

Atrial Fibrillation

Atrial fibrillation/flutter (AF) is an arrhythmia with an irregularly irregular pulse. It may be paroxysmal (intermittent) or chronic (permanent). Causes of AF include both cardiac and non-cardiac conditions – such as valve disease, hypertensive heart disease, conduction disorders (like sick sinus syndrome), coronary heart disease, cardiomyopathy, hyperthyroidism, fever, alcohol ingestion, and many others. The presence of atrial fibrillation/flutter often signals the presence of underlying heart disease, but not always. Studies have shown that chronic AF, even without other heart disease, carries an increased mortality risk. Clients with chronic AF may develop blood clots in the heart, which may lead to a stroke. When AF is found, medication or electrical stimulation is used to convert the heart rhythm to normal (i.e. cardioversion). If successful, the client usually will continue on medication to keep the rhythm normal. If cardioversion is unsuccessful or if chronic AF develops, medication (or pacemaker) is used to control the heart rate, but the pulse remains irregular and a blood thinner is needed to decrease the risk of stroke. Surgical intervention is often used to permanently prevent AF. The most common procedure is pulmonary vein isolation (PVI) wherein the site of electrical irregularity is ablated via catheter access into the heart.

If your client has atrial fibrillation, please answer the following:

1. Please list date when first diagnosed: _____

2. Is the atrial fibrillation/flutter:

Chronic

Yes No

Paroxysmal (intermittent) Please specify how often it occurs _____

3. Are there any symptoms with the irregular heart beat?

If yes, please give details

4. Have any of the following tests been done? If so, please give date and results:

Stress test

Echocardiogram

Holter monitor

5. Does your client take any medications or have a pacemaker?

If yes, please give details _____

6. The cause of the atrial fibrillation/flutter is due to:

Coronary heart disease _____

Alcohol _____

Thyroid disease _____

Unknown or other _____

Valve disease _____

Cardiomyopathy _____

Sick sinus syndrome _____

Hypertension _____

7. Has your client smoked cigarettes or other tobacco in the last 5 years?

If yes, give details _____

8. Does your client have any other major health problems (ex: stroke, etc.)?

If yes, please give details _____