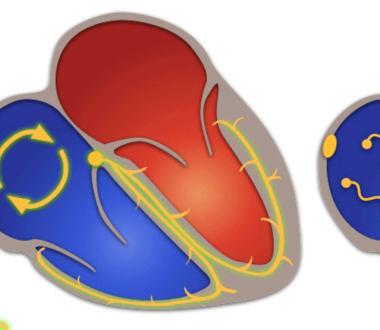




## What is it?

#### Flutter

### Fibrillation

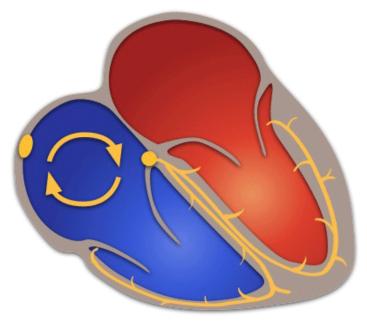


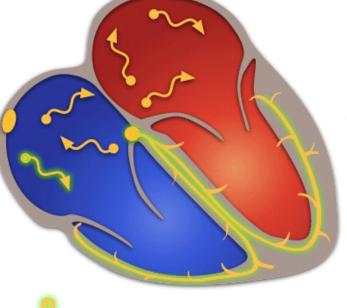


## What is it?

### Flutter

### Fibrillation













- Atrial Ischaemia
- Haemodynamic Stress
- Inflammatory
- Respiratory
- Endocrine
- Neurological
- Drugs



## Stable OR Unstable?



## Hypotension



# Ischaemic Chest Pain Pulmonary Oedema Reduced GCS/Confusion



## Unstable

#### Is the patient UNSTABLE? (any of)

- Haemodynamically Unstable
- Cardiac Ischaemia
- Pulmonary Oedema
- Reduced Conscious Level



#### Rhythm Control (DC cardioversion)

- Sedation SHOULD be used if possible
- Sync Shock: 70J > 120J > 200J



## How to - Prep



## Senior Input

Oxygen



Cannula



Sedation?

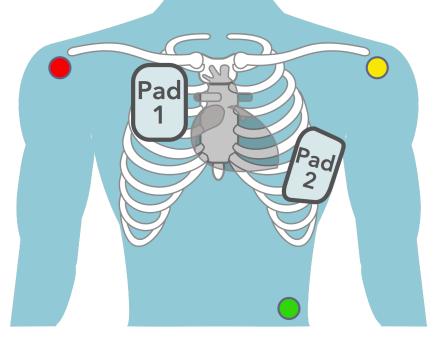


Antiarrhythmic?





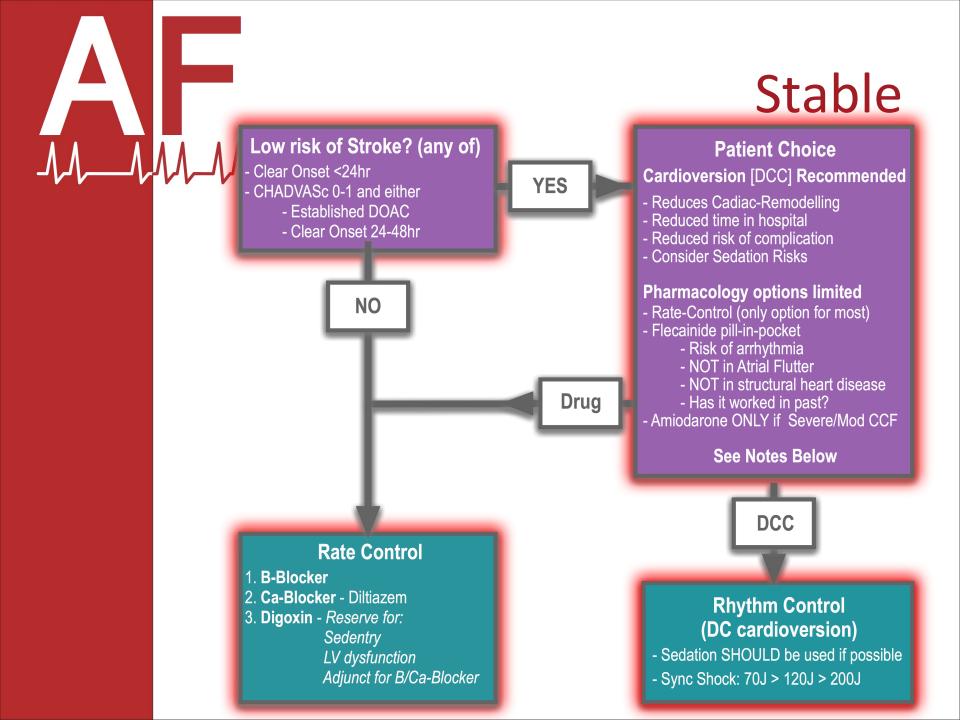
### **Anterior-Lateral DCC**





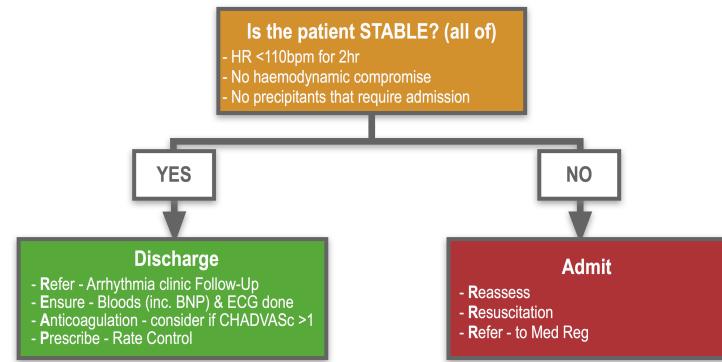
## Old Sparky







## Home or Hospital?





## Anticoagulation?

#### **CHADS-VASC**

Congestive heart failure	1
Hypertension	1
Age >74	2
Age 65-74	1
Diabetes Mellitus	1
Stroke/TIA	2
Vascular disease	1
Female	1

#### Yearly risk of Stroke, by score

1 (1.3%)	<b>2</b> (2.2%)	3(3.2%)
4 (4.0%)	5(6.7%)	6(9.8%)
7(9.6%)	8(6.7%)	9(15.2%)

NICE recommend consideration of anticoagulation if score >0

#### **HAS-BLED**

Hypertension (>160mmHg)	1
Renal (dialysis, transplant Cr >200)	1
Liver (cirrhosis, LFTs Bili x2 or others x3)	1
Stroke History	1
Prior Major bleed/predisposition	1
High/Unstable INR	1
Age <u>&gt;</u> 65 years	1
Medication predisposing to bleed	1
Alcohol/Drugs ( <u>&gt;</u> 8 drinks/week)	1

#### Yearly risk of Major Bleed, by score

0-1	<b>1.02%</b>
2	1.88%
3	3.7%
>4	>8%



## **Clinic FU**



### Symptomatic + New to Cardiology

### Exclusions:

Moderate/Severe LV systolic dysfunction
Moderate/Severe Valvular Disease
Hypertrophic cardiomyopathy
Congenital Abnormality
Significant Non-Cardiac Co-Morbidities



## Summary



- Is there a treatable cause?
- Stable vs Unstable?
- <48hr of onset?



Anticoagulation?



- Safe to Discharge?
- Follow up?