Atrial Fibrillation

Cardio SpR: Bleep 8850

NHS
University Hospitals Sussex
NHS Foundation Trust

Assess as per ALS guidelines for tachycardia
- ABCDE approach
- Give O_2 if appropriate and obtain IV access
- Monitor BP, SpO_2 and connect to cardiac monitor
- Identify and treat reversible causes (e.g. electrolyte abnormalities)

Consider secondary causes
- ACS
- Valvular heart disease
- Thyroid disease
- Heart failure
- Sepsis/infection
- Pulmonary embolism

Investigations
- 12 lead ECG
- CXR
- Bloods (FBC, U+Es, TFTs, bone profile, Mg^{2+}, CRP)

Management (aim for HR <110 bpm)

1st line: IV/PO beta-blocker
→ Bisoprolol 2.5-10mg PO
→ Atenolol 5 mg IV over 5 mins
→ Metoprolol 5 mg IV over 5 mins*

2nd line: IV/PO calcium channel blocker
→ Diltiazem 60-120 mg PO TDS
→ Verapamil 40-120 mg PO TDS
→ Verapamil 5 mg IV over 5 mins*

If evidence of heart failure, consider:
→ Digoxin 500 mcg PO/IV and repeated after 6h if necessary (daily dos 62.5-250 mcg depending on renal function)
→ Amiodarone (seek advice)

*IV doses of metoprolol or verapamil can be repeated at 10-15 min intervals if tolerated and further rate control required

Adverse features?
- Shock
- Syncope
- Myocardial ischaemia
- Heart failure

Seek senior help and consider DCCV

If AF duration <48h:
Consider attempt to restore sinus function
- Flecainide 2 mg/kg (up to max dose 150 mg) IV over 20-30 mins**
- DCCV (with senior and anaesthetic support)

**Flecainide contraindicated if ischaemic or structural heart disease or LV dysfunction

Anticoagulation
- Give treatment-dose LMWH unless contraindicated
- Assess thromboembolic risk as per CHA_2DS_2VASc