Atrial Fibrillation Nursing Care Plan

Patient information		
Patient name: Gabe Alipe		Age: 53
Gender: M	Date of birth: 1971	
Medical history:		
History of hypertension and hyperlipidemia. No prior episodes of atrial fibrillation but reports occasional episodes of chest discomfort.		

Assessment		
Subjective	**Objective**	
Patient reports palpitations, dizziness, and shortness of breath. The patient mentions feeling anxious and tired more easily than usual.	**Test/s**	**Result/s**
	Vitals	heart rate at 130 bpm
	ECGz	Irregular R-R intervals

Nursing diagnosis
Decreased cardiac output related to altered electrical conduction and rapid heart rate as evidenced by irregular heart rhythm and elevated heart rate.

Goals and outcomes	
Long-term	**Short-term**
Maintain a controlled heart rate and rhythm	Heart rate will decrease to <100 bpm within 24 hours
Remain free from thromboembolic events	Relief from palpitations and dizziness within 48 hours.

Nursing interventions

Monitor heart rate and rhythm continuously via telemetry and document any irregularities or changes.
Administer prescribed rate-control medications (e.g., beta-blockers or calcium channel blockers) to reduce heart rate and improve cardiac
output.
Administer anticoagulants as prescribed (e.g., warfarin or direct oral anticoagulants) to prevent thrombus formation.
Educate the patient on recognizing signs and symptoms of stroke, such as sudden weakness, speech difficulties, or facial drooping.
Provide supplemental oxygen as needed to maintain oxygen saturation above 94%.
Encourage the patient to practice relaxation techniques to manage anxiety, which may exacerbate symptoms.

Rationale

Continuous heart rate and rhythm monitoring allows for early detection of worsening atrial fibrillation or conversion to normal sinus rhythm,
ensuring timely intervention.
Rate-control medications help to slow the heart rate, allowing for more efficient ventricular filling and improved cardiac output.
Anticoagulants reduce the risk of thrombus formation in the atria, which can lead to stroke or other embolic events.
Education on stroke symptoms is critical for early identification and prompt treatment, which can significantly reduce the risk of long-term complications.
Supplemental oxygen supports adequate oxygenation, particularly if the patient experiences hypoxia due to reduced cardiac output.
Relaxation techniques can help to lower anxiety levels, which in turn may help stabilize heart rhythm and reduce symptoms.

Evaluation

The patient’s heart rate decreased to 90 bpm within 24 hours, and they reported feeling less dizzy
and experiencing fewer palpitations within 48 hours.
The patient maintained a controlled heart rate and rhythm, with no further episodes of atrial fibrillation. They remained free from thromboembolic events and were compliant with anticoagulation therapy.

Additional notes

Nurse’s information

Name: Anthony Green, RN

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