



POLICIES AND
PROCEDURES

POLICY: 554.08
TITLE: Atrial Fibrillation – Atrial Flutter

EFFECTIVE: ~~02/01/26~~DRAFT
REVIEW: ~~02/2028~~DRAFT
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 2

ATRIAL FIBRILLATION – ATRIAL FLUTTER

- I. **AUTHORITY**
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. **PURPOSE**
To serve as a patient treatment standard for EMRs, EMTs, ~~AEMT-s~~, and Paramedics within their scope of practice.
- III. **PROTOCOL**
Atrial Fibrillation: Rhythm is irregularly irregular. Atrial rate 350 to 600 but, as a rule, cannot be counted. Ventricular rate varies between normal and tachycardic. Patient may be on medication such as digoxin, amiodarone, B-blockers, or Ca-channel blockers. Fibrillatory waves may be coarse or fine. QRS complex usually normal. Some patients may alternate between atrial fibrillation and atrial flutter.
- Atrial Flutter: Atrial rhythm regular. Ventricular rhythm may be regular or irregular if variable block is present. Ventricular rate 140 to 160 but may be slower if the patient is on medication such as digoxin, amiodarone, B-blockers, or Ca-channel blockers. QRS complex usually normal and may follow every second, third, or fourth flutter wave. Some patients may alternate between atrial fibrillation and atrial flutter.

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic ~~A=Advanced EMT~~ D = Base Hospital Physician Order
Required

	F	E	O	A	P	D
ASSESSMENT	X	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	X	
CAPNOGRAPHY: apply and monitor.					X	
OXYGEN: If pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
VASCULAR ACCESS: P - IV/IO, AEMT - IV only , rate as indicated.				X	X	
*12 LEAD ECG					X	
UNSTABLE: hypotension, altered mental status, signs of shock, ischemic chest discomfort, acute heart failure						
MIDAZOLAM: 2 mg slow IV/IO/IM/IN. If the patient's clinical condition is critical, do not delay and cardiovert without sedation.					X	

CARDIOVERT: synchronized at 200 J. If unsuccessful, repeat cardioversion.					X	
STABLE	F	E	A	O	P	D
CALCIUM CHLORIDE: 500 mg slow IV/IO push. Use with caution in patients taking digoxin.					X	
VERAPAMIL: 2.5 mg slow IV/IO push over 2 minutes. May repeat every 5 minutes. Hold for SBP < 100.					X	

* If 12 Lead ECG interprets an S-T Elevation Myocardial Infarction (STEMI), refer to Policy 530.00 STEMI TRIAGE AND DESTINATION.