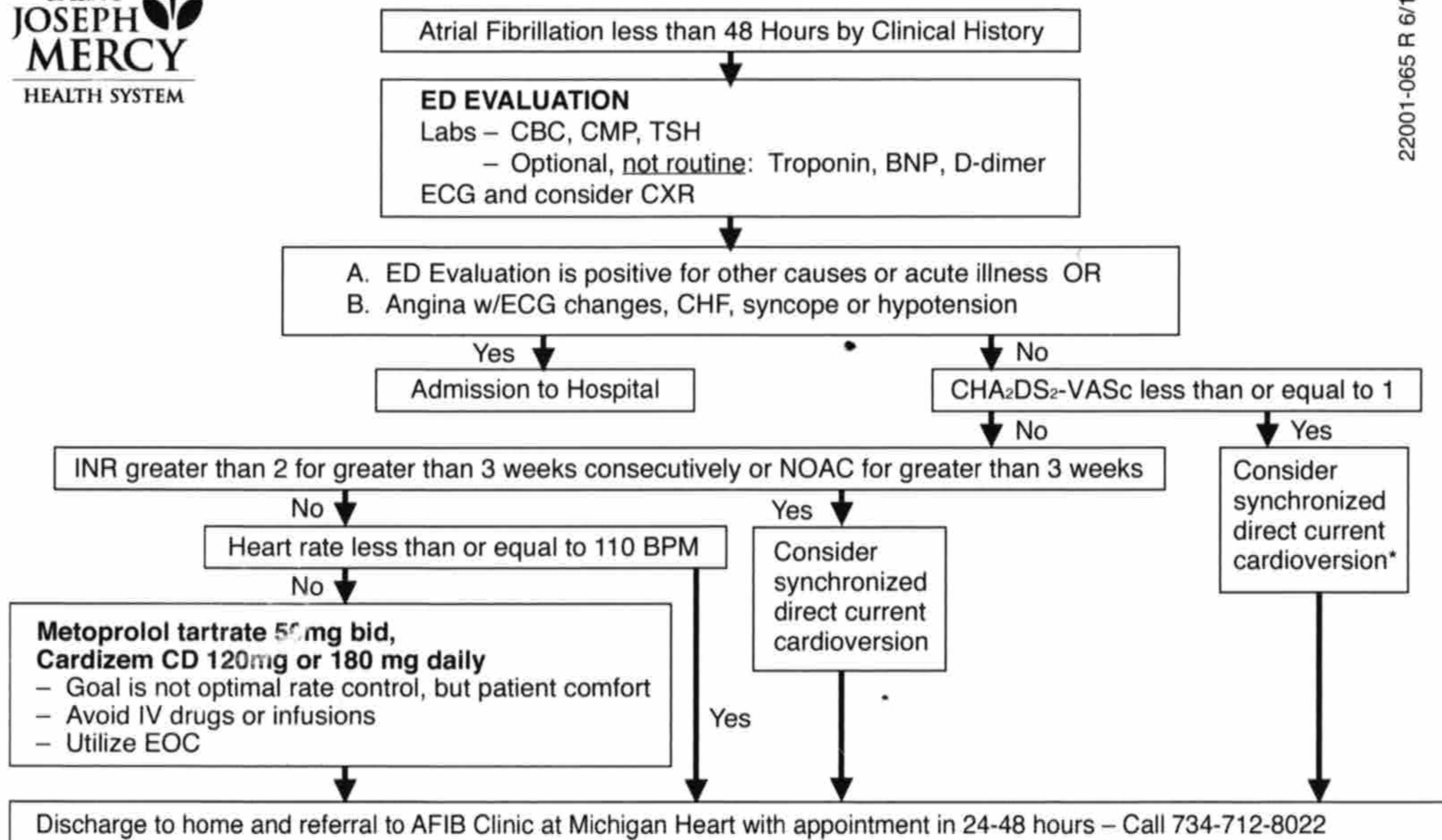


SJMH EMERGENCY DEPARTMENT: ATRIAL FIBRILLATION PATHWAY LESS THAN 48 HOURS

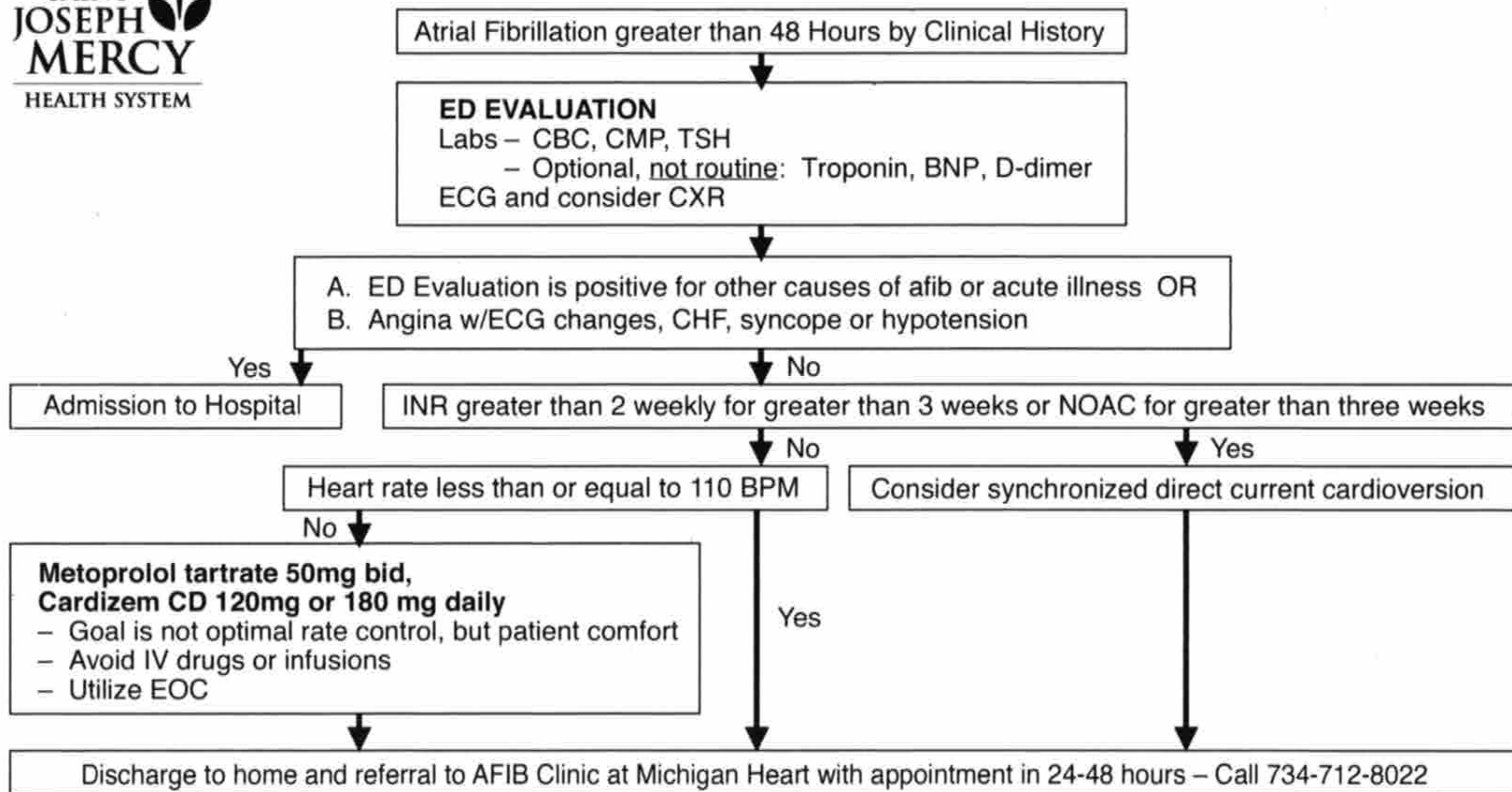
22001-065 R 6/15 (M)



***This is a class IIb indication by 2014 AHA / ACC / HRS Atrial Fibrillation Guidelines.** "Patients with AF or atrial flutter of less than 48-hour duration who are at low thromboembolic risk, anticoagulation (intravenous heparin, LMWH, or a new oral anticoagulant) or no antithrombotic therapy may be considered for cardioversion, without the need for postcardioversion oral anticoagulation (Level of Evidence: C)"

Cardioversion in this instance should only be performed after attendant risks benefits, and alternatives have been discussed with the patient.

SJMH EMERGENCY DEPARTMENT: ATRIAL FIBRILLATION PATHWAY GREATER THAN 48 HOURS



1. Consider admission for high-risk patients (ACS, acute CHF, SYNCOPES, INSTABILITY)
2. Lower-risk patients may be treated and discharged with MH Afib Clinic follow-up in 24-48 hours (exception of weekends) by leaving a voice message at 734-712-8022.*
3. Avoid IV infusions when possible. Consider use of oral beta-blocker (metoprolol) or calcium channel blocker (diltiazem or verapamil). May consider concurrent use of an IV bolus.

4. Utilize EOC for patients requiring monitoring, rule-out, etc. before ED discharge.
5. In most cases, ECHO and initiation of anticoagulation may be delayed until follow-up.
6. Please instruct patients to call the Afib Clinic (number above) if they are not contacted the next weekday.

*On-call cardiologist is always available for consultation.