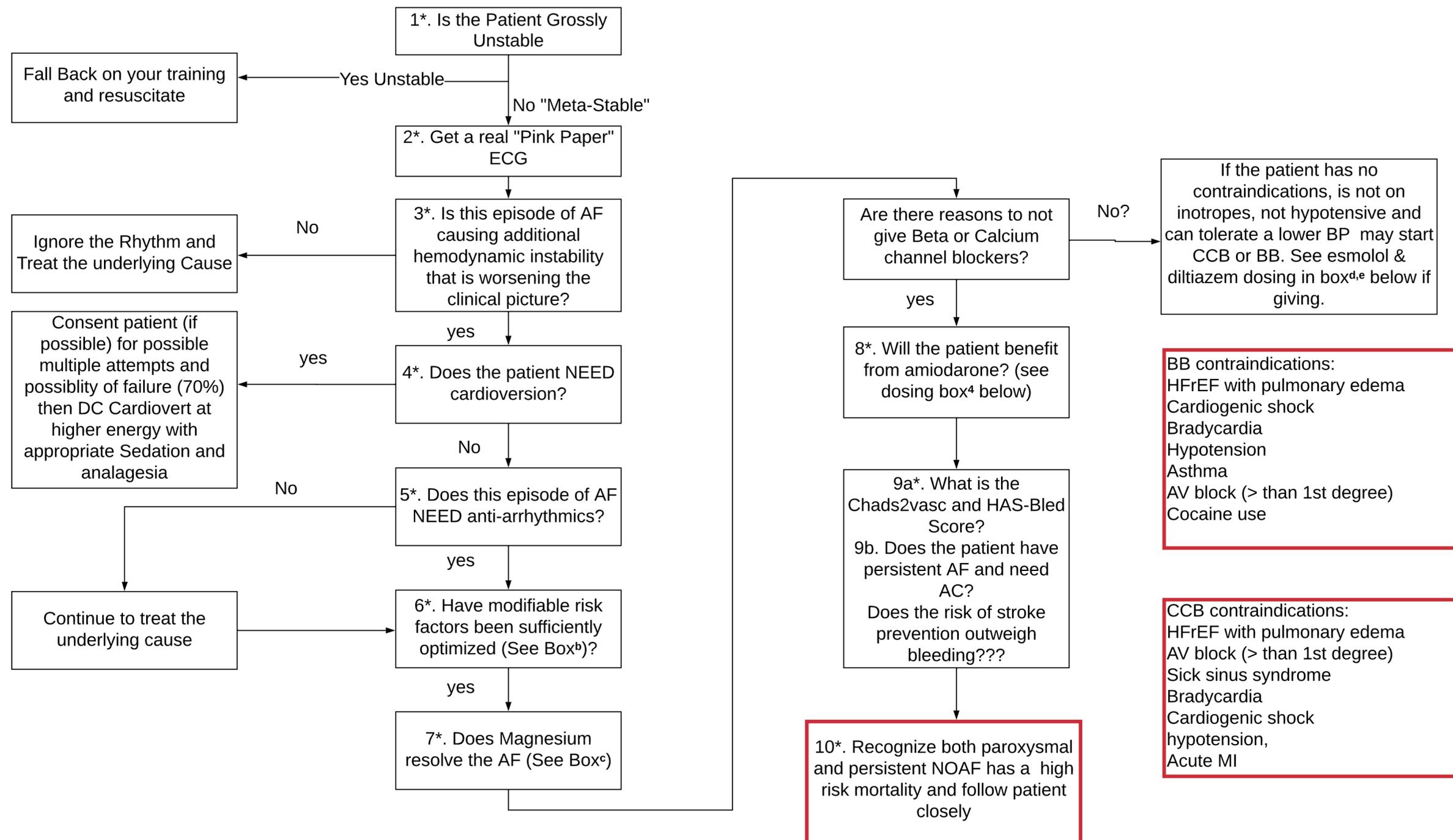


A Suggested Algorithm for Atrial Fibrillation Treatment in the Shocked ICU Patient^a

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BB contraindications:
HFrEF with pulmonary edema
Cardiogenic shock
Bradycardia
Hypotension
Asthma
AV block (> than 1st degree)
Cocaine use

CCB contraindications:
HFrEF with pulmonary edema
AV block (> than 1st degree)
Sick sinus syndrome
Bradycardia
Cardiogenic shock
hypotension,
Acute MI

^bModifiable Risk Factors
Is acidosis corrected?
Is there volume overload?
Is K>4 and Mg>2*?
Can MAP goal be lower?
Can pressor dose be lower?
Is BP accurately measured?
Is there a new MI or HF?
Is Hgb <7 mg/dL?

^cMagnesium Dosing & Recommendations
Bolus: 2-4 g IV over 30 min
Drip: 1-2 g/hr
Recommended: Check serum Mg and K in 2-4 hours post infusion and stop drip if Mg is >3. Caution in renal failure

^dDiltiazem Dosing & Recommendations
Bolus 0.15 to 0.3 mg/kg IV
Drip: 5-25mg/hr.
Order hold parameters: eg HR <50, SBP <105
Recommendations: Use lower dose in elderly, Avoid in Transplant (e.g. Lung) for interaction with Tacrolimus.

^eEsmolol Dosing Recommendations
Bolus: 500 mcg/kg over 1 min, to max of 1000mcg/kg
Drip: 50 mcg/kg/min, raise by 50 mcg/kg/min q 10 min
Max: 300 mcg/kg/min infusion
Sample Dose Range for 50-100 kg pt:
Bolus Range: 25,000-50,000 mcg over 1 min
Drip Range: 2,500-5,000 mcg/min inc by same q 10 min
Order hold parameters: eg HR <50, SBP <105

^fAmiodarone Dosing & Recommendations
Bolus: 150-450mg over 30 min
Drip day 1: 1 mg/min for 6 hrs (360 mg) then 0.5 mg/min for 18hrs (540mg)
Max: 1500 mg/24 hours.
Drip day 2: 0.5 mg/min (720mg) q 24 hrs.
Note: IV form to be used only for <4 wks
Recommended: Consider checking thyroid studies at baseline when amio bolus ordered

Legend
Units: Mg⁺, K⁺ are in mEq/L
* See summary text
Abbreviations:
AF= Atrial fibrillation
BB = Beta blocker
CCB = Calcium blocker
NOAF= New onset AF
MI= myocardial infarct
HF = Heart failure

^a WARNING: The information contained herein should not be taken as medical advice. This information is strictly for experienced practicing clinicians and should only be used by those experienced in the care of Atrial Fibrillation. All dosages are suggested and should be confirmed by an expert.

***See associated text and references for details**