



TIP: WORRIED ABOUT A PATIENT WITH NEW ONSET ATRIAL FIBRILLATION?

If you have a patient with atrial fibrillation of **unknown duration**, take a step back and ask yourself, "What can I do for them right here, right now?"

- Do a good history and physical exam
- Order a STAT ECG, CBC, serum electrolytes and Creatinine
- Start a rate controlling agent (GOAL: to get HR<100 at rest <110 walking)
- Anticoagulate until assessment for possible cardioversion can be done

TIP: Send your patient to the ED if they are UNSTABLE:

- Active ischemia (symptomatic [e.g. angina] or electrocardiographic evidence)
- Evidence of organ hypoperfusion (e.g. cold clammy skin, confusion, acute kidney injury)
- Severe manifestations of heart failure (e.g. pulmonary edema).

Everything else can be handled by you and your friendly neighbourhood cardiologists! Don't forget that the Atrial Fibrillation Clinic provides a very thorough service for patient education and management. You are not alone!

TRICKS:

- Read the UpToDate section on New Onset of Atrial Fibrillation available through the VDFP website (an excellent resource)
- Check out this video.
- Review 2021 CAEP Acute Atrial Fibrillation/Flutter Best Practices Checklist