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ATRIAL FIBRILLATION ATRIAL FLUTTER



irregular heartrate > 100/min + irregular baseline or flutterwaves

rate and bloodpressure monitoring
IV line, O2 12-lead ECG

hemodynamic evaluation

UNSTABLE*

STABLE

synchronized cardioversion
start Heparin IV/SC

start Heparin IV/SC
evaluation: cardiac function?
duration AF?

poor cardiac-fct.
duration < 48u

poor cardiac-fct.
duration > 48u

good cardiac-fct.
duration > 48u

good cardiac-fct.
duration < 48u

Digoxine
Amiodarone
and/or
synchronized
cardioversion

Digoxine
Amiodarone
+
synchronized
cardioversion after
4 weeks antico
(INR 2-3) **

β-blocker
Verapamil or Diltiazem
+
synchronized
cardioversion after
4 weeks antico
(INR 2-3) **

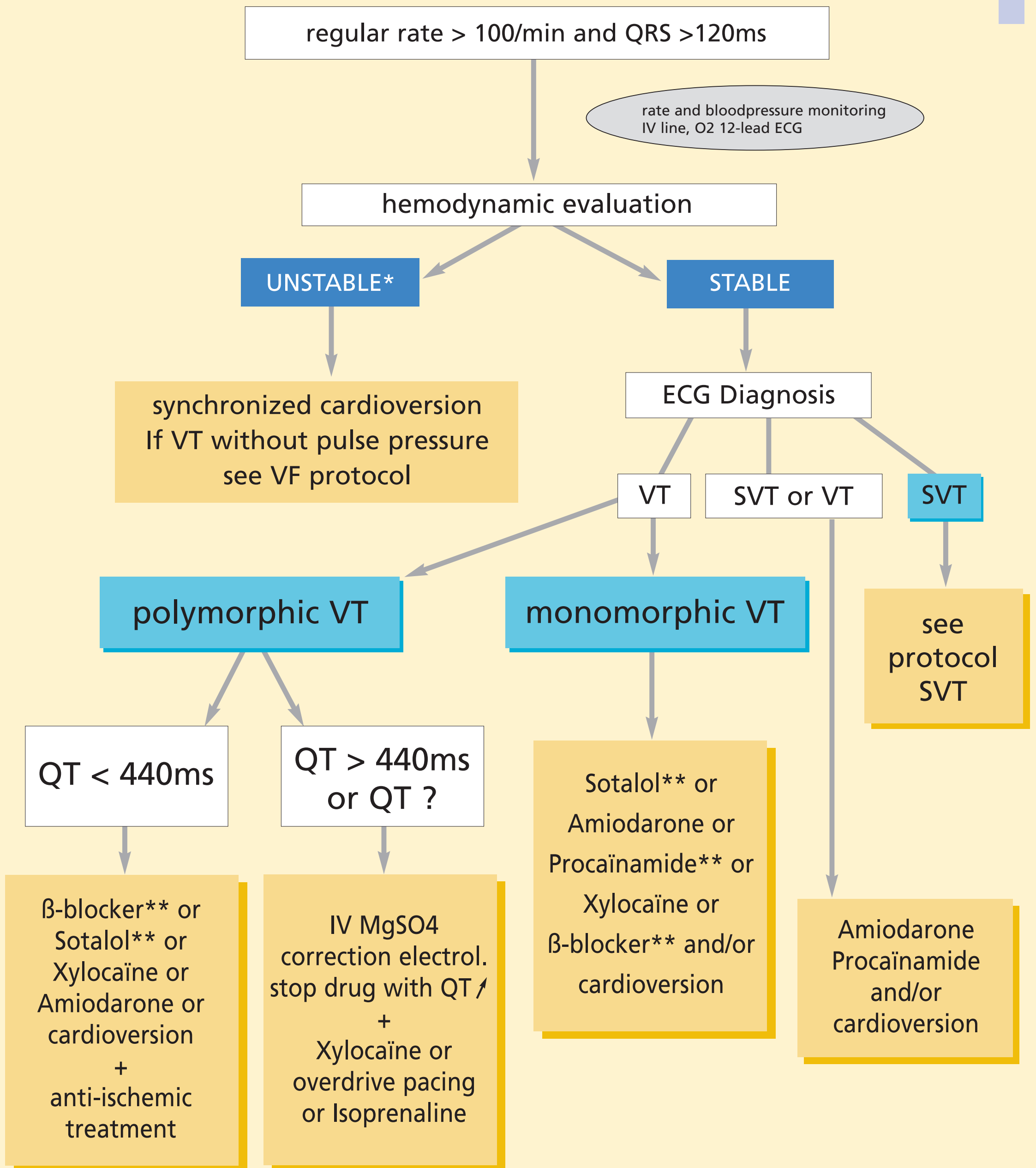
β-blocker
Verapamil or Diltiazem
+
Flecainide or
Propafenone or
Sotalol or
Amiodarone and/or
synchr. cardioversion

