CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.12
Subject Paramedic Treatment Protocols **ATRIAL FIBRILLATION**	Page 1 of 2
References Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS

1. Assessment	ABCs
2. Secure Airway	Protect with position, basic airway maneuvers, pharyngeal airway, advanced airway if indicated, assist respirations as needed, suction as needed.
3. Oxygen	Low flow. High flow if unstable. Refer to EMS Policy #530.02.
4. IV Access	Stable Patient - Saline lock. Unstable Patient - LR TKO – standard tubing
5. Assess	For serious signs and symptoms - patient must demonstrate one or more of the following: severe chest pain, severe SOB, acutely altered mental status, systolic BP less than 80, shock, pulmonary edema.

A. Unstable, heart rate **greater than 150 beats/minute** with serious signs or symptoms related to tachycardia.

1. Contact Hospital — Per EMS Policy #530.02.
2. Reassess — Treat as appropriate for rhythm.
3. STAT Transport

B. Stable, all others with Atrial Fibrillation

1. Observe and transport

BASE HOSPITAL ORDERS ON NEXT PAGE

Approved By EMS Division Manager	**Daniel J. Lynch** (Signature on File at EMS Agency)	Revision **04/19/2005**
EMS Medical Director	**Jim Andrews, M.D.** (Signature on File at EMS Agency)	

Subject	Policy
Paramedic Treatment Protocols – Atrial Fibrillation	Number 530.12

Subject	Policy
Paramedic Treatment Protocols - Ventricular Tachycardia with Pulses	Number 530.07

BASE HOSPITAL ORDERS	
1. MIDAZOLAM	**IF TIME ALLOWS IN A CONSCIOUS PATIENT, ADMINISTER 4 MG SLOW IV PUSH. MAY BE REPEATED ONCE. CONSIDER 8 MG FOR LARGER PATIENTS (I.E., OVER 200 POUNDS).**
***2. CARDIOVERT**	**SYNCHRONIZED AT 200 J., 360 J. OR BIPHASIC EQUIVALENT, IF NO CONVERSION.**
***3. CALCIUM**	**CONSIDER CALCIUM 250 MG PRIOR TO GIVING VERAPAMIL.**
***4. VERAPAMIL**	**CONSIDER VERAPAMIL – 5 MG IV OVER 2 MINUTES (IF PATIENT OVER 50 YEARS, GIVEN OVER 3 MINUTES). MAY REPEAT DOSE IN 5 MINUTES.**

SPECIAL CONSIDERATION AND PRIORITIES

1. Consider Midazolam 8 mg slow IV push for the large patient for sedation (i.e., over 200 pounds).

2. Transport lights/siren if decreased mental status, hypotension, severe respiratory distress or severe chest pain.

3. Atrial Fibrillation – Irregularly irregular rhythm without P waves. Ventricular rate usually less than 200.

4. Irregularly irregular rhythm with wide QRS and rate over 200 – Consider Atrial Fibrillations with Wolfe-Parkinson-White Syndrome.

5. Atrial Flutter – Atrial rate 220-350, sawtooth pattern, most frequently with 2:1 conduction.