Cardiac Dysrhythmia Discharge Information

What is a cardiac dysrhythmia?

The normal, healthy heart has a regular rhythm and the heart normally beats between 50 and 100 beats per minute.

A cardiac dysrhythmia (also called an arrhythmia) is an abnormal rhythm of your heartbeat. It can be slower or faster than a normal heart rate. It can also be irregular. It can be life-threatening if the heart cannot pump enough oxygen-rich blood to the heart itself or the rest of the body.

A cardiac dysrhythmia can be caused by many things, including problems with the heart valves, coronary artery disease, heart failure, drug use, and some medicines. Common types of dysrhythmia include:

- **Atrial fibrillation:** In atrial fibrillation the upper chambers of the heart do not squeeze (contract) in an organized way and are not working with the lower chambers. This affects the ability of the heart to pump blood.
- **Atrial flutter:** In atrial flutter, the upper chambers of the heart beat faster than the lower chambers of the heart, which causes less blood to be pumped to the body.
- **Multifocal atrial tachycardia:** In multifocal atrial tachycardia, too many signals are sent from the upper chambers of the heart to the lower chambers, causing a very fast heart rate.
- **Bradycardia:** In bradycardia, your heart beats very slowly.
- **Paroxysmal supraventricular tachycardia (PSVT):** This is a rapid heart rate that happens off and on and starts in the upper chambers of the heart.
- **Ventricular tachycardia:** The heart's lower chambers beat in a regular rhythm but very fast. This abnormality is usually caused by heart disease. It can be caused by medicine you are taking.
- **Ventricular fibrillation:** The heart muscle quivers and is uncoordinated. This prevents the heart from pumping.

How can I take care of myself when I go home?

How long it takes to get better depends on the cause of your dysrhythmia, your treatment, how well you recover, your overall health, and any complications you may have. When you have an abnormal heart rhythm, you need to make lifestyle changes to be healthier and to help keep from having other complications. There are several things you can do.

Management

- Your provider will give you a list of your medicines when you leave the hospital.
  - Know your medicines. Know what they look like, how much you should take each time, how often you should take them, and why you take each one.

    - Take your medicines exactly as your provider tells you to.
    - Carry a list of your medicines in your wallet or purse. Include any nonprescription medicines and supplements on the list.
- Your provider may prescribe medicine to:
    - Help slow the heart rate, reduce blood pressure, and reduce the workload of the heart
    - Help the heart to beat normally
    - Prevent blood clots
- If you have had surgery, to care for your incision:
    - Keep your incision clean.
    - If you are told to change your dressing on your incision, wash your hands before changing the dressing and after disposing of the dressing.

Appointments

- Follow your provider's instructions for follow-up appointments.
- Keep appointments for any routine testing you may need.
- Talk with your provider about any questions or fears you have.

Diet, Exercise, and Other Lifestyle Changes

- Follow the treatment plan your healthcare provider prescribes.
- Get plenty of rest while you're recovering. Try to get at least 7 to 9 hours of sleep each night.
- You may need to make changes in some of the foods you eat. Ask your provider about the benefits of talking to a dietician to learn what you need in a healthy diet. Some foods and medicines can change the effects of blood thinners.
- Drink enough fluids to keep your urine light yellow in color, unless you are told to limit fluids.
- Exercise as your provider recommends.
- Lose weight if you need to and keep a healthy weight.
- Don't smoke.
- Find ways to lower your stress level.

Call emergency medical services or 911 if you have new or worsening:

- Heart palpitations that feel like a sudden pounding, fluttering, or racing in the chest
- Weakness
- Dizziness
- Fainting
- Shortness of breath
- Chest discomfort (pressure, fullness, squeezing or pain) that lasts more than a few minutes or goes away and comes back or chest discomfort that goes to your arms, neck, jaw or back

