

The Atlantic Provinces Medical Peer Review



Management of Specific Disease Entities – Cardiology #2

Atrial Fibrillation

It is important to note that these guidelines are meant to be of assistance to assessors in making observations. They should not be taken as standards of any of the Atlantic Provinces Licensing Authorities.

Risk Factors: hypertension, DM, CAD, LVH, CHF, rheumatic heart disease; hyperthyroidism; post-surgical state (cardiothoracic surgery)

Etiologies: HHD, valvular/rheumatic heart disease; CAD, acute MI, pulmonary embolus; cardiomyopathy, CHF, infiltrative heart
associated conditions: WPW, sick sinus syndrome, atrial flutter

Signs & Symptoms:

- ✓ irregular pulse, tachycardia, heart failure, hypotension, palpitations, light-headedness
- ✓ fatigue, poor exercise capability, dyspnea, angina, syncope, stroke, arterial embolism

Diagnosis:

- ✓ EKG; Holter monitor; TSH for hyperthyroidism; PT/INR in patients on Warfarin
- ✓ Imaging: chest x-ray; echo, spiral, CT, transesophageal echo
- ✓ differential diagnosis: multifocal atrial tachycardia; atrial flutter; sinus tachycardia with frequent atrial premature beats

Therapies:

- ✓ avoid triggers: ethanol, caffeine, nicotine
- ✓ prevent complications: anticoagulants, antibiotic prophylaxis if due to valvular heart disease
- ✓ control ventricular rate: Beta blockers, non-dihydropyridine calcium channel blockers, Digoxin
- ✓ conversion to sinus rhythm: DC cardioversion; chronic oral antiarrhythmic therapy; surgery
- ✓ follow-up: EKG, Holter to monitor rhythm; maintain INR at 2 - 3
- ✓ EKG to monitor QTC interval if on antiarrhythmic therapy; careful follow-up of antiarrhythmic drug

	N/A	E	S	D
Clinical history and physical exam are documented.				
It is evident that routine tests have been ordered and completed.				
Appropriate therapies are used and regularly reviewed.				

COMMENTS: _____
