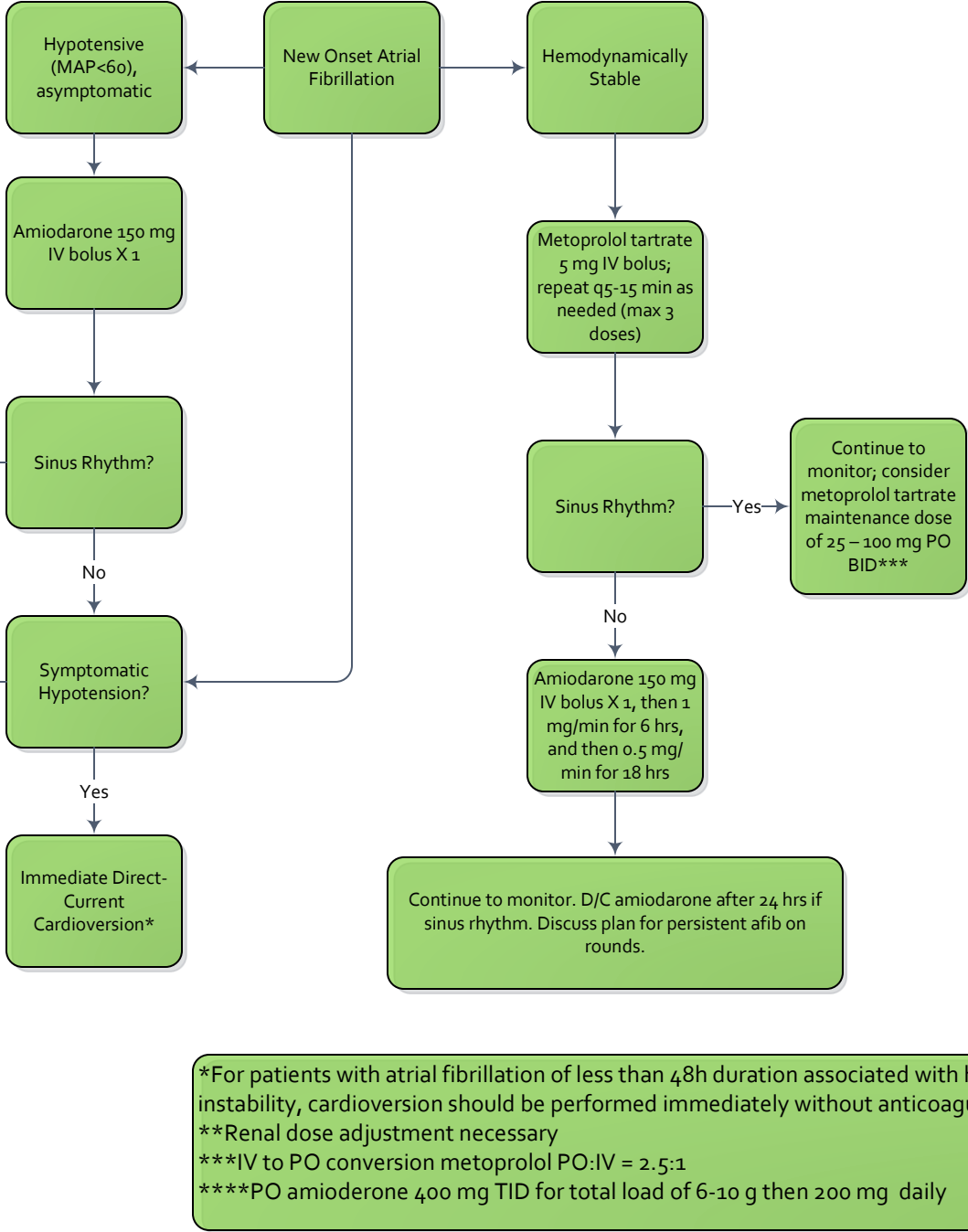


Guidelines for the Management of Atrial Fibrillation with Rapid Ventricular Rate

Notes:
 Cardiology consultation is not necessary for patients with new onset afib who are controlled with this algorithm. Patients with chronic afib should have home meds resumed and may be trialed on this algorithm prior to consulting cardiology.

Consider cardiology consult for atrial fibrillation uncontrolled with amio &/or recurrent



*For patients with atrial fibrillation of less than 48h duration associated with hemodynamic instability, cardioversion should be performed immediately without anticoagulation
 **Renal dose adjustment necessary
 ***IV to PO conversion metoprolol PO:IV = 2.5:1
 ****PO amiodarone 400 mg TID for total load of 6-10 g then 200 mg daily