



ECG proven rapid atrial fibrillation requiring rate control (either new onset or exacerbation)	
EXCLUSION CRITERIA	
ABSOLUTE	RELATIVE
<ul style="list-style-type: none"> • Intercurrent illness requiring admission on its own merits e.g. Ischaemia, infection • New wide complex tachycardia • Loss of end organ perfusion e.g. syncope • Emergent DCR required for haemodynamic compromise 	

KEY CONSIDERATIONS DURING SSU ADMISSION
<ul style="list-style-type: none"> • Seek and treat underlying trigger <ul style="list-style-type: none"> ○ Infection (CXR, FWT), cardiac ischaemia (trop/s as indicated), electrolyte (K, CPM), medication error, poisoning (ETOH, digoxin), anaemia (FBE), metabolic e.g. hyperthyroidism (TFT), haemorrhage (PR loss) • Control rate • Oral or IV agents – be aware of drug interactions <ul style="list-style-type: none"> ○ B-blocker e.g. metoprolol – avoid in asthma / COPD ○ Ca-channel blocker e.g. verapamil ○ Fleccanide + amiodarone – consult with cardiology first • Consider IV Magnesium for alcohol induced AF • Semi-elective DCR – when fasted and anticoagulated (Clexane 1mg/kg) in resus area • Anticoagulation <ul style="list-style-type: none"> ○ All patients should have stroke risk assessed using CHA2DS2-VASC score and have anticoagulation options discussed (if not already commenced) e.g. NOAC or warfarin

REFERRAL CRITERIA (Cardiology)	DISCHARGE CRITERIA
<ul style="list-style-type: none"> • Haemodynamic or respiratory compromise • HR >120 in spite of maximal treatment 	<ul style="list-style-type: none"> • HR < 110 • Cardiac ischaemia excluded • Trigger addressed if found • Anticoagulation + rate control discussed • Social support adequate, no discharges after midnight

DISCHARGE REQUIREMENTS
<ul style="list-style-type: none"> • Follow up plan with letter; options include – <ul style="list-style-type: none"> ○ LMO with outpatient ECHO if nil recent ○ Cardiology – own cardiologist or cardiology outpatients/new electrophysiologist • Prescriptions for antiarrhythmic and/or anticoagulation where indicated • Medical certificate • Re-attendance advice