- Digoxin: 0,5 mg vial: 1 vial IV, 1/2 vial after 4 and after 8 h.
- Amiodaron: 150 mg vial: 2 vials over 1 h
- β-blocker: vb Metoprolol, 5 mg vial, 1 vial 15 min, up to 3 x over 15 min
- Verapamil: 5 mg vial, 1-2vials over 5 min (cave ptn. under treatment with β-blocker)
- Diltiazem: 25 mg vial; 0,25 - 0,30 mg/kg over 1-2 minutes (cave patients under treatment with β-blocker)
- Flecainide: 150 mg vial, 2 mg/kg over 10 min, max dosis 150 mg
- Propafenone: 70 mg vial, 1 mg/kg over 3 à 5 min
- Sotalol: 40 mg vial, 1-1,5 mg/kg with infusionrate of 1 mg/min
- * unstable: systolic blood pressure < 90mmHg, cardiac failure, severe ischemia
- ** immediate cardioversion is possible if atrial trombi are excluded by transesophageal echocardiography



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WIDE - COMPLEX TACHYCARDIA

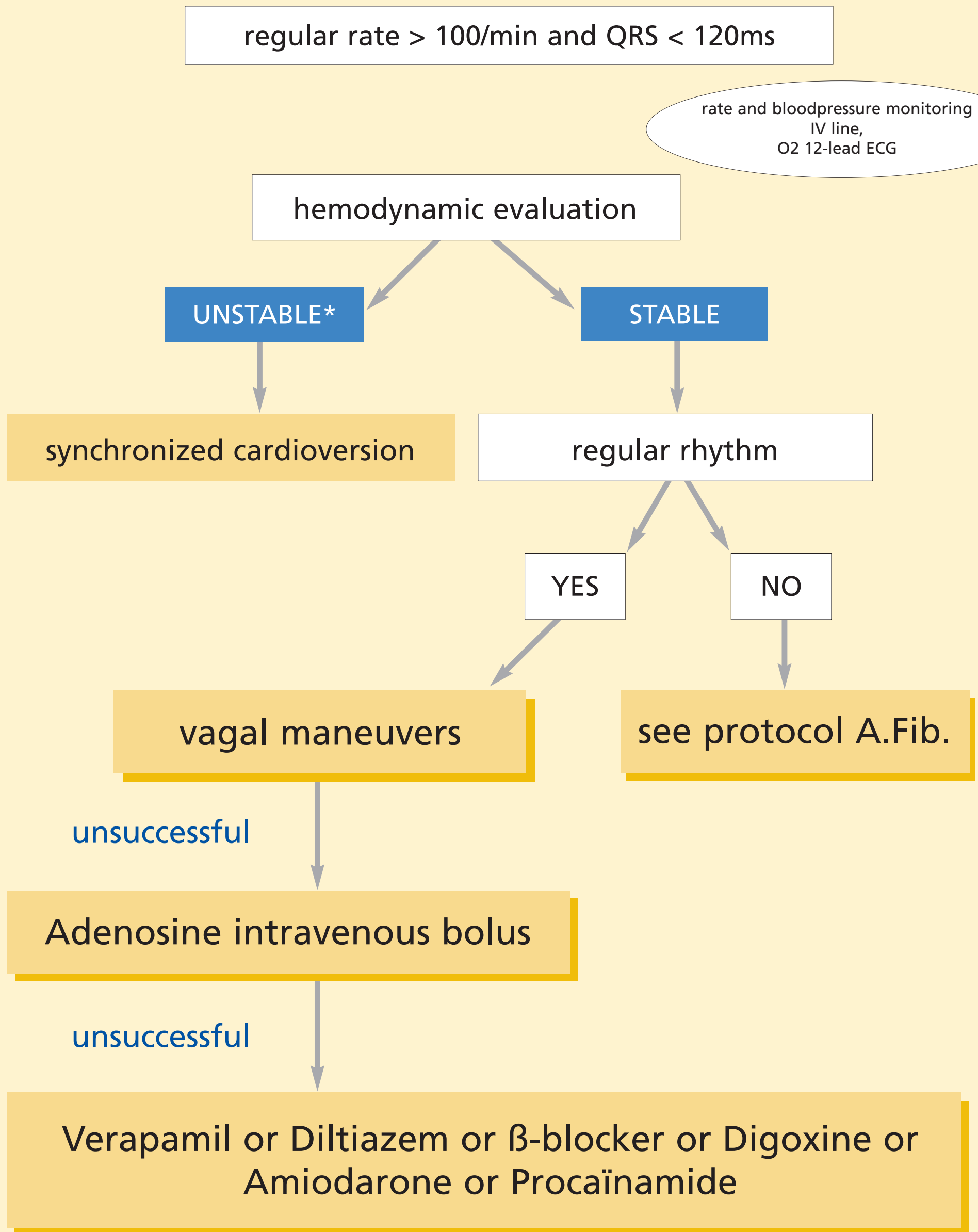


- Amiodarone: vial of 150 mg: 1 vial over 10 min, repeat every 10-15 min up to max 2,2 gr/24 h
- Xylocaine: 100 and 1000 mg vial, 0,5 mg/kg bolus, repeat every 5-10 min up to max 200 mg
- Procainamide**: 10-15 mg/kg with infusion rate of 50-100 mg/min (magistral preparation)
- Sotalol**: vial of 40 mg, 1-1,5 mg/kg with infusion rate of 1 mg/min
- β -blocker**: e.g. Metoprolol, 5 mg vial, 1 vial 15 min, up to 3 x/15 min
- Isoprenaline: 0,2 mg/ml vial: dilution 1/50 or 1/250: titration to rate of 100/min
- MgSO4: 1-2g over 5-10 min, followed by continuous infusion of 2-4 g/day according to blood level
- *unstable: systolic blood pressure < 90 mmHg, cardiac failure, severe ischemia
- ** not in case of severe cardiac dysfunction or cardiac failure



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NARROW - COMPLEX TACHYCARDIA

