A Guide for the Evaluation and Management of the Atrial Fibrillation Patient
**Potential Complications in Patients with Atrial Fibrillation**

**BLEEDING**
- Spontaneous
- Supratherapeutic anticoagulation
- Trauma/post-operative

**POSSIBLE PRECIPITANTS**
- Change in renal function
- Medication interaction or poor compliance

**MANAGEMENT CONSIDERATIONS**
- Stabilization
- Reversal (agent-specific)
- Intervention, if necessary
- Correction of precipitant

**ARRHYTHMIAS**
- **Bradyarrhythmias**: sinus bradycardia, sinus arrest, heart block (with or without underlying atrial arrhythmia)
- **Tachyarrhythmias**: VT, Torsades de pointes (polymorphic VT), atrial arrhythmias with rapid ventricular conduction

**POSSIBLE PRECIPITANTS**
- Change in renal function
- Use of AADs (class Ic, III, or digoxin)
- Medication interaction
- New or worsening structural heart disease
- Accessory conduction (e.g., WPW syndrome)

**MANAGEMENT CONSIDERATIONS**
- Vasopressor support
- Temporary pacing
- Cardioversion or defibrillation
- Use of antidote (agent-specific)
- Correction of precipitant
- Specialist consultation

**PROCEDURAL COMPLICATIONS**
- **Cardioversion**: arrhythmias, thromboembolism
- **Catheter Ablation (percutaneous or surgical)**: arrhythmias, thromboembolism, groin access complications, cardiac tamponade, atrio-esophageal fistula, pulmonary vein stenosis
- **Pacemaker Placement**: pneumo- or hemo-thorax, cardiac perforation and/or tamponade, arrhythmias due to pacemaker malfunction
- **Left atrial appendage exclusion (percutaneous or surgical)**: thromboembolism, cardiac tamponade, surgical site complications

**POSSIBLE PRECIPITANTS**
- Medication interaction or poor compliance
- Concomitant disease (e.g., lung disease)
- Anatomic anomalies

**MANAGEMENT CONSIDERATIONS**
- Stabilization
- Imaging
- Appropriate intervention (e.g., pericardiocentesis, chest tube)
- Specialist consultation

**AAD**: antiarrhythmic drug  
**VT**: ventricular tachycardia  
**WPW**: Wolff-Parkinson-White

PATIENT WITH ATRIAL FIBRILLATION PRESENTS TO EMERGENCY DEPARTMENT

HEMODINAMICALLY STABLE

HEMODINAMICALLY UNSTABLE

ACLS (OR SIMILAR) PROTOCOL

HEART RATE CONTROL (<100 BPM)

ASSESS FOR SECONDARY PROCESSES

HEMODYNAMICALLY UNSTABLE

HEART RATE CONTROL (<100 BPM)

Underlying Structural Heart Disease

Heart Rate Control

Anticoagulation Strategy

AV-node blockers (e.g., metoprolol or diltiazem), AADs (e.g., amiodarone)

Oral: warfarin, dabigatran, rivaroxaban, apixaban

Parenteral: LMWH, UFH

Consider Specialist Consultation

DISCHARGE FROM THE ED

- Blood pressure stable
- Heart rate controlled (ideally <100 bpm)
- Strategy in place for prevention of thromboembolism
- Symptoms managed
- No clinical precipitant requiring inpatient management
- No concomitant disease requiring inpatient management
- Follow-up care established
- Patient education provided
Atrial fibrillation (AF) is the most common cardiac dysrhythmia, and its prevalence is growing. The care of patients with AF is complex, and involves multiple specialties and venues of care. Guideline recommendations are available for AF therapy; however, their implementation can be challenging. The Society of Cardiovascular Patient Care has developed an accreditation program, formulated by an expert committee on AF. Accreditation is based on specific criteria in 7 domains:

(1) Community outreach  
(2) Pre-hospital care  
(3) Early stabilization  
(4) Acute care  
(5) Transitions of care  
(6) Clinical Quality Measures  
(7) Governance

The document presents the rationale, discussion, and supporting evidence for these criteria, in an effort to maximize effective and efficient AF care.

The White Paper can be found at: [http://www.scpcp.org/services/afib/](http://www.scpcp.org/services/afib/)

ABOUT SCPC

The Society of Cardiovascular Patient Care (SCPC) is an international not-for-profit organization leading the fight to eliminate heart disease as the number one cause of death worldwide. SCPC focuses on transforming cardiovascular care by assisting facilities by creating communities of excellence that bring together quality, cost and patient satisfaction. SCPC provides the support needed by hospitals to effectively bridge existing gaps in treatment by providing the tools, education and support necessary to successfully navigate the changing face of healthcare.