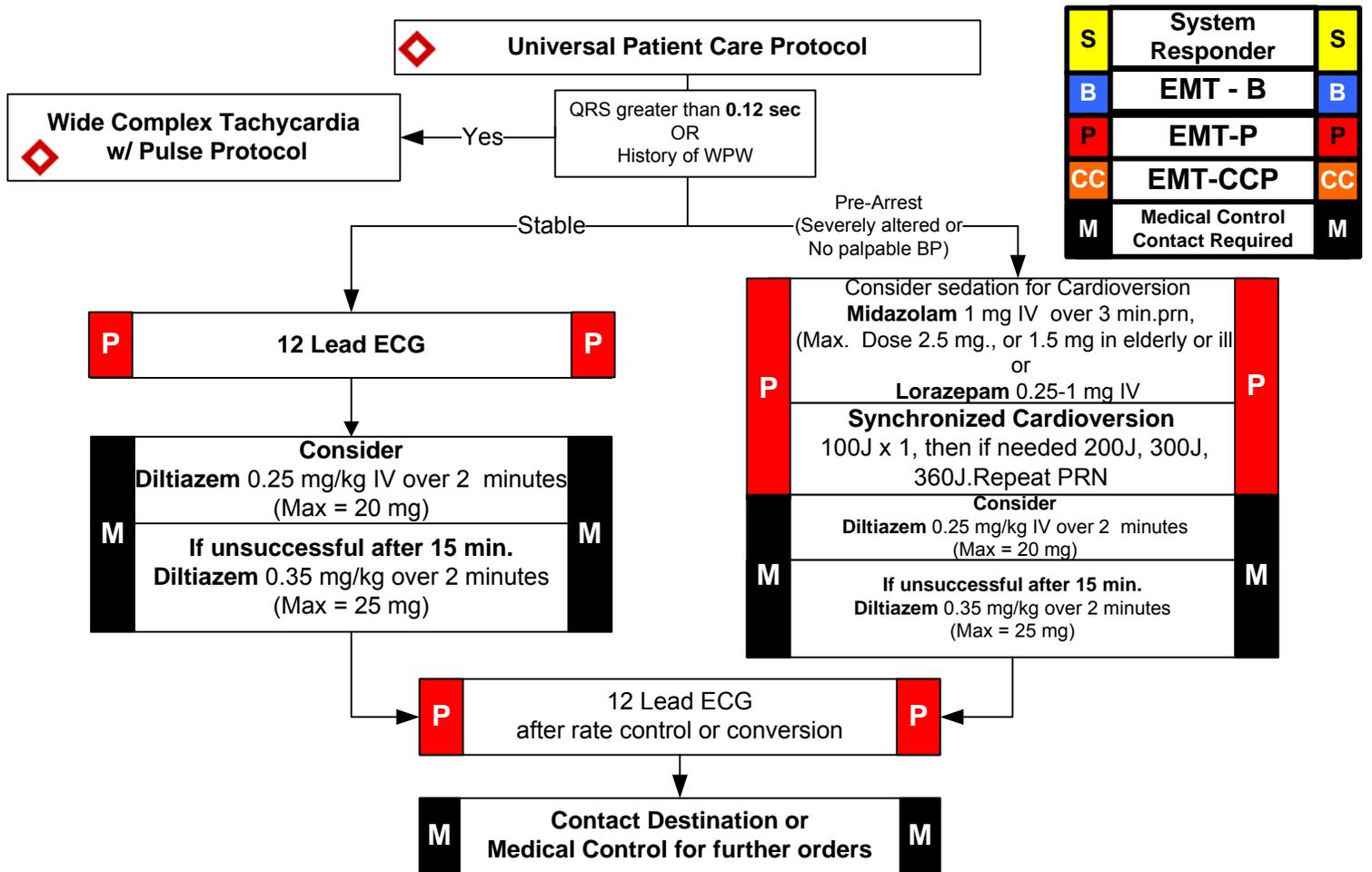




# Atrial Fibrillation with Rapid Ventricular Response

COG  
A-07

<b>History:</b> <ul style="list-style-type: none"> <li>Medications (Aminophylline, Diet pills, Thyroid supplements, Decongestants, Digoxin)</li> <li>Diet (caffeine, chocolate)</li> <li>Drugs (nicotine, cocaine)</li> <li>Past medical history</li> <li>History of palpitations / heart racing</li> </ul>	<b>Signs and Symptoms:</b> <ul style="list-style-type: none"> <li>HR &gt; 150/Min</li> <li>QRS less than 0.12 sec</li> <li>QRS greater than 0.12 sec or history of WPW go to V-Tach with pulse Protocol</li> <li>Dizziness, CP, SOB</li> <li>Syncope / near syncope</li> </ul>	<b>Differential:</b> <ul style="list-style-type: none"> <li>Heart disease (WPW, Valvular)</li> <li>Sick sinus syndrome</li> <li>Myocardial infarction</li> <li>Electrolyte imbalance</li> <li>Exertion, Pain, Emotional stress</li> <li>Fever</li> <li>Hypoxia</li> <li>Hypovolemia or Anemia</li> <li>Drug effect / Overdose (see Hx)</li> <li>Hyperthyroidism</li> <li>Pulmonary embolus</li> </ul>
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**Pearls:**

- If patient has history of or 12 Lead ECG reveals Wolfe Parkinson White (WPW), DO NOT administer Diltiazem.
- Adenosine may not be effective in identifiable atrial flutter/fibrillation, but is not harmful.
- Monitor for hypotension after administration of Diltiazem.
- Monitor for respiratory depression and hypotension associated with **Midazolam & Lorazepam. \*\*Pulse OX and Capnography Mandatory!** Be prepared to assist ventilations especially if **Midazolam** is used.
- Lorazepam and Midazolam Doses** are to be titrated to effect, maintaining SBP >100 mmHg and/or peripheral pulses present. Always use **smallest dose** possible to achieve desired effect.
- Document all rhythm changes with monitor strips and obtain monitor strips with each therapeutic intervention.
- Continuous pulse oximetry is required for all Atrial Fibrillation Patients.
- Rapid ventricular response is defined as rate > 100 however rate related signs and symptoms are uncommon with HR ≤ 150/min in patients with healthy heart. Consider rate control at lower heart rates if symptomatic, .