Additional file 9:
Rate control if cardioverting

SELECTIVE RATE CONTROL if Cardioversion Intended

May *forgo* IV rate reduction (RR)

- If cardioverting soon and pt tolerating RVR
- Exception: RR meds recommended ≥30 min before Class IC agents (oral flecainide and propafenone)

IV RR meds are *not* entirely benign

- Increase risk of hypotension and post-cardioversion bradycardia
- May reduce the effectiveness of cardioversion (*cf. Blecher. CJEM. 2012.*)

If indicated, use IV bolus RR meds when:

- Not tolerating RVR and cardioversion delayed
  - Or if RVR consistently ≥160
- Use IV metoprolol or IV dilt: see "AF order set" for doses