THIS IS FOR PRESENTATIONS OF FAST AF
IF UNSURE - ALWAYS DISCUSS WITH SENIOR

ABCDE ASSESSMENT

ANY ADVERSE FEATURES
- Shock
- Syncope
- Heart Failure (new onset due to AF)
- Myocardial Ischaemia

MANAGEMENT
- Oxygen aiming Sats 94-98% (consider 88-92% if CO_2 retainer)
- Treat underlying cause:
  - i.e. Electrolyte Abnormalities / Dehydration / Infection

INVESTIGATE / MONITOR
- Full set observations
- 12 Lead ECG
- Cardiac Monitoring
- IV Access
- Bloods: FBC / U&E / Mg^{2+} / LFT, Ca^{2+}, TFT

YES

CALL FOR HELP
GET CRASH TROLLEY

NO

SYNCHRONISED DC SHOCK
UP TO 3 ATTEMPTS
-will need sedation-

IF UNSUCCESSFUL SHOCK
AMIODARONE 300mg IV 10-20mins
-Repeat Shock-
AMIODARONE 900mg IV 24hr

RATE AND RHYTHM CONTROL

DURATION OF ONSET

>48 HOURS
-or-
UNCERTAIN DURATION

RATE CONTROL

<48 HOURS

RATE CONTROL
-Or-
RHYTHM CONTROL

RATE CONTROL

1ST LINE MANAGEMENT - MONOTHERAPY

LOW BLOOD PRESSURE / HEART FAILURE
SEDENTARY LIFESTYLE

NO

YES

DIGOXIN

Use PO dose unless rapid digitalisation required - always discuss with **Senior** first for IV

PO LOADING DOSE

REVIEW 6 HOURS

HR < 100

NO

CALL SENIOR

YES

PO MAINTENANCE DOSE

PMH: SEVERE ASTHMA / BRONCHOSPASM
I.E. CONTRAINDICATION TO BETA BLOCKER

NO

YES

BETA BLOCKER

- BISOPROLOL (PO)
- METOPROLOL (IV/PO)
- ATENOLOL (PO)
- CARVEDILOL (PO)

Do not use **SOTALOL**

INITIAL DOSE

REVIEW 2-3 HOURS (PO)
IV METOPROLOL: 5mins

CALCIUM CHANNEL BLOCKER

- DILTIAZEM (PO)
- VERAPAMIL (PO)

Rate limiting CCB only
Do not give **VERAPAMIL** if already on **BETA BLOCKER** or **LVSD**

INITIAL DOSE

REVIEW 2 HOURS

HR < 100

YES

NO

CALL SENIOR

PO MAINTENANCE DOSE

DOSE TITRATION

Loading / Initial and Maintenance doses should be patient specific - see BNF / Local guidelines / Senior for advice

Always consult BNF for dose / administration and contraindications for all above medications

2ND LINE MANAGEMENT - COMBINATION THERAPY

ALWAYS DISCUSS WITH SENIOR / CARDIOLOGY

COMBINATION OF ANY 2

BETA BLOCKER | **DILTIAZEM** | **DIGOXIN**

Do not combine BETA BLOCKER with VERAPAMIL

RHYTHM CONTROL

ALWAYS DISCUSS WITH SENIOR / CARDIOLOGY

PHARMACOLOGICAL

STRUCTURAL HEART DISEASE ON ECHO

NO

YES

FLECANIDE / AMIODARONE

AMIODARONE

ELECTRICAL

- **SYNCHRONISED DC SHOCK**
- **UP TO 3 ATTEMPTS**
- Will require SEDATION or GENERAL ANAESTHESIA

ECHOCARDIOGRAM

- When there is a high suspicion of structural abnormality
- When **non-emergency cardioversion** is being considered

ANTICOAGULATION

NEW ONSET AF / NOT ON ANTI-COAGULATION

STROKE RISK STRATIFICATION

HAS-BLED

CHA_2DS_2-VASC

- **Consider anti-coagulation:**
  - Based on above risk scores
  - Patients for potential elective DC cardioversion
- Ensure to counsel patient on risks and available options