RETU Atrial Fibrillation Pathway

Required testing prior to RETU admission

- ECG
- Troponin
- pregnancy test in women of childbearing age



Not appropriate for RETU

- Hemodynamic instability
- Mvocardial infarction
- ΔΝΛ
- Syncope
- Heart failure
- Suspected accessory pathway
- Initiation of IV antiarrythmic drug therapy

RETU Intake Evaluation

(do not repeat testing if already done in ED

Exam Focus

- Cardiac
- Neuro
- Vascular

Initial Testing

- Labs: CBC, Chem 7, Troponin, PT/PTT TSH/FT4, LFTs, BNP (as clinically indicated)
- Imaging: CXR (as clinically indicated)

Monitoring

- Continuous telemetry monitoring
- Serial Troponin

Consults (as indicated)

• EP consult*

RETU Treatment / Evaluation

Rate remains controlled?



N

Rate control agents

- ker (caution advised in those with hypotension or El
- beta blocker (caution advised in those with hypotension or reactive airway

For new onset atrial fibrillation: Echo within the past 6 months?



 $N \rightarrow$

Call x41718 to expedite)

Anticoagulation assessment: Calculate stroke risk (i.e. CHA₂DS₂-VASc score)
Review relative/absolute contraindications to anticoagulation

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Proper discharge medication reconciliation + cardiology follow up within 1 week (If no cardiologist, call 855-674-3278 for general cardiology fellows clinic)

*Indications for EP consult

- Rate remains uncontrolled: HR >110 despite trial of IV and PO AV nodal blocking agents
- Patient remains symptomatic
- Newly diagnosed EF <35%
- Concern for valvular a-fib
- Consider in patients with contraindications to anticoagulation

Disposition Guidelines

Discharge from RETU

- Serial troponin negative
- · Rate remains controlled
- Rate control agent and need for anticoagulation agent addressed
- Patient cleared for discharge by consult service if one was involved

Admission to Hospital

- · Deterioration of clinical condition
- Serial troponin positive
- · Rate remains uncontrolled
- Admission requested by consult service if one was involved