

Atrial Fibrillation

Patient Profile

E.W., a 76-year-old white man, comes to the emergency department after a syncopal episode at a local restaurant. He is accompanied by two friends.

Subjective Data

- Has been feeling weak for a few days
- Became dizzy and fainted while awaiting his dinner
- Takes one medication, a “water pill” for high blood pressure (BP)

Objective Data

Physical Examination

- BP 92/50, pulse 125 and irregular, respirations 24, temperature 97°F
- Alert and oriented
- Lung sounds clear in all fields

Diagnostic Studies

- ECG monitor shows atrial fibrillation

Discussion Questions

1. What is atrial fibrillation?

Answer:

Rationale:

2. What are your priority actions at this time?

Answer:

Rationale:

3. What additional history should you obtain from E.W.?

Answer:

Rationale: Collecting relevant past medical history and social history are important to provide overall care to the patient. Try to obtain a complete medication history as medication reconciliation is important to the patient’s ongoing treatment.

4. Describe the risks associated with atrial fibrillation.

Answer:

Rationale:

5. E.W. is placed on diltiazem, warfarin, and dronedarone. What is the purpose of each of these medications in treating E.W.’s atrial fibrillation?

Answer:

Rationale:

Case Study Progress

E.W. is admitted with a diagnosis of new onset of atrial fibrillation. Despite medical therapy, 12 hours later, he is still experiencing dizziness, and his systolic BP remains below 100. A

transesophageal echocardiogram is done, showing E.W. does not have any blood clots, so the provider elects to perform a cardioversion.

6. What instructions should you give E.W. to prepare for a cardioversion? What do you tell him to expect during the procedure and what nursing assessments will you be performing?

Answer:

Rationale: