Yukon-Kuskokwim HEALTH CORPORATION

Clinical Guideline

Atrial Fibrillation and Atrial Flutter

Consult ANMC Cardiology to confirm indication, consider alternative, and discuss need for antiarrythmic drugs prior to procedure.

Ensure that patient had no solid food x 6 hours and no clear liquids x 3 hours.

1. Obtain BMP, magnesium, CBC, PT/PTT: patient should have no significantly abnormal electrolytes, decompensated COPD, or active infections.
2. Obtain digoxin level if applicable.
Procedure may be done on patient with therapeutic digoxin level and no evidence of toxicity.

Obtain consent for procedure.

Anesthesia present with full ACLS setup, including meds and temporary pacer. Anesthesia obtains consent for sedation/anesthesia.

Shave off significant hair.

Position conductive pads or paddles with adequate gel (pads preferred).

Note: Position posteriorly below left scapula and anteriorly just to right of sternum and over right upper parasternal to left cardiac apex.

Set defibrillator to SYNCHRONIZED shock. Verify that device is correctly synchronizing on the QRS complex.

Rare complication: V-tach or V-Fib usually occurs when shock delivered in UNSYNCHRONIZED MODE.
Brief ventricular ectopy occurring post shock is of no clinical significance.
If sustained V-tach or V-fib, deliver an UNSYNCHRONIZED SCHOCK AT 360 J.

Note

Administer anesthesia/sedation

Deliver synchronized shock at 50 J

Note

Try to deliver all shocks during expiration.

Restoration of sinus rhythm?

Yes

No

Severe bradycardia (<20 bpm) or asystole >10 sec?

No

Yes

Persistent bradycardia with hypotension?

No

Yes

Refer to ACLS protocol

Atropine 0.5 mg IV x 2 if needed.

Continued bradycardia or hypotension?

No

Yes

Dopamine 5-10 µg/kg per minute for vasopressor dose.

Set defibrillator to PACE mode.

Begin with 80 mA and increase every 5 sec until Ventricular capture obtained.

RESYNCHRONIZE. Repeat shock at 100 J.

Restoration of sinus rhythm?

Yes

No

RESYNCHRONIZE Repeat shock at 100 J, consider increase to 200 J

Restoration of sinus rhythm?

Yes

No

Move anterior pad to left parasternal, RESYNCHRONIZE and repeat shock at 360 J.
*A total of 4 shocks will be given before the procedure is declared unsuccessful.

Patient with a new or changed prescription for an antiarrhythmic drug?

Yes

Monitor patient for 48 hours and consult ANMC cardiology for further future treatment plan.

No

Patient to be observed and discharged per post-anesthesia criteria.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by MSEC 6/22/11.
If comments about this guideline, please contact Tara_Lathrop@ykhc.org.