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Thinking about thinking: A critical review of the decisions made in the management of atrial fibrillation in the emergency department

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A trial fibrillation (AF) is the most common cardiac arrhythmia seen in emergency departments (ED) with its prevalant increase. Failure to treat patients with AF correctly can lead to life-threatening complications such as thromboembolic strokes and heart failure. These complications can cause significant reduction in quality of life for patients due to long term morbidity and disability. Therefore, it is important that emergency clinicians are confident when making decisions about managing patients with AF as these critical decisions can reduce hospital admissions, reducing cost for NHS, ultimately improving patient outcomes. To make the best clinical decisions there is a need to review the current evidence base for new-onset AF management in the complex and unpredictable emergency setting. This critical review aims to evaluate the contemporary evidence surrounding the holistic assessment and management of patients with AF in the ED, critically reflecting on key clinical decisions made and cognitive processes involved, while operating safely and ethically to deliver optimal person-centred care.