

## Worried about a patient with new onset atrial fibrillation

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If you have a patient in 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 and creatinine
- Start a rate controlling agent (GOAL: to get HR<110)
- Anticoagulate until assessment for possible cardioversion can be done

**TIP:** Send your patient to the ER 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!

**TRICK:** Read the Up To Date section on New Onset of Atrial Fibrillation available through the VDFP website (an excellent resource).