

**CARDIAC SURGERY MANAGEMENT-MEDICAL MANUAL**

**Atrial Fibrillation Management Chart**

| <b>Name</b>  | <b>Indications Features</b>                               | <b>Start</b>   | <b>Frequency</b>   | <b>Precautions</b>  |
|--|---|--|--|---|
| <b>Amiodarone</b><br>Cordarone<br>Pacerone                     | Onset: 15-30 min<br>Peak: 12-24 hr<br>Duration: 12-24 hr  | 150 mg IV over 10 min +                                | 360 mg over 6 hr + 540 mg over 18 hr. (PDR)<br>0.5mg/min | Hypotension, prolonged QT interval, Use caution in renal failure.<br>Negative inotropic effect AHA class III recommendation |
| <b>Beta Blockers</b><br><b>Metoprolol</b><br>Toprol, Lopressor | Onset: 5-10 min<br>Peak: 20 min<br>Duration: 2-5 hr       | 5 mg IV at 5 min intervals X 3                         | 50 mg bid or<br>100 mg bid PO                            | Bradycardia, hypotension, bronchospasm, worsens CHF   |
| <b>Atenolol</b>  | Onset: 2-4 hr<br>Peak: 8-12 hr<br>Duration: 24 hr         |  | 25-100, 50 mg bid<br>Max: 100 mg bid                     | Bradycardia, hypotension, bronchospasm, worsens CHF   |
| <b>Propranolol</b>   | Onset: 1-2 min<br>Peak: 5 min<br>Duration: 3-6 hr         | 0.1 mg/kg IV push X 3 doses at 2-3 min interval        |  | Bradycardia, hypotension, bronchospasm, worsens CHF   |
| <b>Esmolol</b>   | Onset: Immediate<br>Peak: 1- 2 min<br>Duration: 10-20 min | 0.5 mg/kg/ over 1 min                                  | Infusion:<br>0.05 mg/kg/min<br>max: 0.3 mg/kg/min        | Bradycardia, hypotension, bronchospasm, worsens CHF   |
| <b>Cardioversion</b>   |   | 100, 200, J  | Biphasic:<br>SVT: 30, 50, 100                            | Make sure the R waves are synchronized.<br>Clear the patient  |
| <b>Digoxin</b>   | Onset: 1hr<br>Peak: 1-2 hr<br>Duration: 24 hr             | Loading dose:<br>10-15 mcg/kg lean mass (0.75 to 1 mg) | Maintenance:<br>depends on body size & renal function    | PVCs, arrhythmias. Takes 12-24 hours to reach full effect<br>AHA class III recommendation                                   |
| <b>Diltiazem</b>   | Onset: 5-10 min<br>Peak: 15-20 min<br>Duration: 10-15 min | Bolus 10-20 mg IV                                      | Infusion:<br>50-200 mcg/kg/min                           | Hypotension. Avoid in WPW, wide QRS tachycardia   |
| <b>Disopyramide</b><br>Norpace                                 | Wide QRS tachycardia                                      | 2 mg/kg over 10 min                                    | Infusion: 0.4 mg/kg/h                                    | Arrhythmogenic, negative inotropic effect.  |
| <b>Dofetilide</b><br>Tikosyn                                   | Onset: 2-3 hr<br>Peak: 2-3 days<br>Duration: 10-12 hr     | 0.125 to 0.5 mg bid PO                                 | Reduce dosage with renal insufficiency                   | QT prolongation<br>Torsades-de-pointes<br><br>AHA class I recommendation  |
| <b>Flecainide</b><br>Tambocore                                 |   | 1.5 to 3.0 mg/kg over 10-20 min IV                     | Infusion:<br>10 mg/min IV<br>200-300 mg PO               | Bradycardia, hypotension, and paresthesia. Avoid in pts with LV dysfunction<br>AHA class I recommendation                   |
| <b>Ibutilide</b><br>Corvert                                    |   | 1 mg (10mL) IV over 10 min                             | Same second dose after 10 min                            | QT prolongation<br>Torsades-de-pointes<br>AHA class I recommendation  |
| <b>Propafenone</b><br>Rhythmol                                 | Onset:<br>Peak:<br>duration:                              | 1.5 to 2.0 mg/kg over 10-20 min                        | 450-600 mg PO  | Hypotension, rapidly conducting atrial flutter<br>AHA class I recommendation  |
| <b>Magnesium</b>   | Onset:<br>Peak: ___min                                    | 1- 4 G IVPB  | 1-4 G IV over 1-4 hours.                                 | Recheck Magnesium level after infusion  |
| <b>Sotalol</b><br>Betapace                                     | Onset: 2-4 hr<br>peak: 2-3 days<br>Duration: 12 hr        | 1-1.5 mg/kg IV   | 10 mg/min<br>80-160 mg qd                                | Ventricular tachycardia<br>AHA class III recommendation   |
| <b>Rapid atrial pacing</b>                                     | Onset: Immediate  | Burst pacing at 400-800 best/min for 5-10 sec          |  | Works well with atrial flutter, PSVT, JT, occasionally A.Fib  |
| <b>Verapamil</b>   |   | 2.5-5.0 mg/ IV over 2 min                              | Second dose: 5-10 mg IV in 15-30 min<br>Max: 20 mg       | Avoid wide QRS tachycardia. hypotension, worsen CHF and LV dysfunction  |