



LINCOLN, ABRAHAM • M0000000 • 211 Y M

SUMMARY

Regarding LINCOLN, ABRAHAM'S AF/AFL history and management:

He does not have a known history of prior A Fib or Flutter. Today's rhythm is A Fib, which seems to be paroxysmal in nature. Onset was approximately 12 hours prior to arrival. Prior to presentation, no TSH was documented.

The patient had a rapid ventricular response. We provided rate reduction with short-acting IV medications (see orders for details). He did not require a continuous infusion of AV nodal blockers. We attempted sinus restoration with electrical cardioversion. See procedure note for details of DCCV. Cardioversion was successful and sustained to discharge.

His CHA₂DS₂-VASc score during this encounter was 5 points, which placed him in a high-risk category for stroke. There is also a slightly elevated risk of short-term stroke following ED cardioversion, regardless of CHA₂DS₂-VASc score.

We provided a dose of anticoagulants in the ED. I printed the risk-specific stroke prevention patient handout, discussed it with the patient (or representative) and encouraged him to review it with his primary care provider. An e-consult was submitted to the Anticoagulation Services for follow-up. I prescribed anticoagulants for discharge after discussing the risks and benefits with the patient (or representative). I gave him the KP handout on the anticoagulant.

At the time of ED discharge, he was in sinus rhythm. Current disposition plan is to home.