CCT-RN/Paramedic Treatment Guideline 1213/2213

Atrial Fibrillation with Rapid Ventricular Response

The goal of therapy in atrial fibrillation with rapid ventricular response is to achieve hemodynamic stability through heart rate control. ***It is imperative to use extreme caution when administering medications to a patient that has been in atrial fibrillation for an unknown amount of time due to risk of conversion to sinus rhythm with release of micro emboli. The risk is considered to be small in patients who have been in atrial fibrillation for < 48 hours***.

Follow **MAMP Protocol 1201/2201, Chest Pain (ACS) Protocol 4202,** and/or **Acute MI Guideline 1202/2202,** as applicable, including IV, oxygen, pulse oximeter, and ECG, with the following modifications:

Atrial fibrillation with rapid ventricular response in an asymptomatic patient would normally not require immediate treatment; however, if the patient is symptomatic (i.e. chest pain, short of breath, near syncope, etc.) and has a rapid heart rate, then treatment would proceed as follows:

A. Hemodynamically Stable Patient (SBP >90 and normal mentation)

Contact MCP to consider diltiazem bolus and drip as follows:

1. Diltiazem (*Cardizem*): 0.25 mg/kg (actual body weight--not to exceed max. dose of 20 mg) slow IVP over 2 minutes. After 15 minutes, if rate still uncontrolled, consider a second dose of 0.35mg/kg (not to exceed 25 mg) slow IV push over 2 minutes.

2. Diltiazem drip: 5-15 mg/hr on pump (use lower end dose with elderly).

3. If patient develops refractory hypotension after diltiazem administration, stop diltiazem infusion and consider calcium gluconate 1 gm slow IV push as reversal agent.

B. Hemodynamically unstable (SBP <90 **and** altered mentation)

1. Prepare for cardioversion by considering sedation (if hemodynamics and time allow--*use with caution*) as follows:

a. Sedation: etomidate (*Amidate*) 0.15 mg/kg IV ***OR***
diazepam (Valium) 5 mg IV

2. Synchronized cardioversion at 120 joules biphasic.

C. **Contact Medical Command** enroute with patient report and ETA.