

# ED OBSERVATION UNIT: ATRIAL FIBRILLATION PROTOCOL

## NYC H+H KINGS COUNTY HOSPITAL CENTER

*General Observation Guidelines apply for all ED observation patients*

<b>INCLUSION CRITERIA</b>	<b>EXCLUSION CRITERIA</b>
<ul style="list-style-type: none"> <li>Recent onset atrial fibrillation (&lt;48 hours)</li> <li>Atrial fibrillation requiring rate control or initiation of non-DOAC anticoagulation</li> </ul>	<ul style="list-style-type: none"> <li>Additional diagnosis requiring inpatient care (Ex. decompensated CHF, MI, PE, sepsis)</li> <li>Hemodynamic instability or signs of cardiac ischemia (active chest pain, ST-segment changes, respiratory distress, hypoxia, SBP &lt;90)</li> <li>HR &gt;150 or requiring IV drip therapy to control rate</li> </ul>

<b>INTERVENTIONS</b>
<ul style="list-style-type: none"> <li>Telemetry monitoring</li> <li>Rate control (transition to PO medications)</li> <li>Cardiology consultation as indicated</li> <li>Cardioversion (electrical or chemical) if candidate and available<sup>1</sup></li> <li>Echocardiogram (if new onset AFIB or no previous ECHO)</li> <li>Anticoagulation (With regards to CHADS<sub>2</sub>VASC and renal function)</li> </ul>

<b>DISPOSITION</b>
<div> <div> <b>Home:</b> <ul style="list-style-type: none"> <li>Adequate symptom and rate control on PO medications OR conversion to normal sinus rhythm for &gt;6 hours</li> <li>Adequate follow up plan including cardiology appointment and access to rate control and anticoagulation prescriptions</li> </ul> </div> <div> <b>Admission:</b> <ul style="list-style-type: none"> <li>Deterioration in clinical status</li> <li>Identification of underlying etiology that needs further management</li> <li>Inability to achieve symptom or rate control with PO medications in 48 hours</li> </ul> </div> </div>

<sup>1</sup> Availability of cardioversion is varies based on multiple factors including electrophysiologist availability (typically Thursday & Friday), TEE, anesthesia, CCU bed availability.

*Last updated 12/19/2019*

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