

May 21, 2014

Memorandum

To: UMHS Physicians, Nurse Practitioners and Physicians Assistants

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Subject: **UMHS Clinical Care Guideline: Management of Acute Atrial Fibrillation and Atrial Flutter (AF/AFL) In Non-Pregnant, Hospitalized Adults**

What's New!



These new guidelines have been developed to assure consistent care delivery for patients with AF/AFL across the inpatient services. Given the vast spectrum of patient presentations and the breadth of treatment options, management of AF/AFL patients is inherently complex. Patients presenting with AF may receive inconsistent care.

Key Aspects of Care



- This guideline provides algorithms guiding the management of unstable patients, stable patients, and patients that might be eligible for cardioversion in the ED. There is also a separate algorithm guiding anticoagulation.
- This guideline discusses a wide breadth of treatment issues, including pharmacologic rate control, when to apply urgent DC cardioversion, when to consider a rhythm control strategy, what to do if patients spontaneously convert to sinus rhythm, when to consult Cardiology or Electrophysiology, and how to best reduce risk of stroke.
- Some guideline highlights include:
 - Recommendation to use the CHADS-VASC stroke risk assessment tool (instead of the CHADS tool).
 - Recommendation to use the “novel anticoagulants” as first line agents in many patients.
 - Recommendation to consult Electrophysiology on a larger number of atrial fibrillation patients in the hospital.
 - Recommendations for the management of postoperative AF, including special considerations for thoracic surgery patients.

Available at: <http://www.med.umich.edu/i/oca/practiceguides/inpt.index.html>