**Atrial Fibrillation Protocol**

1. **Patient presents with Afib/Flutter per 12 lead EKG**
   - **Stable**
     - **Was onset less than 48 hours ago and/or appropriately anti-coagulated?**
       - **YES**
         - Call Cardiology for electrical or pharmacologic cardioversion (see pathway)
         - If successful cardioversion start DOAC for 4 weeks
       - **NO**
         - New onset of Afib or primary diagnosis of Afib
   - **Unstable**
     - Suggests unstable:
       - Angina/ACS or CHF
       - Other arrhythmias present
       - Respiratory distress
       - SBP<90
       - Sepsis, trauma, PNA, PE, ARF

2. **New onset of Afib or primary diagnosis of Afib**
   - **Start DOAC if not contraindicated and schedule for 48 hour f/u Afib Clinic**
   - **Refer to Afib clinic if patient is stable, has primary diagnosis of Afib needs f/u within 3 days to manage rate, antiarrhythmic**