

## New/Unstable Atrial Fibrillation

Measure heart rate, blood pressure, oxygen saturation, GCS, ECG if possible.

**Refer to the ED if:**

Unstable: hypotensive / altered LOC / chest pain	Needs resuscitation
--	---------------------

OR

New diagnosis of asymptomatic Afib (onset <12 hours)	Candidate for cardioversion
--	-----------------------------

OR

Symptomatic (SOB, dizziness, syncope)	May need further investigations/treatment
---------------------------------------	---

Manage in the community using rate control strategy if:

- Afib >12 hours
- Minimally symptomatic

**Actions:**

- Beta blocker / calcium channel blocker to manage heart rate (60-100 bpm)
  - Beta blocker; Metoprolol 25-50 mg BID
  - OR
  - Calcium channel blocker; Diltiazem 30-60 mg QID
- DOAC
  - Apixiban 2.5-5 mg BID, depending on eGFR, age, weight
- Refer to cardiology for urgent outpatient follow-up (within 3 weeks)
- **The patient needs Oral Anticoagulation x 3 weeks before scheduled cardioversion**

### Resources

- [Canadian Cardiovascular Society Atrial Fibrillation Guidelines](#)

