My Patient Is In Atrial Fibrillation (or Flutter)… Now What Do I Do?

1) Obtain an electrocardiogram if not done already

2) Follow the steps below

   a) Assess for new hemodynamic instability (hypotension, chest pain, altered mental status)

   b) Trial of rate controlling agent

      - Metoprolol 5 mg IV (can be repeated up to 3x total)
      - Dilatazen 0.25 mg/kg IV once and dilatazen infusion (15 mg/hour = max dose)

   c) Start rhythm control

      - Amiodarone 150 mg IV bolus followed by infusion (use PowerPlan and discuss with pharmacy)

   d) Consult Cardiology

   e) Call for help (to discuss cardioversion)
      - Order stat EKG
      - Bring code cart (with defibrillator) to room
      - Perform synchronized cardioversion (200 J)*

   f) Effective response (heart rate < 110 and no hypotension)

   g) Convert to oral dosing:

      - Metoprolol 25 mg PO q 6 hours (dose can be increased if not meeting goal)
      - Call pharmacy to help dose dilatazen (based on rate of infusion)

   h) Effective response (heart rate < 100)

   i) Ineffective response (heart rate > 110 or hypotension develops)**

   j) Evaluate for common causes of new onset atrial fibrillation

      - Sepsis/critical illness (most common cause in the ICU)
      - Ischemic heart disease or valvular disease
      - Anemia
      - Medications (e.g. vasopressors)
      - Alcohol withdrawal
      - Thyroid disease (typically TSH should not be tested in critically ill patients)
      - Pulmonary embolism (uncommon cause, do not automatically order CTPA)
      - Sleep disordered breathing

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4) Consider anticoagulation

   Call for Help! to make decision about anticoagulation in the next 12 hours.

   For many critically ill patients, including those whose atrial fibrillation is driven by sepsis or respiratory failure, the risks of systemic anticoagulation outweigh the benefits. In these patients re-evaluate the need for systemic anticoagulation once they are stable enough to transfer to the acute care service (depending if they are still having issues with atrial fibrillation).