Priority Topic: ATRIAL FIBRILLATION

Key Features:

For a single source of info on this topic: A Fib Guideline CCS Update 2014

If you like the “In the Clinic” articles, check out: Atrial Fibrillation AIM 2017

1. 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.)

What you should study:

✓ Diagnosis and Treatment of A Fib AAFP 2016

2. In a patient presenting with atrial fibrillation,
   a) Look for hemodynamic instability,
   b) Intervene rapidly and appropriately to stabilize the patient.

What you should study: these podcasts cover treatment also

✓ EM Cases: Episode 20 Atrial Fibrillation
✓ EM Cases: Episode 57 The Stiell Sessions 2 – Update in Atrial Fibrillation 2014
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.

   **What you should study:** the newest stroke risk assessment tool is CHADS-65

   ✓ A Fib Guideline Companion Pamphlet CCS 2014
   ✓ A Fib Assessment Algorithm

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.

   **What you should study:**

   ✓ Oral Anticoagulation Algorithm CCS 2014
   ✓ A Fib Guidelines Companion CCS 2014 - Page 9
   ✓ EM Cases: Episode 57 The Stiell Sessions 2 – Update in Atrial Fibrillation 2014

5. In a stable patient with atrial fibrillation, identify the need for rate control.

   **What you should study:**

   ✓ Rate vs Rhythm Control Algorithm CCS 2014

6. In a stable patient with atrial fibrillation, arrange for rhythm correction when appropriate.

   **What you should study:**

   ✓ EM Cases: Episode 20 Atrial Fibrillation