Development and Implementation of an Outpatient Atrial Fibrillation Pathway: Afib Example Protocol

Patient presents with primary problem of atrial fib/flutter:
- Confirm no exclusion criteria for outpatient management are present.
- Initiate rate control and anticoagulation in ED.
- Consider discussing with patient’s Cardiologist (if applicable/available).

Either true?
- Clear onset <48 hours
- Adequately anticoagulated ≥4 weeks

YES

Sedation risk for electrical cardioversion?

NO

Adequate rate control achieved in ED?

NO

Assign to Observation Unit (if available); if not, hospitalize.

YES

At 12 hours, sinus rhythm for >1 hour and/or adequate rate and symptom control?

NO

Sinus rhythm for >1 hour and/or adequate rate and symptom control?

YES

Assign to Observation Unit (if available)

NO

Assign to Observation Unit (if available) or continue care in ED

YES

Perform chemical cardioversion.

If cardioversion not optimal, optimize rate control.

Home with:
- New rate control regimen (if not in sinus rhythm)
- Discharge anticoagulation
- Outpatient follow-up

General Cardiology consultation or admission