

**ATRIAL FIBRILLATION - HEMODYNAMICALLY UNSTABLE**  
**Narrow complex - Irregular Tachycardia**

**HEMODYNAMICALLY UNSTABLE WITH:**

Hypotension, **or**;  
Altered Mental Status, **or**;  
CHF/Pulmonary Edema, **or**;  
Chest Pain **or** Shortness of Breath

1. **OXYGEN** - High Concentration by Reservoir Mask
2. **ECG MONITOR and Vital Signs.** Determine rhythm by 12 Lead. Identify possible reversible causes of tachycardia. If uncertain of rhythm or treat ability, contact receiving hospital physician for advice.
3. **IV ACCESS - Lactated Ringer's - TKO rate.** If hypotensive, IV fluid challenges of 200 - 500 cc's as needed. Draw Baseline Blood.
4. **CONSIDER SEDATION – Midazolam (Versed) 1 - 2 mg SLOW IV BOLUS**
5. **SYNCHRONIZE CARDIOVERSION – 100 JOULES, if unsuccessful;**  
**SYNCHRONIZE CARDIOVERSION - 200 JOULES, if unsuccessful;**  
**SYNCHRONIZE CARDIOVERSION - 300 JOULES, if unsuccessful;**  
**SYNCHRONIZE CARDIOVERSION - 360 JOULES, if unsuccessful;**
7. **TRANSPORT - As Soon As Possible**

**If cardioversion is unsuccessful,**

8. CONTACT RECEIVING HOSPITAL FOR FURTHER PHYSICIAN ORDERS

**If cardioversion is successful,**

9. **Amiodarone 150 mg IV over 10 minutes.**

**NOTE: A. If cardioversion is successful, but narrow complex - irregular tachycardia (atrial fibrillation) recurs, further cardioversion IS NOT indicated.**  
**B. Cardioversion IS NOT indicated in the presence of SUSPECTED DIGITALIS TOXICITY.**