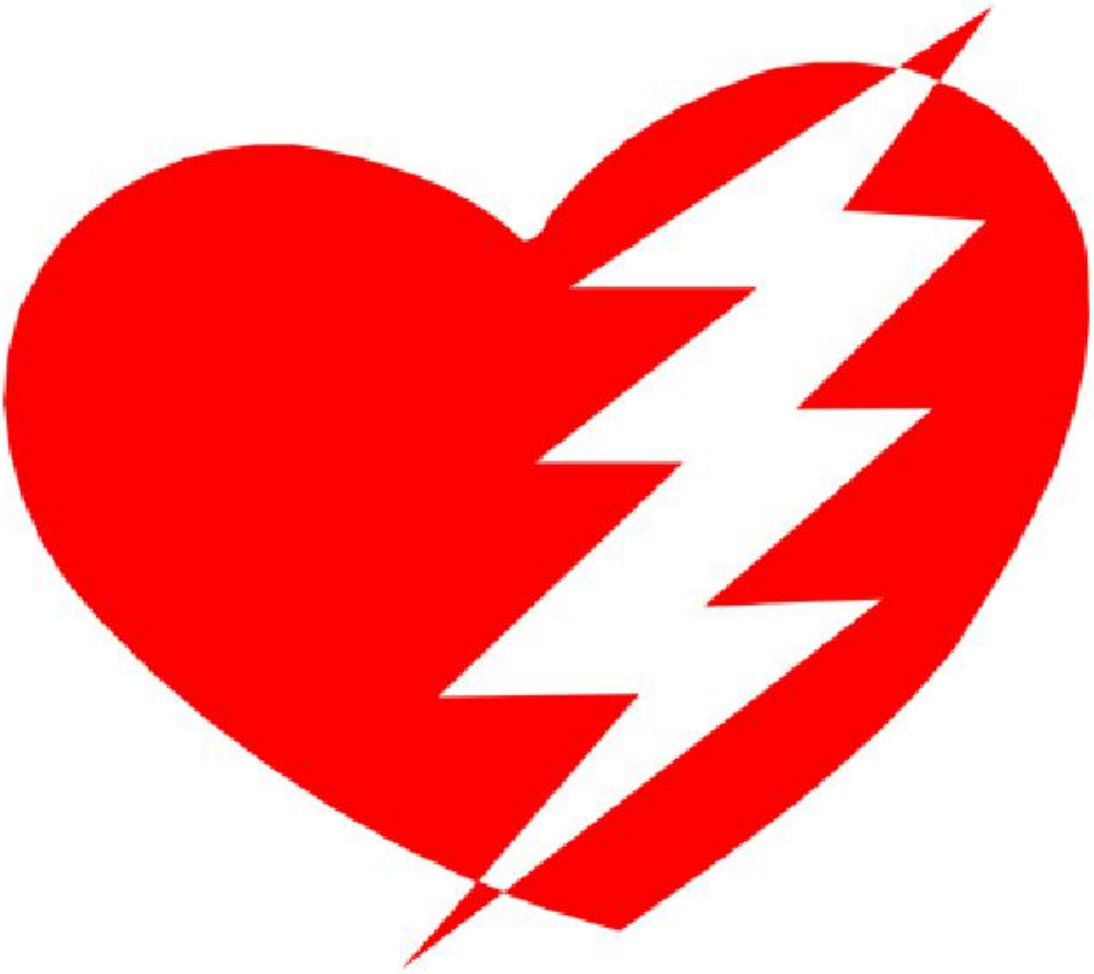
If you have any of these symptoms, do not drive yourself.

Call your healthcare provider if you have new or worsening:

- Fast, slow, or irregular heartbeat
- Tiredness
- Signs of infection around your surgical wound if you had surgery. These include:
  - The area around your wound is more red or painful
  - The wound area is very warm to touch
  - You have blood, pus, or other fluid coming from your wound area
  - You have a fever higher than 101.5° F (38.6° C)
  - You have chills or muscle aches

