

## ATRIAL FIBRILLATION/FLUTTER

Please consider the clinical presentation, workup and treatment for this patient and exercise your professional judgment when documenting atrial fibrillation/flutter.

**Clarify the type of atrial fibrillation and the cause, if known:**

- **Paroxysmal atrial fibrillation** - Terminates within 7 days.
- **Persistent atrial fibrillation** - Sustained > 7 days and is subject to rhythm control, e.g., metoprolol, flecanide, amiodarone, to maintain NSR).
- **Chronic (permanent atrial fibrillation)** - NSR cannot be sustained and physician/patient cease further attempts to maintain NSR.
- **History of atrial fibrillation** - Atrial fibrillation in the past, but now NSR and taking no medications to maintain NSR.

**In the case of atrial flutter, clarify whether typical or atypical and the cause, if known:**

- **Typical Atrial Flutter (Type 1)** - The ECG in type I (typical) AFI is characterized by an inverted sawtooth flutter (F) wave pattern in the inferior leads II, III, and aVF, low amplitude biphasic F waves in leads I and aVL, an upright F wave in precordial lead V<sub>1</sub>, and an inverted F wave in lead V<sub>6</sub>.
- **Atypical atrial flutter (Type II)** - The ECG in atypical (type II) AFI is characterized by upright F waves in leads II, III, aVF, and V<sub>6</sub> and by biphasic F waves in leads I, aVL, and V<sub>1</sub>.
- **Unspecified atrial fibrillation and atrial flutter.**

**If the patient has both atrial fibrillation and atrial flutter, clarify/document each separately, if known.**

The definitions included above in parentheses are per the NIH National Heart, Lung and Blood Institute and are provided for your quick reference. Your expertise and clinical judgement prevail.