Confirm on more than one lead of ECG
Check electrolytes (with Mg, Ca, Phos)
Check CBC
Assess patient’s volume and oxygenation status

Rapid ventricular response

Hemodynamically unstable

Direct cardioversion
Synchronized at 50J, 100J, 200J (consider sedative)
Consider Magnesium 4gm IV

Hemodynamically stable
rate control

**Consider cause of atrial fibrillation (fluid overload, infection, post-op, etc) if no prior history**

*Algorithm should be re-assessed after 24hrs. Consider oral therapy*

*Anticoagulation to be discussed and documented if persistent >48hrs*

*Titrate to at least <120BMP (<100 preferred if hemodynamics allow).*

*Obtain labs, CXR, pulse oximetry/ABG.*

^ If unsuccessful with metoprolol, please proceed with alternative regimen

**Preferred**

Metoprolol^ 5-10 mg IV q5min X 3 doses

Amiodarone 150mg IV bolus 24 drip (1mg/min X 6hrs, followed by 0.5mg/min X 18h)

Option in severe COPD or asthma
(avoid if EF <40%): Diltiazem 0.25mg/kg IVP X 1. If no response, consider 0.35mg/kg IVP X 1. If no response, consider drip @ 5-15mg/hr

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