LAPL



FIT

Atrial Fibrillation Note 6 **Consultation to CAA** (Telephone only) **Stabilization period 3** months No Atrial Fibrillation (AF) detected **FIT with ORL INR** monitored (Note 6) Inform of therapy? Yes GROUNDING (Note 1) 4 out of 5 INR values Note 9 FIT with ORL + SSL within target during a (Note 7) Send UNFIT 6 months period. **Notification** Note 8 to CAA Yes FIT + SSL Anti-coagulant No **Proceed only if** therapy? criteria in note 2 + 2A are met **Required assessment** NOTES Medical history & lifestyle ⁽¹⁾ Assessment below can proceed if in this period if 2 and 2A are achieved. • Lipid profile, Yes ⁽²⁾ No significant symptoms and adequate rate control if paroxysmal persistent or permanent. Other blood tests as clinically indicated ^(2A) Acceptable treatment for rhythm control includes Metoprolol, Bisoprolol, Digitalis, Diltiazem and Verapamil. (e.g. liver function tests, renal function, Others may be acceptable in consultation with CAA. thyroid function, PEth and/or %CDT) ⁽³⁾ Satisfactory test with no significant abnormality of rhythm or conduction, nor evidence of ischemia. Satisfactory ⁽⁴⁾ Contact CAA for possible suspension. Blood pressure results? ⁽⁵⁾ Stroke and Cardiac event Risk assessment using ESC Calculators (app) ⁽⁶⁾ Optional. AME can issue MC with ORL without consultation or call CAA for approval without ORL limitation. **Cardiology review:** ⁽⁷⁾ SSL: copy of all medical records to AME. TML depending on clinical scenario to allow appropriate follow-up. No ⁽⁸⁾ Applicants who measure their INR on a 'near patient' testing system within 12 hours prior to flight and only • Symptoms and rate control (note2) exercise the privileges of their license if the INR is within the target range, may be assessed as fit without the Resting ECG above-mentioned limitation. To be defined in SSL limitation letter. ⁽⁹⁾ Applicants who stop anti-coagulation treatment may be considered FIT without limitations after cardiological risk Echo-cardiogram evaluation including but not limited to CHADSVASC score and CVD risk assessment. • Exercise ECG (note 3) UNFIT 24-Hour Holter (note 4) CVD risk assessment (note 5) ALWAYS KEEP DOCUMENTATION FOR ALL STEPS Follow-up plan/further examination needs • CHADSVASC score