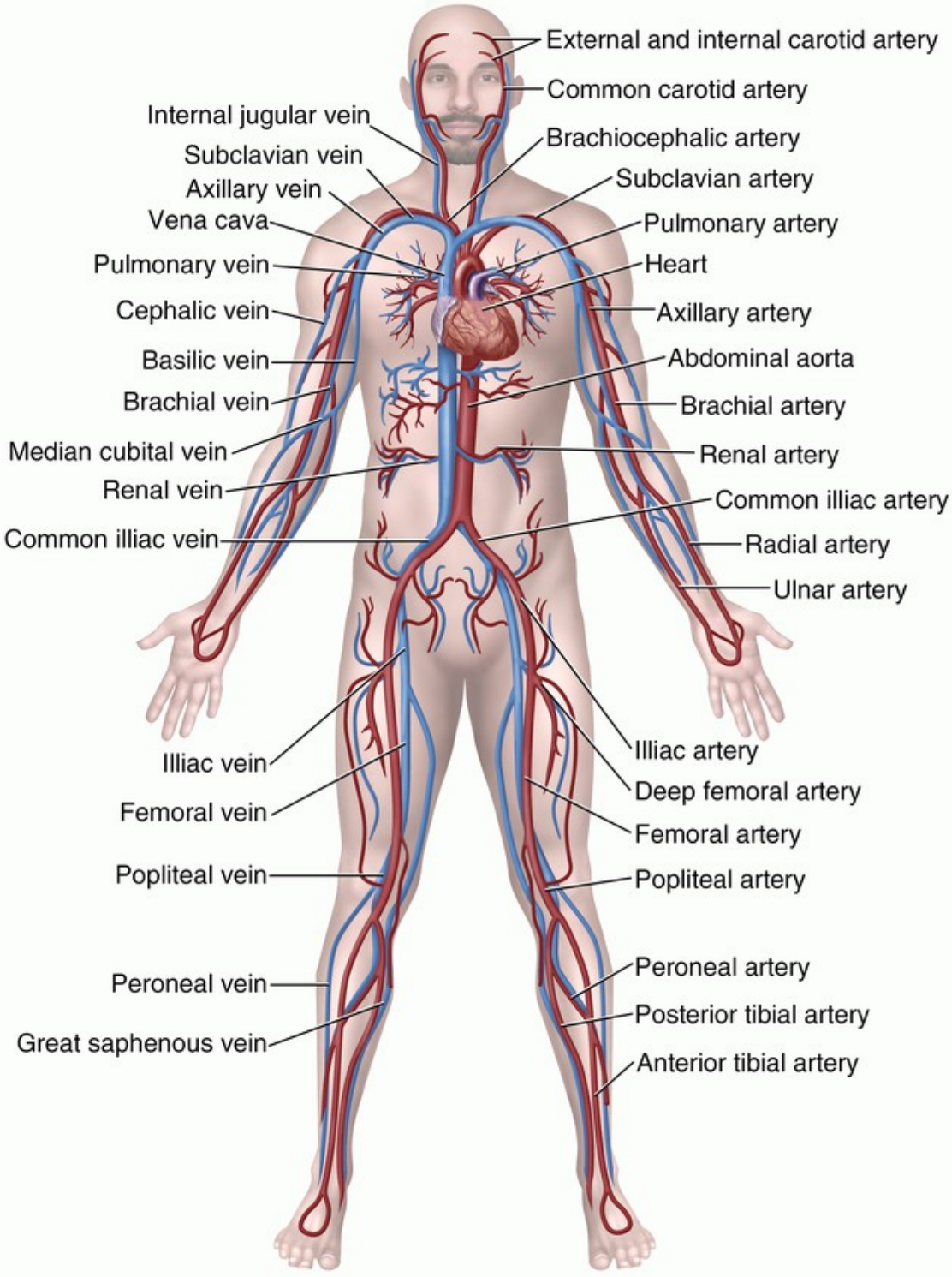
Developed by RelayHealth.

Universal Symbol for AED

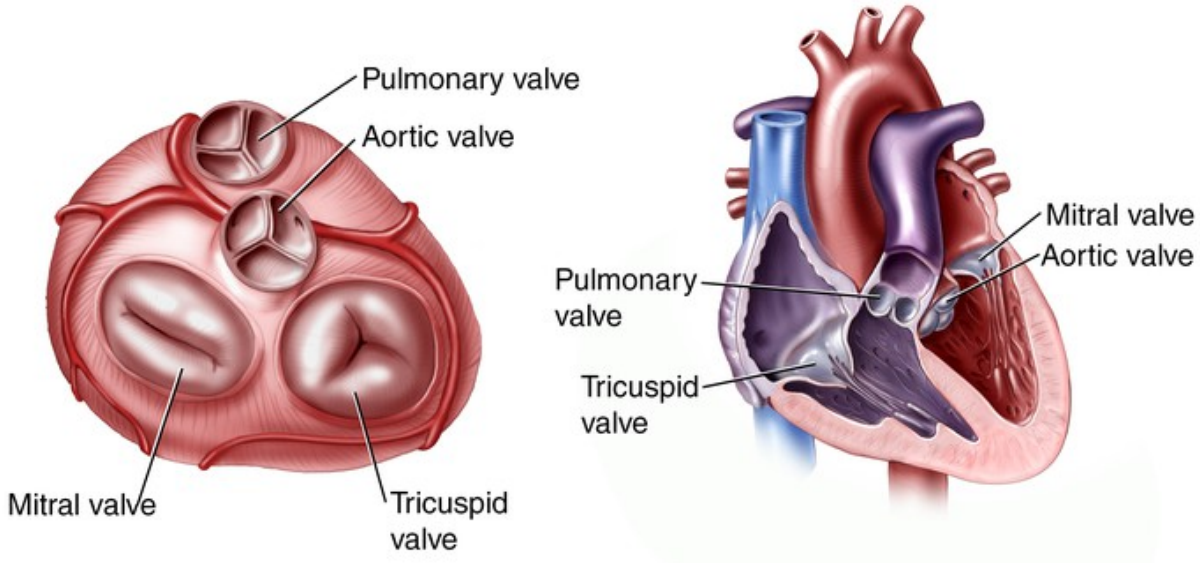


When you see this symbol it means that an automated external defibrillator (AED) is available.

