

Clinical Scenario

Afib with RVR



AdmissionCare

Scenario:

67-year male with PMH of COPD, HTN, chronic hyponatremia, and anxiety, with new onset of A-fib. Discovered by PCP during routine visit and he was sent to an outside hospital for evaluation.

Initial Eval: HR 132 with hypertension. EKG revealed A-fib with RVR. Labs: Na 130, troponin <1.012, Mg 1.8.

Transfer Course

Lopressor, IV NS bolus, Heparin and Cardizem gtt for transfer

At Time of Decision:

Pt Complaints: asymptomatic

Vital Signs: HR 107 (irregular rate and rhythm), RR 16, BP 157/94, O2 Sat 93% on RA

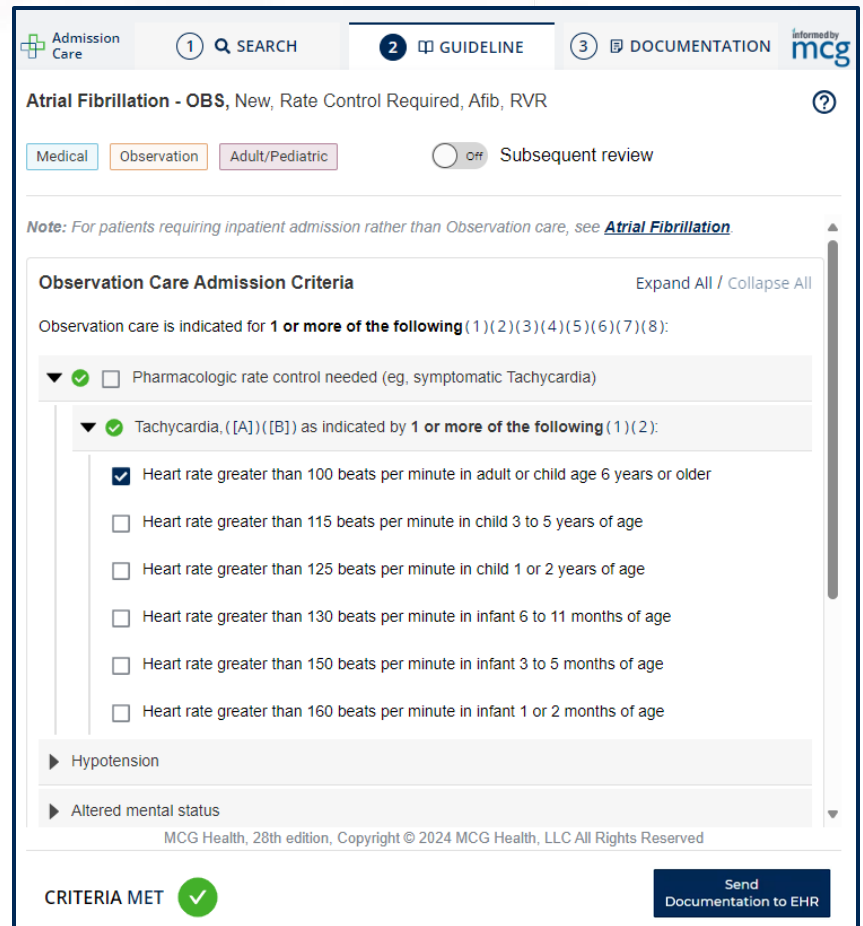
Radiology: CXR neg

Labs: Troponin negative

CMP: normal

EKG: Afib w/HR of 97, normal axis

Documented Principal Problem: Afib w/RVR



Recommended Workflow

- C** – Consider appropriate care setting
 - Hospitalization
- A** – Ask what the principal diagnosis is?
 - A-fib with RVR
- R** – Review INPT guideline first, then OBS
 - INPT criteria: not met > toggle to OBS
 - OBS criteria: met
- E** – Enter bed status / level of care order
 - Observation
- D** – Document criteria in medical record

Teaching Points:

- The main diagnosis being treated is Afib with RVR so that would be the guideline selected
- This patient could be converted to INPT status if his HR continues to be uncontrolled and requires continuous IV antiarrhythmic beyond an OBS timeframe.