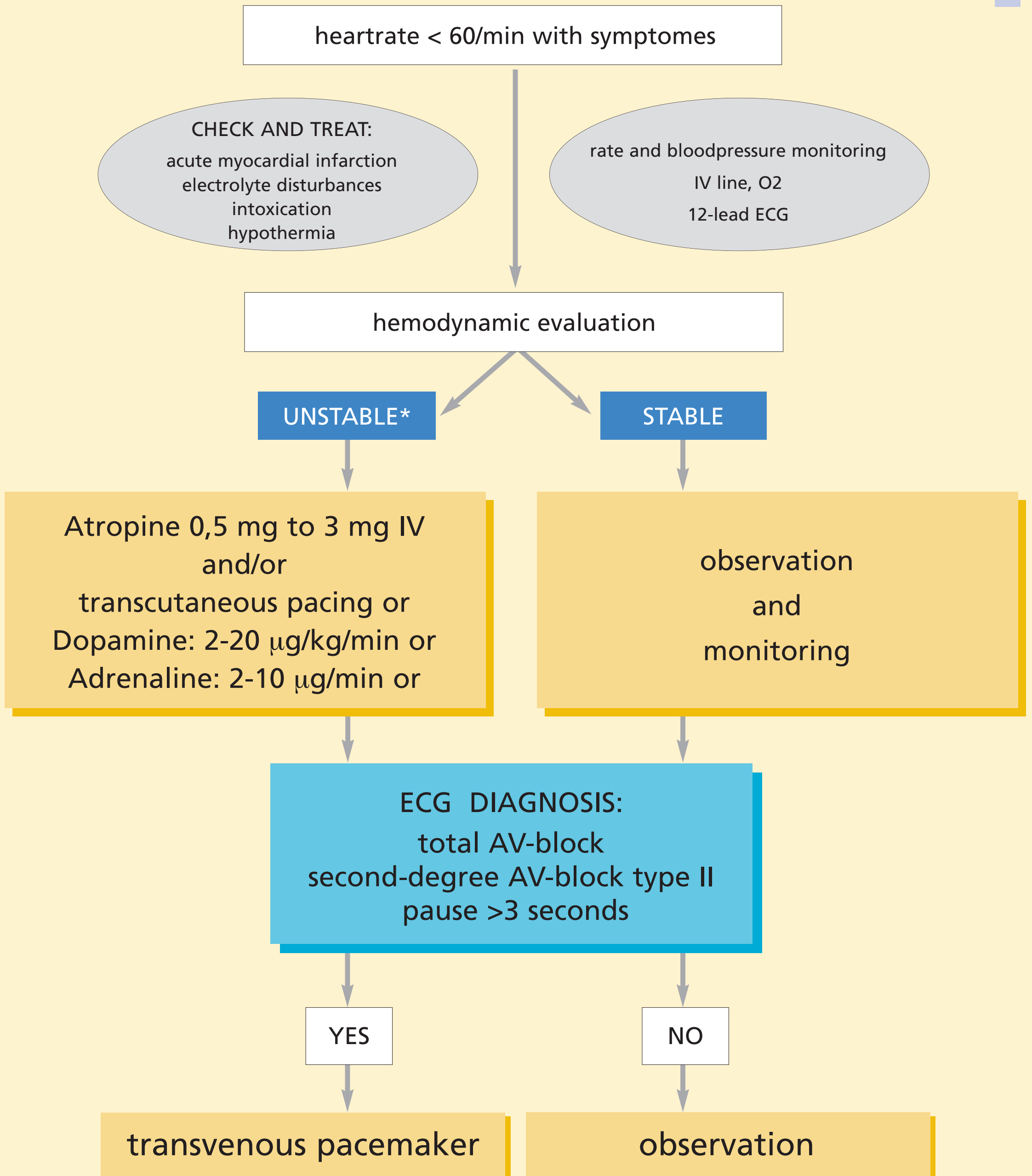


- *unstable: systolic bloodpressure < 90 mmHg, cardiac failure, severe ischemia
- Adenosine: 6 mg vial, start with 6 mg bolus, repeat with second and third bolus of 12 mg (CAVE patients with asthma under treatment with dipyridamole)
- Verapamil 5 mg vial, 1-2 vial over five minutes (cave patients under treatment with Betablocker)
- β -blocker: vb Metoprolol, 5 mg vial, 1 vial /5 min, up to 3 x over 15 min
- Diltiazem: 25 mg vial; 0,25 - 0,30 mg/kg over 1-2 minutes (cave patients under treatment with β -blocker)
- Amiodarone: 150 mg vial, 2 vials over 1 h
- Procainamide: 10 mg/kg IV (50-100 mg/min) (magistral preparation)
- Digoxine: 0,5 mg vial: 1 vial IV, 1/2 vial after 4 and after 8 h.



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SYMPTOMATIC BRADYCARDIA



- * unstable: systolic bloodpressure < 90 mmHg, rate < 40/min, cardiac failure
- Atropine: 0,5 en 1mg vial
- Adrenaline: 1 en 10 mg vial: 10 mg/50cc glucose 5%: 2-10 µg/min = 0,6-3cc/h
- Dopamine: 50 en 200 mg vial: e.g. 200 mg/50cc: 2-20 µg/kg/min