

Arrhythmia/Atrial Fibrillation

In a patient who presents with new onset atrial fibrillation, look for an underlying cause (e.g., ischemic heart disease, acute myocardial infarction, congestive heart failure, cardiomyopathy, pulmonary embolus, hyperthyroidism, alcohol, etc.)

In a patient presenting with atrial fibrillation:

1. Look for hemodynamic instability,
2. Intervene rapidly and appropriately to stabilize the patient.
3. In an individual presenting with chronic or paroxysmal atrial fibrillation,
4. Explore the need for anticoagulation based on the risk of stroke with the patient; periodically reassess the need for anticoagulation.

In patients with atrial fibrillation, when the decision has been made to use anticoagulation, institute the appropriate therapy and patient education, with a comprehensive follow-up plan.

In a stable patient with atrial fibrillation, identify the need for rate control and demonstrate methods to achieve it

In a stable patient with atrial fibrillation, discuss rate vs. rhythm control and arrange for rhythm correction when appropriate.

Feedback and suggested modifications for these objectives are encouraged after each session. Please direct your comments to your site Curriculum Coordinator.