



## Objectives: Dysrhythmias

### Atrial Fibrillation

1. In a patient presenting 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...)
2. In patients presenting with atrial fibrillation or other dysrhythmia,
  - a. Look for hemodynamic instability
  - b. Intervene rapidly and appropriately to stabilize the patient.
3. In an individual presenting with chronic or paroxysmal atrial fibrillation,
  - a. Explore the need for anticoagulation based on the risk of stroke with the patient.
  - b. Periodically reassess the need for anticoagulation
4. 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.
5. In a stable patient with atrial fibrillation, identify the need for rate control.
6. In a stable patient with atrial fibrillation, arrange for rhythm correction when appropriate.

### Advanced Cardiac Life Support

1. Promptly defibrillate a patient with ventricular fibrillation or pulseless or symptomatic ventricular tachycardia.
2. Diagnose serious dysrhythmias and treat according to Advanced Cardiac Life Support protocols.
3. Suspect and promptly treat reversible causes of dysrhythmias (e.g. hyperkalemia, digoxin toxicity, cocaine intoxication), before confirmation of the diagnosis.

\*\* Mapped to the CFPC's 105 priority topics: #8-Atrial Fibrillation