

**575FM.1 MANAGEMENT OF ACUTE ATRIAL FIBRILLATION (AF) IN THE EMERGENCY DEPARTMENT**

[See guideline on the following page](#)

Reference:

National Institute for Health and Clinical Excellence (NICE). Clinical Guideline (CG180) Atrial Fibrillation: Management. Published 18 June 2014. Chapter 1 Recommendations: Management for people presenting acutely with atrial fibrillation.

<https://www.nice.org.uk/guidance/cg180#management-for-people-presenting-acutely-with-atrial-fibrillation>

Title of Guideline	Management of Acute Atrial Fibrillation (AF) in the Emergency Department
Guideline Number	575FM
Version	1
Effective Date	August 2021
Review Date	August 2024
Original Version Published	August 2021
Equality Impact Assessment	9 <sup>th</sup> January 2021
<i>Approvals:</i>	
Emergency Department SDU/Clinical Governance meeting	8 <sup>th</sup> December 2020
Cardiology SDU	May 2021
Medicines Check (Pharmacy)	7 <sup>th</sup> June 2021
Clinical Guidelines Group	15 <sup>th</sup> June 2021
Author/s	Dr Arif Ahmad, ED SpR, Stoke Mandeville Hospital Dr Norman Qureshi, Consultant Cardiologist Kirsty Scott, Lead Advanced Pharmacist NOACs
SDU(s)/Department(s) responsible for updating the guideline	Emergency Department Pharmacy
Date uploaded	2 <sup>nd</sup> August 2021
Buckinghamshire Healthcare NHS Trust	

# Acute Atrial Fibrillation

AF often co-presents with: Sepsis, dehydration, hyperthyroidism, PE, ACS etc.  
Identify the underlying cause and treat accordingly.

## Investigations:

VBG, FBC, U&E (all). Consider TFT, LFT, CXR, D-dimer, Troponin, CTPA etc as required

## Any signs of haemodynamic compromise?

Shock (Systolic BP <90).

Chest Pain.

Syncope.

Signs of Heart failure.

No

AF started within 48hrs? If uncertain assume No

No

Yes

Discuss with ED senior or CSRU Registrar.

## Rate Control

- **Bisoprolol** 2.5 - 5 mg PO
  - **Metoprolol** 5 mg IV (repeat if required)
- OR
- **Digoxin** 500 microgram PO/IV (Elderly, immobile, CCF. Use IV if unable to swallow.)
  - **See admission criteria.**

## Rhythm Control

Symptoms/signs of structural or ischaemic heart disease

No

Yes

**Flecainide**  
2 mg/kg IV over 30 - 60 mins (max 150 mg). 200 - 300 mg if used PO

Or  
Consider synchronised DC cardioversion

Or  
**Amiodarone**  
5 mg/kg IV over 20 - 60 mins (max 300 mg)

**Option 1:**  
Synchronised DC Cardioversion: if ED senior trained in cardioversion available.  
**(See red box)**

**Option 2:**  
**Amiodarone**  
5 mg/kg IV over 20 - 60 mins (max 300 mg)

Cardioverted to sinus rhythm?

No

Yes

Discuss with ED senior or CSRU Registrar.

Yes

## Synchronised DC Cardioversion

- Inform ED senior.
- Procedural sedation.
- Call ICU (Bleep 957), if required.
- Synchronised DC shock: 120 - 150 J (Increase in increments to 300 J, up to 3 shocks).
- Consider **Amiodarone** 300 mg IV over 10 - 20 min if shock resistant.

Cardioverted to sinus rhythm?  
If No, follow Rate Control

Yes

## Admit

- Discuss with CSRU Reg for local admission vs transfer.
- Indications monitored bed:
  - > ACS with ongoing chest pain
  - > Ischaemic ECG changes
  - > AF persists with rate >130 following medical therapy.
  - > Haemodynamic instability

## Anticoagulation

- Indicated if CHA<sub>2</sub>DS<sub>2</sub> VASc score of 2 or more
- Consider if score 1 and male
- If HAS-BLED 3 or more discuss with senior
- Prescribe DOAC until seen in anticoagulation clinic.

## Discharge

### Criteria:

- No haemodynamic compromise
- Heart rate <110 for 2 hours
- If first presentation, request Holter monitor and ECHO on Evolve
- Give patient copy of discharge letter, ECG and patient AF/flutter association leaflet.
- Anticoagulation Clinic and Cardiology follow-up if needed.

## CHA2DS2VASc Score

C = Hx of CCF	1
H = Hx of HTN	1
A = Age 75 years or more	2
D = Diabetes mellitus	1
S = Hx of stroke/TIA	2
V = Vascular disease	1
A = Age 65 to 74 years	1
S = Sex (female)	1

## HAS-BLED Score

H = History of hypertension	1
A = Abnormal renal function	1
A = Abnormal liver function	1
S = Stroke	1
B = Bleeding	1
L = Labile INR	1
E = Elderly (>65)	1
D = Drugs/alcohol	1