Pathway for ED Management of Atrial Fibrillation

1 History, vitals, TSH, CBC, BMP and CXR rules out hyperthyroid, infection, new/severe anemia, renal failure, PE, etc. (SBP<80, T>100.5, O2 sat<90%, GFR<40)
2 Signs and symptoms of heart failure (pulmonary edema, elevated JVP, elevated BNP), hemodynamic instability, ST depressions ≥ 2mm or STE, trop >0.1. Ask about orthopnea, PND, edema.
3 High risk= prior TIA or stroke, thromboembolism rheumatic heart disease, artificial valve, systolic heart failure
4 Zoll defibrillator: start 75J, repeat with 120J then 150 J if does not convert. Lifepak defibrillator: 200J biphasic synchronized shock, repeat 360J if 200J does not convert. Pre-procedural SC enoxaparin if not therapeutic on oral anticoagulation.
5 Target-specific anticoagulant with no missed doses or Warfarin with consistent INR> 2. Consider TEE if unclear with therapeutic anticoagulation peri and post procedure.
6 Metoprolol 2.5-5mg IV +/- 50mg PO. Diltiazem 5-10mg IV +/- 30mg PO. Repeat IV prn. Home dose per HR/BP
7 With some exceptions, anticoagulation for 24 weeks post cardioversion. If warfarin used, consider bridging with lovenox until therapeutic. Cardiologist to determine duration. See Anticoagulation Flow Diagram for options.
Any type of prosthetic valve, rheumatic mitral stenosis or mitral valve repair?*

- Yes: Use warfarin
- No: 
  - CrCl (mL/min)
    - < 15: Use warfarin^ 
    - ≥ 15:
      - Age (years)
        - < 75:
          - History of GI bleed?
            - Yes: Use warfarin or apixaban
            - No: Use warfarin, dabigatran, rivaroxaban, or apixaban
        - ≥ 75:
          - History of GI bleed?
            - Yes: Use warfarin, rivaroxaban, or apixaban
            - No: Use warfarin or apixaban

^The use of TSOACs with mechanical valves is contraindicated. There are no data in patients with bioprosthetic valves.

Last revised: 09/2014 Contact CCKM for revisions.
Atrial Fibrillation – Adult – Inpatient/Ambulatory Guideline