St. Luke's-Roosevelt Hospital Center

Advanced Cardiac Admissions Protocol (ACAP)

Atrial Fibrillation/Aflutter Pathway (RACE)

To be completed on patients with a diagnosis of AFib or AFlutter

1044 FL OFFICE DEPOT PROOF 1 4/2/07

ADDRESSOGRAPH AREA

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ADMISSION DIAGNOSIS: (Please mark all that apply) ☐ Atrial Fibrillation/Flutter ☐ ACS ☐ Heart Failure ☐ Other Cardiac Causes	
INITIAL ASSESSMENT: ☐ 12 lead EKG within 10 mins; Vital Signs, H&P ☐ Labs: BMP, CBC, Mg, PT, PTT, INR, TSH ■ Is patient on Warfarin? ☐ YES ☐ NO ☐ Is Patient Stable?	{ ☐ Known Atrial Flbrillation/Flutter ☐ New Onset Atrial Fibrillation/Flutter
□ YES	☐ NO >> Synchronized D/C Cardioversion
Consider Etiology of Atrial Fibrillation/Flutter	
■ Non-Cardiac Etiology	■ Cardiac Etiology
☐ T Thyroid or Trauma	□ C CHF
□ R Recreational Drug Use	□ A Acute Coronary Syndrome
A Alcohol	☐ T Tachy-Brady Syndrome/Sick sinus
P Pulmonary Disease	□ C Syndrome
S Sepsis/Infection	H Hypertension
Type of Arrhythmia: ☐ A. Fib ☐ A. Flutter Duration of Arrhythmia: ☐ < 48 hours	□ W Wolf Parkinson White Syndrome□ A After Cardiac Surgery
□ > 48 hours	□ A After Cardiac Surgery□ V Valvular Heart Disease
☐ Unknown	☐ E Medical Non-Compliance
< 48 Hrs	> 48 Hrs or Unknown
☐ Sinus Rhythm Restored after Cardioversion.	NO A FIB permanent YES
☐ First/Single episode of Atrial Fibrillation. ☐ Failed Cardioversion >> TTE	☐ Heparin Therapy ☐ Successful Rate Control
☐ Heparin Therapy	☐ TEE ☐ EP Consult to consider
☐ Rate Control	☐ Clot >> Warfarin x 3 wks☐ No Clot >> Cardioversion☐ Implantation.
☐ Antiarrythmic Medications	+ Warfarin x 4 wks.
☐ Evidence of CVD: ☐ CHF ☐ CAD ☐ HTN	
Rate Control, HR < 30 bpm (< 120 bpm with exercise) Anticoagulation Therapy, based on Thromboembolic risk EP/Antiarrhythmic Medication	
assessmer	
Beta Blockers: ☐ Metoprololmg po bid ☐ Weight adjusted I	Class IC Heparin □ Flecainidemg po bid
☐ Esmololmg/kg IV ☐ Low Molecular W	eight Heparin
Calcium Channel Blockers: ☐ Warfarin, target II☐ Diltiazemmg po (daily/q12/q6) ☐ Aspirin	☐ Amiodaronemg po daily
☐ Verapamilmg po (daily, q12)	☐ Sotalolmg po bid☐ Dofetilidemcg po bid
Digoxinmg po daily	■ □ Boletilideilicg þó blu
Resident:	Approved 9/14/2005