Afib with RVR Checklist

Take a deep breath - **you've got this.**

Assess the patient. Ask, "Is your heart racing, are you short of breath, any chest pain?" The provider will ask if they are SYMPTOMATIC. If they are walking or out of bed, get them back in bed now (or delegate this task), preferably laying back with feet up.

Get a full set of vital; blood pressure most important (may need to get manual

If you didn't see them flip, check to see exactly how long they have been in afib

Check their chart for the following:

- History of afib If they had a recent echocardiogram (echo) and what their EF/ejection fraction was
- Latest Mag and K results
- Trend of blood pressures and heart rates - is the blood pressure way off?
- If they've had a lot of fluid out
- Recent meds (if they're on any cardiac meds, specifically any antiarrhythmics or beta blockers and if they received them recently)

Page the provider and be ready to discuss:

- Specifically when they flipped and what they were doing
- Their blood pressure: They may ask, "Are they perfusing?" which is another way of asking if their heart is beating efficiently enough to pump blood to extremities, thus impacting their blood pressure
- Pertinent labs (Mg and K), latest ejection fraction, BP and HR trends, I&O
- Any situational considerations so they can troubleshoot if there is an obvious cause. For example, their home Metoprolol was never restarted, they've gone three days without it, and are dehydrated, or they had cardiac surgery a few days ago.

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Reminder: This is a “stay with your patient until it has been resolved” situation, as they could quickly and easily become unstable

Ensure you've got an IV that works well; if not, delegate this to an available nurse if possible

Orders to anticipate - make sure they are STAT

- If they’re in chronic afib but the rate suddenly increased, expect the goal to be to get the rate down, not necessarily convert them back to NSR. Anticipate giving either an increased dose of what they already take (Metoprolol is common), Amiodarone, or Cardizem.
- Expect saline bolus - esp if blood pressure is low
- If it’s new, expect to begin an Amio or Cardizem drip, or intermittent doses of IV Metoprolol.
- Amio will typically be a drip that consists of a loading dose (one bag given quickly), then a 2nd bag given over approx. 6 hours, then a final maintenance dose over approx 18 hours.
- Metoprolol typically is ordered for 5mg IV given at a time; this comes in a 5 mg/5mL syringe. Slowly administer 1mg at a time, over 1 minute each (so it takes you 5 full minutes to push in the entire syringe).

Start meds, support vitals, reassure patient, watch for conversion to NSR or normalization of HR.

If HR continues to be over 120 for more than an hour after you have intervened to the extent of your orders, notify the provider again as another treatment is necessary.

If on Amio drip and patient does convert, you will need to consider what the next steps will be once the maintenance dose completes 24 hours later. For example, will they transition to PO Amio.

If HR came down but didn’t convert, they may need to be started on anticoagulation.

Ensure you thoroughly document situation: When it happened, your assessment, vitals, provider notification, orders, patient response, telemetry strips in chart with interpretation.

Don’t forget to educate and reassure patient throughout this - it is scary to experience this.