

Destination Healthy Heart:

A ROADMAP TO MANAGING HEART FAILURE



Heart Failure

COMPLICATED BY ATRIAL FIBRILLATION NURSE TALKING TIPS SHEET

This nurse tipsheet was developed by AAHFN as resource in facilitating patient education. It provides additional information so that the nurse can supplement their patient teaching with the corresponding patient tipsheet. Because no one page could be exhaustive, a list of resources is provided on page two for additional information.

Patient teaching should focus on:

1. Patients who have atrial fibrillation should be taught how to take their pulse and recognize when it is regular vs irregular. They can also use an automatic blood pressure cuff to assess their heart rate. Many automatic blood pressure cuffs have an alert light to tell patients when they are in atrial fibrillation. They can also sometimes tell when they are in atrial fibrillation because their pulse is much higher than usual.
2. Patients may or may not have symptoms when they are in atrial fibrillation. The most common symptoms are palpitations, dizziness, chest pain, anxiety and fatigue. Shortness of breath is also reported.

Background:

- People who develop heart failure as a result of atrial fibrillation have a tachycardia-mediated cardiomyopathy.
- Atrial fibrillation is a common condition that can result in heart failure or occur due to other causes of heart failure.
- Atrial fibrillation is a progressive condition. It can start as paroxysmal but then can become more persistent and eventually permanent. It can be difficult to control.

Causes of atrial fibrillation:

- hypertension
- untreated obstructive sleep apnea
- obesity
- coronary artery disease
- heart failure

Treatment of atrial fibrillation:

- Aggressive early treatment to restore normal sinus rhythm can improve outcomes and prevent atrial remodeling and progressive fibrosis.
- Restoring patients to normal sinus rhythm is achieved through cardioversion, antiarrhythmic medications and/or catheter ablation.
- The two preferred antiarrhythmic medications for atrial fibrillation when patients have a low ejection fraction (HFrEF or LVEF \leq 40%) are dofetilide and amiodarone. Patients on these medications require ongoing monitoring.
- Dofetilide requires routine ECG's and patients cannot miss taking this medication or they will have to be readmitted to the hospital to have this medication restarted.
- Amiodarone is very long acting and can have toxic effects to the liver, eyes, lungs and thyroid so monitoring of these systems is important.
- Patients who have a history of atrial fibrillation should be anticoagulated to prevent stroke. The CHADS2 and CHA2DS2-VASC scoring system is used to determine patient's annual risk for stroke without anticoagulation when they have a history of atrial fibrillation.

For Further Reference:

January, CT, Wann, S, et al. AHA/ACC/HRS Guideline for the Management of Patients with Atrial Fibrillation: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on the Practical Guidelines and the Heart Rhythm Society. J Am Coll Cardiol. 2014; 64(21):2246-2280.

