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 Executive Director  
SIGNATURE ON FILE IN EMS OFFICE  
 Medical Director

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 PAGE: 1 of 1

**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 EMT-1s 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 long-standing, 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 long standing rhythm. It commonly causes symptoms.

**STANDING ORDERS**

<b>ASSESS</b>	CAB.
<b>SECURE AIRWAY</b>	Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation/perilaryngeal airway. Refer to General Procedures Protocol 554.00.
<b>OXYGEN</b>	Oxygen delivery as appropriate
<b>IV ACCESS</b>	TKO
	<b><u>Unstable: Systolic BP less than 90mmHg AND severe chest pain, shortness of breath, decreased level of consciousness, or congestive heart failure:</u></b>
<b>MIDAZOLAM</b>	2.0 mg IV push. Do not delay cardioversion for IV access or sedation if the patient is unconscious.
<b>CARDIOVERT</b>	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.
<b>REASSESS</b>	Treat as appropriate for rhythm.
	<b><u>Borderline: Systolic BP 90 mmHg or greater AND severe chest pain, shortness of breath, decreased level of consciousness, or congestive heart failure:</u></b>
<b>REASSESS</b>	Observe, reassess frequently.