## 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

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	{ ☐ 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
☐ 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. Flutter  Duration of Arrhythmia: ☐ ✓ 48 hours	<ul><li>□ W Wolf Parkinson White Syndrome</li><li>□ A After Cardiac Surgery</li></ul>
> 48 hours	<ul> <li>☐ A After Cardiac Surgery</li> <li>☐ V Valvular Heart Disease</li> </ul>
Unknown	☐ E Medical Non-Compliance
< 48 Hrs	> 48 Hrs or Unknown
☐ Sinus Rhythm Restored after Cardioversion.	NO A FIB permanent YES
<ul><li>☐ First/Single episode of Atrial Fibrillation.</li><li>☐ Failed Cardioversion &gt;&gt; TTE</li></ul>	☐ Heparin Therapy ☐ Successful Rate Control
☐ Heparin Therapy	☐ TEE ☐ COnsult to consider
☐ Rate Control	<ul><li>☐ Clot &gt;&gt; Warfarin x 3 wks</li><li>☐ No Clot &gt;&gt; Cardioversion</li><li>☐ Implantation.</li></ul>
☐ Antiarrythmic Medications	+ Warfarin x 4 wks.
Evidence of CVD: CHF CAD HTN	
Rate Control, HR < 30 bpm  Anticoagulation Therapy,  EP/Antiarrhythmic Medication	
assessme	Thromboembolic risk nt
Beta Blockers:   ☐ Metoprololmg po bid ☐ Esmololmg/kg IV ☐ Low Molecular W	
Calcium Channel Blockers:  □ Diltiazemmg po (daily/q12/q6) □ Verapamilmg po (daily, q12) Digoxing po daily	
Resident:	Approved 9/14/2005