

ATRIAL FIBRILLATION/FLUTTER (≥ 14 years old) ADMINISTRATIVE ORDER

Initiate immediate supportive care:

O2 to maintain sat $\geq 94\%$
Complete primary and secondary survey as indicated
Vital Signs (FSBG and temperature as indicated)
Cardiac Monitor
12-lead ECG

Inclusion Criteria:

Symptomatic patients with A-fib/flutter and HR >130

Stable:

Initiate IV NS/LR TKO

- If normotensive, consider saline lock with NS flush
Push all meds slowly
- If hypotensive and normal mentation, administer **NS/LR 10ml/kg** bolus
 - Reassess VS and lung sounds after every 500ml infused
 - May repeat as needed for continued hypotension
- **Diltiazem** 0.25mg/kg (max 20mg) IV, administer over 2 minutes
 - If no response after 15 minutes, May repeat same dose x 1

Hold Diltiazem if patient has QRS > 0.12 milliseconds, patient on Beta blockers*, or has WPW

Unstable:

Must include:

- HR >150
- **AND** SBP <90 ,
- **AND** altered mental status with other signs of hypoperfusion

- **Synchronized Cardioversion at 120 Joules**
- If unsuccessful, repeat at **200 Joules**

*Most beta blockers will not be effective if last dose was taken more than 12 hours prior to call. Consider Diltiazem administration with patients on beta blockers who's last dose has been greater than 12 hours.

Notification to include:

Atrial Fibrillation/Flutter Administrative Order, unit number, patient age, gender, and ETA to receiving facility. Advise if patient is unstable.