



POLICY: 554.08
 TITLE: Atrial Fibrillation – Atrial Flutter

EFFECTIVE: 10/21/2020
 REVIEW: 10/2025
 SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

ATRIAL FIBRILLATION – ATRIAL FLUTTER

I. AUTHORITY

Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II. PURPOSE

To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.

III. PROTOCOL

Atrial Fibrillation: The rhythm is irregularly irregular. Atrial rate 350 to 600 but as a rule cannot be counted. Ventricular rate is between 160 and 180 but may be much slower if patient is taking digoxin (lanoxin). Fibrillatory waves may be coarse or fine. QRS complex is usually normal. Most Atrial Fibrillation is longstanding, and is NOT the cause of the patient's chief complaint. In those cases, it should not be treated. In addition, any Atrial Fibrillation that has been present longer than 48 hours should not be treated, unless clearly unstable, to reduce the threat of thromboembolism after cardioversion.

Atrial Flutter: Atrial rhythm is regular. Ventricular rhythm may be regular or irregular if variable block is present. Ventricular rate is between 120 and 160 but may be slower if the patient is taking digoxin (lanoxin). QRS complex is usually normal and may follow every second, third, or fourth flutter wave. Atrial Flutter is rarely a longstanding rhythm. It commonly causes symptoms.

EMR STANDING ORDERS

Patient Assessment	Circulation, Airway, Breathing, assess vital signs q 5 minutes and report findings to incoming Advanced Life Support providers
Oxygen Administration	Provide oxygen if appropriate and be prepared to support ventilations with a BVM

EMT STANDING ORDERS

Note	Must perform items in EMR standing orders if applicable
Pulse Oximetry	Report initial reading to paramedic if applicable
Mentation	If Altered Level of Consciousness check blood sugar and refer to 554.31 Altered Level of Consciousness

PARAMEDIC STANDING ORDERS

Note	Must perform items in EMT standing orders if applicable
Pulse Oximetry	
Mentation	If Altered Level of Consciousness check blood sugar and refer to 554.31 Altered Level of Consciousness
Cardiac Monitor	Identify heart rhythm and obtain 12 lead if time permits
IV/IO Access	TKO. 250ml fluid challenge if systolic BP is <90mm/Hg. Repeat until BP improves

Synchronized Cardioversion	<u>Unstable: Systolic BP<90mmHg AND severe chest pain, shortness of breath, decreased level of consciousness, or congestive heart failure:</u> SYNCHRONIZED at 100 J, 200 J, 300 J, 360 J (or clinically equivalent biphasic energy doses). Reduce power by half for patient taking digitalis. If delays in synchronization occur, and clinical conditions are critical, go to immediate unsynchronized shocks. Reassess and document vitals and rhythm post cardioversion
Fentanyl	50mcg if systolic blood pressure is >90mm/Hg. May be administered for pain management post cardioversion
Assessment	If systolic BP>90mmHg and no chest pain, shortness of breath, decreased level of consciousness or congestive heart failure: Monitor, IV access, and transport patient in position of comfort. Observe and reassess q 5 minutes. Document findings

Clinical PEARLS:

- Intravenous access is preferred over Intraosseous unless patient is unstable
- Secure airway with simplest technique, i.e. BLS airway unless unable to manage
- The use of capnography is highly recommended in all Respiratory patients and during Analgesic use.
- Obtain 12 lead post conversion and document findings in Patient Care Report