Follow Initial Protocol for All Patients

Irregular Narrow Complex/Identifiable Atrial Fibrillation/Flutter
With signs of instability

- Yes

Consider H5. Amiodarone fluid challenge

- No

Onset of symptoms <48 hours

- Yes

Stable, but high index of suspicion for deterioration - Consider the following:

  - SBP > 90 mmHg
  - H12. Diltiazem
    - 0.25 mg/kg IV over 2 minutes
    - Max 20 mg
  
- No

Must Contact Medical Control

Atrial Fibrillation:

G46. Synchronized Cardioversion

200 J

Atrial Flutter:

G46. Synchronized Cardioversion

50-100 J

Anterior/Posterior Pad Placement

Unstable Signs/Symptoms (not limited to):

- Pulmonary Edema
- Severe Hypotension
- Altered Mental Status

Cardioversion should be reserved for critically unstable patients

Risk of dislodging clot with cardioversion, provider must weigh the benefit vs. risk.

Special Considerations

- Avoid H12. Diltiazem use in patients who have history of CHF, Heart Block, Valvular disease, or cocaine use.
- Amiodarone may be a good substitute for patients who are intolerant or unresponsive to other medications, such as Congestive Heart Failure Patients