

# ED OBSERVATION UNIT: ATRIAL FIBRILLATION PROTOCOL NYC H+H KINGS COUNTY HOSPITAL CENTER

*General Observation Guidelines apply for all ED observation patients*

| <b>INCLUSION CRITERIA</b>  | <b>EXCLUSION CRITERIA</b>   |
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| <ul style="list-style-type: none"> <li>• Patients with a history of AFIB and now in AFIB with RVR requiring rate control</li> <li>• Post cardioversion in the ED (if not candidates for discharge directly from ED)</li> </ul> | <ul style="list-style-type: none"> <li>• Additional diagnosis requiring inpatient care (Ex. decompensated CHF, MI, PE, sepsis, thyrotoxicosis)</li> <li>• Hemodynamic instability</li> <li>• Signs of cardiac ischemia (active chest pain, ST-segment changes), or known intracardiac thrombus</li> <li>• HR &gt;150 or requiring IV drip therapy to control rate at the time of disposition</li> </ul> |

| <b>INTERVENTIONS</b>  |
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| <ul style="list-style-type: none"> <li>• Consider Cardiology consultation</li> <li>• Telemetry monitoring</li> <li>• Rate control (transition to PO medications)</li> <li>• Echocardiogram (if new onset AFIB or no previous ECHO)</li> <li>• Anticoagulation (With regards to CHADS<sub>2</sub>VASC and renal function)</li> </ul> |

| <b>DISPOSITION</b>  |  |
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| <p><b>Home:</b></p> <ul style="list-style-type: none"> <li>• Adequate symptom and rate control on PO medications OR conversion to normal sinus rhythm for &gt;6 hours</li> <li>• Adequate follow-up plan including cardiology appointment and access to rate control and anticoagulation prescriptions</li> </ul> | <p><b>Admission:</b></p> <ul style="list-style-type: none"> <li>• Deterioration in clinical status</li> <li>• Identification of underlying etiology that needs further management</li> <li>• Acute thromboembolic event (stroke, PE, limb ischemia)</li> <li>• Inability to achieve symptom or rate control with PO medications in 48 hours</li> </ul> |

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### Sources

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Reviewed by Bobak Zonnoor MD, Raymond Beyda MD, Rajesh Verma, MD