect.
- Know what is normal for the person's general health and wellbeing.
- Follow the individual's care plan and prescribed treatment arrangements.
- Support prescribed medication only when trained, competent and authorised.
- Never independently start, stop or alter anticoagulants or other prescribed medication.
- Follow any agreed pulse, blood pressure or other monitoring arrangements where these form part of the care plan.
- Observe for new or worsening palpitations, breathlessness, dizziness, fatigue or other symptoms.
- Be alert to unusual or significant bleeding if the individual takes anticoagulant medication.
- Recognise the **FAST warning signs of stroke**.
- Record relevant observations accurately.
- Report significant changes promptly.
- Follow organisational escalation and emergency procedures.

When to Raise Concerns

Report concerns promptly if the individual:

- Develops new or increasingly frequent palpitations.
- Becomes more breathless or tired than usual.
- Experiences repeated dizziness or light-headedness.
- Shows a significant reduction in their ability to carry out usual activities.
- Develops unexplained or extensive bruising while taking anticoagulants.
- Experiences unusual or prolonged bleeding.
- Has blood in their urine or stools, or black, tar-like stools.
- Experiences a fall or injury, particularly a significant blow to the head while taking anticoagulants.
- Shows any other significant change from their usual condition.

Follow the individual's care plan and organisational procedures for obtaining appropriate clinical advice.

When to Call 999

Some symptoms require **immediate emergency assistance**.

Call **999** if the individual:

- Shows any **FAST signs of a possible stroke**.
- Develops severe or sudden breathing difficulties.
- Has sudden chest pain or discomfort, particularly when accompanied by breathlessness, sweating, nausea or feeling very unwell.
- Collapses, loses consciousness or is difficult to wake.
- Develops sudden severe confusion or other significant neurological symptoms.
- Experiences severe or uncontrolled bleeding.
- Vomits or coughs up a significant amount of blood.
- Has symptoms that are rapidly worsening and you believe their life may be at risk.

If you suspect a stroke or another life-threatening medical emergency, **do not wait for the symptoms to improve — call 999.**

Falls, Head Injuries and Anticoagulants

A fall or head injury can require particular attention when an individual is taking anticoagulant medication because these medicines can increase the risk of bleeding.

Care staff should:

- Follow the organisation's falls and head-injury procedures.
- Establish what happened and observe the individual appropriately within their role.
- Report the incident promptly.
- Make sure relevant information about anticoagulant medication is communicated when seeking medical advice.
- Follow clinical advice regarding further assessment or monitoring.

A person taking anticoagulants who sustains a **head injury should receive prompt clinical assessment in accordance with local procedures and clinical guidance**, even when they initially appear well.

Good Practice Reminder

AF may not always produce obvious symptoms, but its association with stroke makes awareness particularly important.

Care staff should remember three key principles:

Know what is normal for the individual.

Take unusual bleeding seriously when anticoagulants are prescribed.

Recognise FAST — and call 999 immediately if a stroke is suspected.

Summary

Atrial fibrillation (**AF**) is a common heart rhythm condition that causes the heart to beat irregularly. Some individuals experience symptoms such as palpitations, breathlessness, dizziness or fatigue, while others may have few or no noticeable symptoms.

AF is particularly important because it can increase the risk of **blood clots and stroke**. Some individuals are therefore prescribed anticoagulant medication to reduce this risk.

Care staff play an important role by understanding what is normal for the individual, following their care plan, supporting prescribed treatment within the limits of their role and recognising significant changes that require reporting or emergency action.

Atrial Fibrillation Awareness Checklist

✓ Know the individual's usual condition and symptoms.

✓ Follow the person's individual care plan and prescribed treatment arrangements.

✓ Observe for new or worsening palpitations, breathlessness, dizziness or fatigue.

✓ Follow prescribed monitoring arrangements where applicable.

✓ Support medication only when trained, competent and authorised.

✓ **Never independently start, stop or alter anticoagulants or other prescribed medication.**

✓ Be alert to unusual or significant bleeding when anticoagulants are prescribed.

✓ Take falls and head injuries seriously, particularly when the individual takes anticoagulant medication.

✓ Record relevant observations and concerns accurately.

✓ Report significant changes promptly according to organisational procedures.

✓ Remember the **FAST signs of stroke**.

✓ **Call 999 immediately if a stroke or other life-threatening emergency is suspected.**

Further Information

For further guidance on atrial fibrillation, visit:

NHS – Atrial Fibrillation
https://www.nhs.uk/conditions/atrial-fibrillation/

British Heart Foundation – Atrial Fibrillation
https://www.bhf.org.uk/informationsupport/conditions/atrial-fibrillation

NICE – Atrial Fibrillation: Diagnosis and Management
https://www.nice.org.uk/guidance/ng196

Stroke Association – Stroke Information and Support
https://www.stroke.org.uk/

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Related Knowledge Hub Resources

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- Resource 028 – Medication Safety Awareness
- Resource 034 – Recognising Deterioration in Care Settings
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