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# EVALUATION AND MANAGEMENT OF THE ATRIAL FIBRILLATION PATIENT

# Potential Complications in PATIENTS WITH ATRIAL FIBRILLATION



## BLEEDING

- Spontaneous
- Supratherapeutic anticoagulation
- Trauma/post-operative

### POSSIBLE PRECIPITANTS

- Change in renal function
- Medication interaction or poor compliance

### MANAGEMENT CONSIDERATIONS

- Stabilization
- Reversal (agent-specific)
- Intervention, if necessary
- Correction of precipitant



## ARRHYTHMIAS

- **Bradyarrhythmias:** sinus bradycardia, sinus arrest, heart block (with or without underlying atrial arrhythmia)
- **Tachyarrhythmias:** VT, Torsades de pointes (polymorphic VT), atrial arrhythmias with rapid ventricular conduction

### POSSIBLE PRECIPITANTS

- Change in renal function
- Use of AADs (class Ic, III, or digoxin)
- Medication interaction
- New or worsening structural heart disease
- Accessory conduction (e.g., WPW syndrome)

### MANAGEMENT CONSIDERATIONS

- Vasopressor support
- Temporary pacing
- Cardioversion or defibrillation
- Use of antidote (agent-specific)
- Correction of precipitant
- Specialist consultation



## PROCEDURAL COMPLICATIONS

- **Cardioversion:** arrhythmias, thromboembolism
- **Catheter Ablation (percutaneous or surgical):** arrhythmias, thromboembolism, groin access complications, cardiac tamponade, atrio-esophageal fistula, pulmonary vein stenosis
- **Pacemaker Placement:** pneumo- or hemo-thorax, cardiac perforation and/or tamponade, arrhythmias due to pacemaker malfunction
- **Left atrial appendage exclusion (percutaneous or surgical):** thromboembolism, cardiac tamponade, surgical site complications

### POSSIBLE PRECIPITANTS

- Medication interaction
- Concomitant disease (e.g., lung disease)
- Anatomic anomalies

### MANAGEMENT CONSIDERATIONS

- Stabilization
- Imaging
- Appropriate intervention (e.g., pericardiocentesis, chest tube)
- Specialist consultation

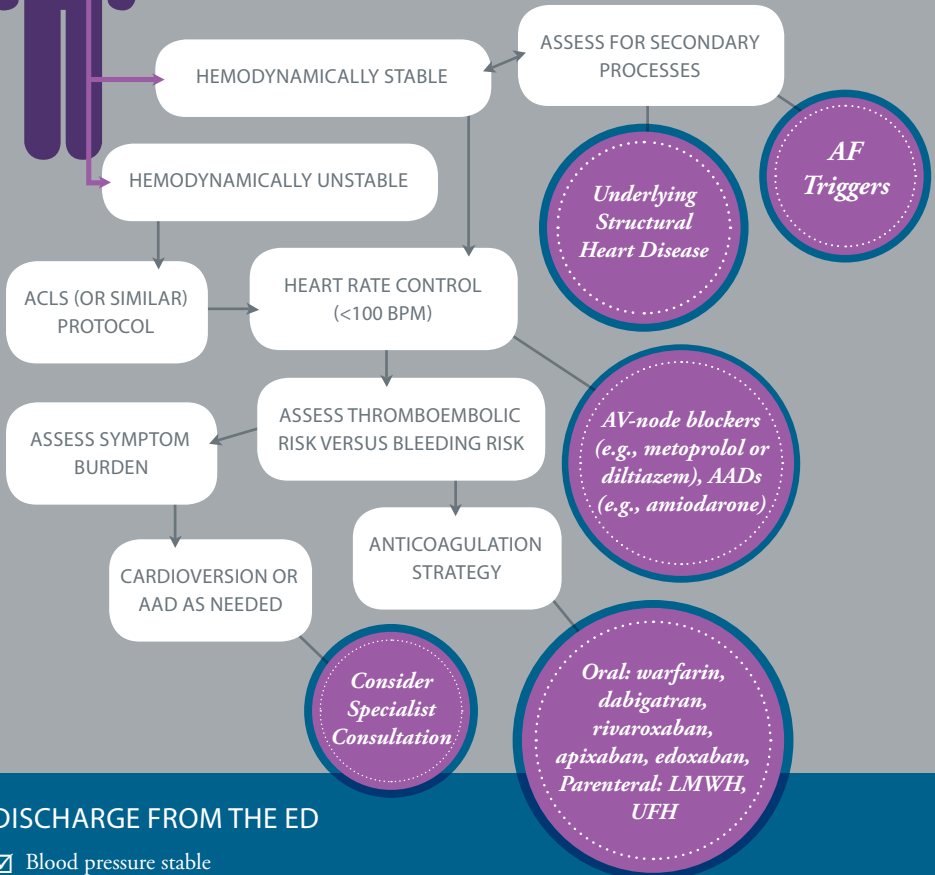
**AAD:** antiarrhythmic drug  
**VT:** ventricular tachycardia  
**WPW:** Wolff-Parkinson-White

Steinberg BA, et al. Evaluation and Management of the Atrial Fibrillation Patient: A Report from the Society of Cardiovascular Patient Care (SCPC).

Crit Path Cardiol. 2013. SCPC is now known as ACC Accreditation Services, which is a Quality Improvement for Institutions initiative of the American College of Cardiology.



# PATIENT WITH ATRIAL FIBRILLATION PRESENTS TO EMERGENCY DEPARTMENT



## DISCHARGE FROM THE ED

- ☒ Blood pressure stable
- ☒ Heart rate controlled (ideally <100 bpm)
- ☒ Strategy in place for prevention of thromboembolism
- ☒ Symptoms managed
- ☒ No clinical precipitant requiring inpatient management
- ☒ No concomitant disease requiring inpatient management
- ☒ Follow-up care established
- ☒ Patient education provided

# Atrial Fibrillation Accreditation: a Roadmap to optimal management of the AFib patient.

Atrial fibrillation (AF) is the most common cardiac dysrhythmia, and its prevalence is growing. The care of patients with AF is complex and involves multiple specialties and venues of care. Guideline recommendations are available for AF therapy; however, implementation can be challenging. The American College of Cardiology's accreditation program was created by an expert committee on AF. Accreditation is based on specific criteria in seven domains:



1. Governance
2. Community outreach
3. Pre-hospital care
4. Early stabilization
5. Inpatient care
6. Transitions of care
7. Clinical quality measures

## Did you know? Atrial Fibrillation is a well-established risk factor for ischemic stroke and systemic thromboembolism.

Gaps in clinical practice related to stroke prevention include:

- Failure to use assessment tools appropriately to determine patient risk for a thromboembolic event.
- Failure to use assessment tools on a routine basis with established AF patients who may have increased their risk.
- If a risk is identified, failure to prescribe an oral anticoagulant (OAC).
- If an OAC is prescribed, failure to achieve optimal anticoagulation.
- If an OAC is prescribed, failure to monitor physiological changes which might impact the therapeutic level of anticoagulation.
- If an OAC is prescribed, failure of patient adherence to the medication.

## About Accreditation

ACC Accreditation Services is a Quality Improvement for Institutions initiative of the American College of Cardiology (ACC). To learn about other accreditations or certifications available through ACC, please visit [Accreditation.ACC.org](https://www.acc.org).



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