

ATRIAL FIBRILLATION - NEW ONSET

TRANSFER CRITERIA

Stable BP, HR under 110 consistently for one hour (with treatment)
No chest pain with rate controlled
No evidence of acute comorbidities - MI, CHF, PE, CVA, etc.
Onset less than 48 hours
Cardiologist agrees with plan to observe

EXCLUSION CRITERIA

Unstable BP, HR not controlled under 110 with EC meds
Ongoing ischemic chest pain
Significant comorbidities - Evidence of Acute MI, CHF, PE, Sepsis, CVA / embolic event, etc.
Chronic Atrial Fibrillation. Onset over 48 hours or unknown
Cardiologist or ECP chooses inpatient admission

EC OBSERVATION UNIT INTERVENTIONS

Cardiac and ST segment monitoring
Vitals Q 2 hours
Anticoagulate if not contraindicated - PO ASA (325 mg), Heparin (5,000 units IV push, then 1,000 units/hr by IVAC).
Rate control Options - PO Digoxin, PO Verapamil, PO beta blockers
Testing - CKMB and Troponin i at 3,6, & 9 hrs from arrival in EC
- TSH, 2D Echocardiogram, pulse ox or ABG
Educate patient on cardioversion (medical or electrical) if initial obs treatment fails within 12 hours. Cardioversion to occur outside of Observation Unit (Cat I or IP unit).
NPO at 12 hours from arrival in Observation Unit if not spontaneously converted

DISPOSITION PARAMETERS

Home

Patient converts and remains in NSR for over one hour
Negative rule out
Stable condition
Discuss home medication therapy with cardiologist

Hospital

Failure to maintain control of rate under 100
Positive rule out (as indicated for MI, PE, CHF, etc.)
Unstable condition