ATRIAL FIBRILLATION with RVR

ADULT	PEDIATRIC (≤34 KG)
BLS	
• **Universal Protocol #601** • Pulse Oximetry - O2 administration per Airway Management Protocol #602	Same as Adult
ALS	
Stable • Observe and monitor the patient **Unstable (See Notes)** • Consult the Base Hospital **Extremis (See Notes)** • Consider Midazolam up to 2mg slow IV or 5 mg IN (split into two doses 2.5 mg each nostril) to pre-medicate • Synchronized/Unsynchronized cardioversion sequences (see notes) • Synchronized cardioversion **200 J**. • Use manufacturer-recommended energy settings if different from above	None
Base Hospital Orders Only	
• Unstable pt	• As needed

Notes

- Obtain 12-lead ECG before and after conversion, if possible.
- Vascular access may be omitted prior to cardioversion if unstable.
- Consider and treat underlying causes in unstable patients with atrial fibrillation and atrial flutter, i.e., sepsis, dehydration/hypovolemia, med errors, etc.
- Synchronized/Unsynchronized Sequences
  (If synchronized mode is unable to capture, use unsynchronized cardioversion.)
- Unstable is defined as a pt in A-FIB RVR presenting with signs/symptoms of hemodynamic instability:
  - SBP < 100 mmHg
  - Evidence of poor perfusion – capillary refill, color, temp, etc.
  - Altered Mental Status
  - Shortness of breath
  - Pulmonary edema
- Extremis is defined as a pt in A-FIB RVR, and imminent death is likely