

ED OBSERVATION UNIT: ATRIAL FIBRILLATION PROTOCOL NYC H+H KINGS COUNTY HOSPITAL CENTER

General Observation Guidelines apply for all ED observation patients

INCLUSION CRITERIA	EXCLUSION CRITERIA
<ul style="list-style-type: none"> • Patients with a history of AFIB and now in AFIB with RVR requiring rate control • Post cardioversion in the ED (if not candidates for discharge directly from ED) 	<ul style="list-style-type: none"> • New onset atrial fibrillation • Additional diagnosis requiring inpatient care (Ex. decompensated CHF, MI, PE, sepsis, thyrotoxicosis) • Hemodynamic instability • Signs of cardiac ischemia (active chest pain, ST-segment changes), or known intracardiac thrombus • HR >150 or requiring IV drip therapy to control rate • Requirement of warfarin for anticoagulation, CrCl < 30

INTERVENTIONS
<ul style="list-style-type: none"> • Cardiology consultation • Telemetry monitoring • Rate control (transition to PO medications) • Cardioversion (electrical or chemical) if candidate and available¹ • Echocardiogram (if new onset AFIB or no previous ECHO) • Anticoagulation (With regards to CHADS₂VASC and renal function)

DISPOSITION	
Home: <ul style="list-style-type: none">• Adequate symptom and rate control on PO medications OR conversion to normal sinus rhythm for >6 hours• Adequate follow-up plan including cardiology appointment and access to rate control and anticoagulation prescriptions	Admission: <ul style="list-style-type: none">• Deterioration in clinical status• Identification of underlying etiology that needs further management• Acute thromboembolic event (stroke, PE, limb ischemia)• Inability to achieve symptom or rate control with PO medications in 48 hours

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

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Authored by M. Turner MD

Reviewed by R. Allen MD, E. Madden MD, R. Balakrishnan MD, S. Brewster MD, Youssef MD

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