

1244

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Case 2

①. What is the most appropriate Initial management?

①. Stabilize the patient

• This patient have tachycardia plus Hypotension so we consider hemodynamically unstable

• the guideline suggest start

↳ DC Shock + I.V amiodarone

• However, since evidence suggest

we have [CCF + AF] Digoxin

Consider the first line Treatment

②. Decrease Heart Rate

• give β -Blockers [Metoprolol]

• or give CCB [Diltiazem, Verapamil]

③. Decrease Volume overload

• This patient is suspected to

have increase in fluids volume

[PJP + Diffuse rales]

• so we should give Diuretics

↳ [furosemide, Thiazides]

④. Classify Causes of Atrial fibrillation?

①. Cardiac

- IHD
- Rheumatic heart disease
- Endocarditis
- Atrial fibrillation
- Sick sinus syndrome
- Hypertension
- Cardio Myopathy
- Congenital heart disease
- Pericardial disease

②. Non Cardiac

- Hyperthyroidism
- Alcohol
- Chest Infection
- Idiopathic
- Pulmonary Embolism

③. List further diagnostic Investigations?

①. Routine Laboratory

- CBC \rightarrow suspecting anemia
- TFT \rightarrow suspecting Thyrotoxicosis
- RFT
- LFT
- Electrolytes [K⁺ + Ca]

②. Imaging

- Chest X-ray \rightarrow confirm Pulmonary Edema
[Kerley lines + redistribution of vessels + cardiomegaly]

- Echocardiogram

- Measurement CO₂, Ejection fraction
- Wall abnormality
- Valvular disease
- Atrial or Ventricular dimension

④. Outline Plan of future treatment?

①. Non Pharmacological

- Education of Patient about the disease, complication and treatment
- rest when he feel tired
- exercise when he feel well
- Diet

→ good Nutrients

→ restrict fluids

→ restrict salts

→ low calories Intake

• Stop Smoking + Alcohol

②. Pharmacological

• ACE Inhibitors

• Diuretics

• β_1 Blockers

• Statins if obese