Pt Population:

New onset AF in PTs suspected to have AF for >48hrs.

Known AF with interruption of anticoagulation

TEE/DCC from ED Checklist:

Available on days when cardiology schedule allows:

1. Consult cardiology fellow for same day TEE/DCC at 7:15
2. Pt NPO
3. Establish COVID status if possible (not an absolute to contraindication in the setting of all Imagers wearing full PPE for TEE as is our official policy)
4. Start Apixaban 10 mg at least 2 hrs. prior to cardioversion. Give early in ED stay, redose with 5mg when applicable.
5. Consent by Cardiology Fellow- educate fellows on OP time and empower them to make a call as to whether it is feasible. The fellow has to do a full consult on these patients. If feasible, place order and pre TEE readiness form
6. Cardiology Fellow calls Imaging Scheduler (662-2455)
7. Continue DOAC for at least 30 days post DCC. Duration beyond 30 days will be CHADS2-VASC score.
8. Establish cardiology F/U prior to discharge
9. In the case of complications the patient will be admitted to cardiology via the Service admitting Doc for the day (not the Imager or the Cardiology Consultant)

Ref: