EvidenceCare

Clinical Scenario

Afib with RVR

Scenario:
58-year male with Rapid HR / SOB
Hx of alcoholism and CHF (EF 40%)
On arrival, HR 176 (irregular)
Appears intoxicated but pleasant

ED Course
Diltiazem bolus in the ED
PO beta-blocker restarted

At Time of Decision:
No c/o SOB, no c/o chest pain
Medical Hx: Alcoholism and CHF (EF 40%)
Vital Signs: HR 116 (irregular), RR 16, BP 138/94, O2 Sat 96% on 2L NC
Radiology: CXR neg, mildly enlarged heart
Labs: ETOH: 280
CMP: normal
EKG: Afib

Recommended Workflow

C – Consider appropriate care setting
- Hospitalization

A – Ask what the principal diagnosis is?
- A-fib with RVR

R – Review INPT guideline first, then OBS
- INPT criteria: not met > toggle to OBS
- OBS criteria: met

E – Enter bed status / level of care order
- Observation

D – Document criteria in medical record

☐ INPATIENT

- ❑ Indicated for one or more:
- ❑ Unstable VS
- ❑ Symptomatic tachycardia
  - ❑ HR >100*
- ❑ Persistent myocardial ischemia (rate control)
- ❑ Severe AMS
- ❑ Syncope
- ❑ Heart failure that persists,
  - ❑ RR >18
- ❑ Suspected accessory pathway (WPW)
- ❑ Medication toxicity
- ❑ Underlying condition (thyrotoxicosis)
- ❑ Initiation/adjustment anti-arrhythmic requiring telemetry, both:
  - ❑ Cardiac Monitoring
  - ❑ Extends beyond OBS care time
- ❑ Cardioverter/defibrillator fired >1 in 24 hrs or needs immediate adjusting
- ❑ Urgent inpatient cardioversion
- ❑ Repeat cardioversion (x1 in OBS care)
- ❑ Needs immediate inpatient anticoagulation

* sustained

☑ OBSERVATION

- ☑ **Indicated for one or more:**
- ❑ Hemodynamically stable
- ☑ **Asymptomatic tachycardia:**
  - ❑ Pharmacologic rate control
  - ☑ **HR >100***
- ❑ AMS, not baseline
- ❑ Heart failure, stable:
  - ❑ RR >18
- ❑ Myocardial ischemia
- ❑ Initiation/adjustment anti-arrhythmic requiring telemetry
- ❑ Urgent cardioversion needed
- ❑ Elective cardioversion, unable to perform as OP
- ❑ Adjustment to settings of cardioverter-defibrillator needed

*** sustained**

Teaching Points:

- The main diagnosis being treated is Afib with RVR so that would be the guideline selected versus Substance Abuse.
- Patient would potentially fulfill INPT status if he was still symptomatic.
- This patient could be converted to INPT status if despite OBS care his HR continues to be uncontrolled and requires continuous IV antiarrhythmic.