

Atrial Fibrillation – Case

ID: PJ, 58 yo male, ht = 70 inches, usual wt = 80 kg

CC: “Thumping heart, fatigue, sweaty”.

HPI: PJ has been well lately, and is on a skiing vacation in Whistler. While skiing this am, PJ had an abrupt onset of a “racing heart”, felt tired, dizzy for a moment, so he and his friend the consulted ski patrol who assessed him and drove him down to the Medical Clinic. He denies chest pain or pressure, nausea, or choking sensation. No known history of ACS, NSTEMI, STEMI, or ventricular arrhythmias. He recalls an episode like this about a year ago that ended spontaneously, and was never investigated.

PMH: Hypertension x 5 years, usual BP = 140/85)
Diastolic heart failure (NYHA class I HF x 6 months)
Type II diabetes mellitus x 5 years (diet-controlled)
GERD x 10 years

MPTA: Hydrochlorothiazide 25 mg PO daily
Ramipril 5 mg PO daily
Ranitidine 150 mg PO daily (“Using daily at bedtime”)
Tums – 500 mg PRN (“Using every 2 days”)

Allgy: NKA

FHx: Father died of an MI at age 50

SHx: Active lifestyle, 1-2 glasses of wine daily, 2 cups coffee/day, “low” cholesterol, no salt” diet, tetanus vaccine 2006, no third party drug coverage

Physical exam:

Vitals: T = 38C, BP = 150/90, HR = 140 (irregular), RR = 18, O₂ sat = 99% (Room air)

General: Slightly distressed male, placed on bed rest

CNS: Alert and oriented to person, place, time

HEENT: Jugular venous distention (JVD) at sternal angle (ASA) recumbent at 45 degrees

RESP: Symmetrical expansion of lungs, no crackles, no accessory muscle use

CVS: Normal S1/S2 heart sounds

GI: (-) hepatjugular reflux (HJR)

MSK/ SKIN: No edema, warm extremities, cap refill <3 secs

Bloodwork: Na/K/Cl/CO₂ = 131 / 2.8 / 93 / 28 Gluc = 7.0 BUN/Cr = 6 /90
Hb = 130, Plt = 400
LFTs = normal, Troponin: < 0.04, TSH, T4 normal, BNP = negative

Echo (2012): Enlarged left atria, left ventricular hypertrophy, normal valves, EF=55%.

Clinic Diagnoses: 1. Atrial fibrillation
2. Hypokalemia

Questions:

1. How would you treat this acute episode of AF for PJ?
2. What would you recommend for chronic therapy when he returns home?