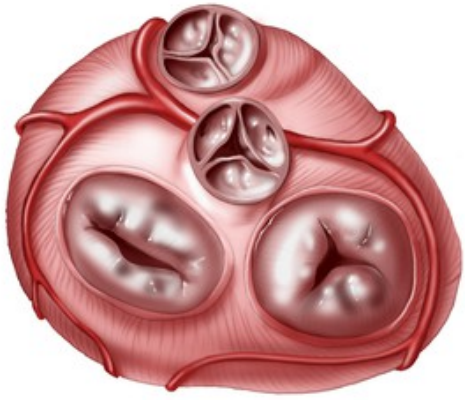
Circulatory System



Normal and Diseased Heart Valves

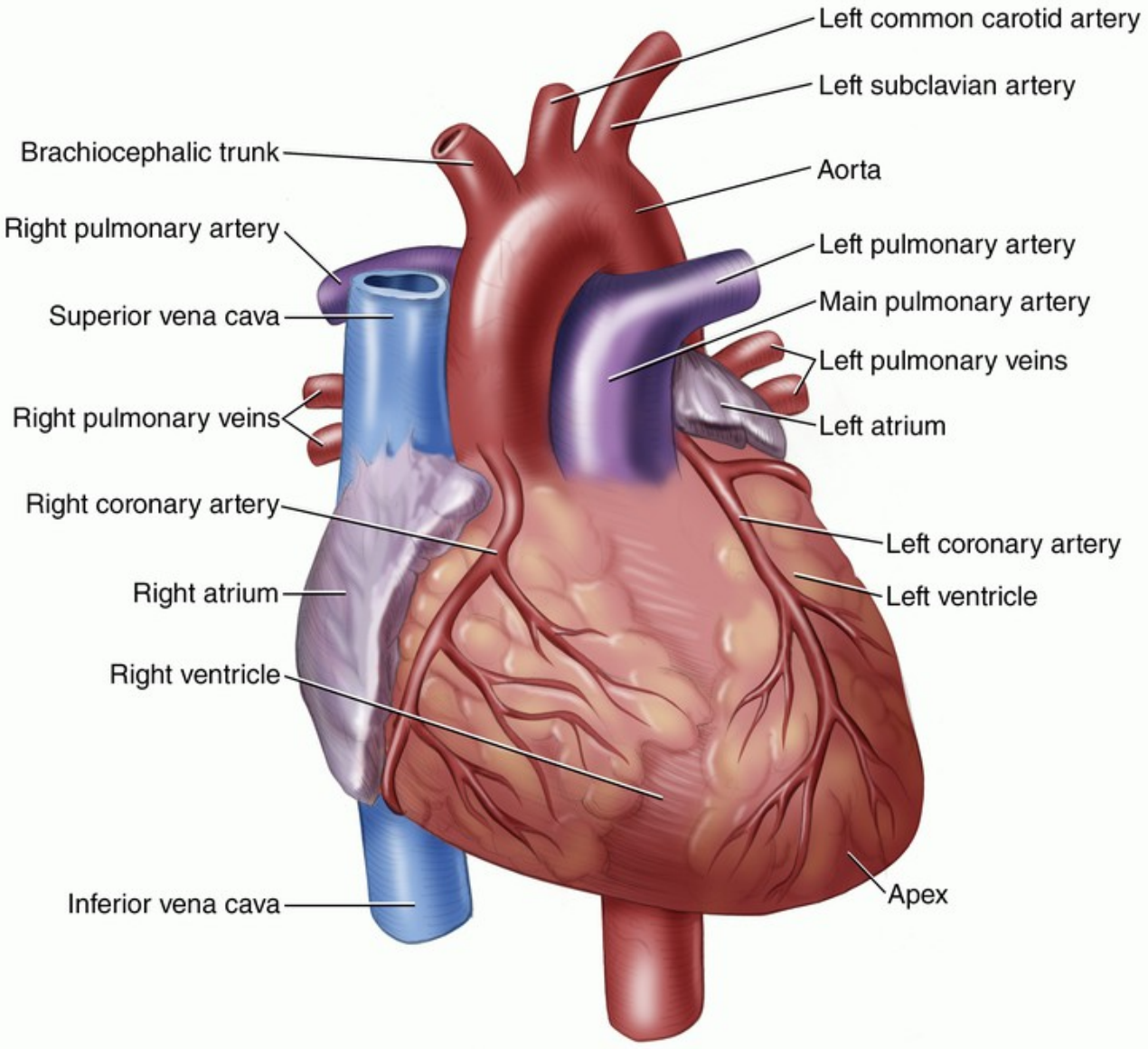


Normal Heart Valves

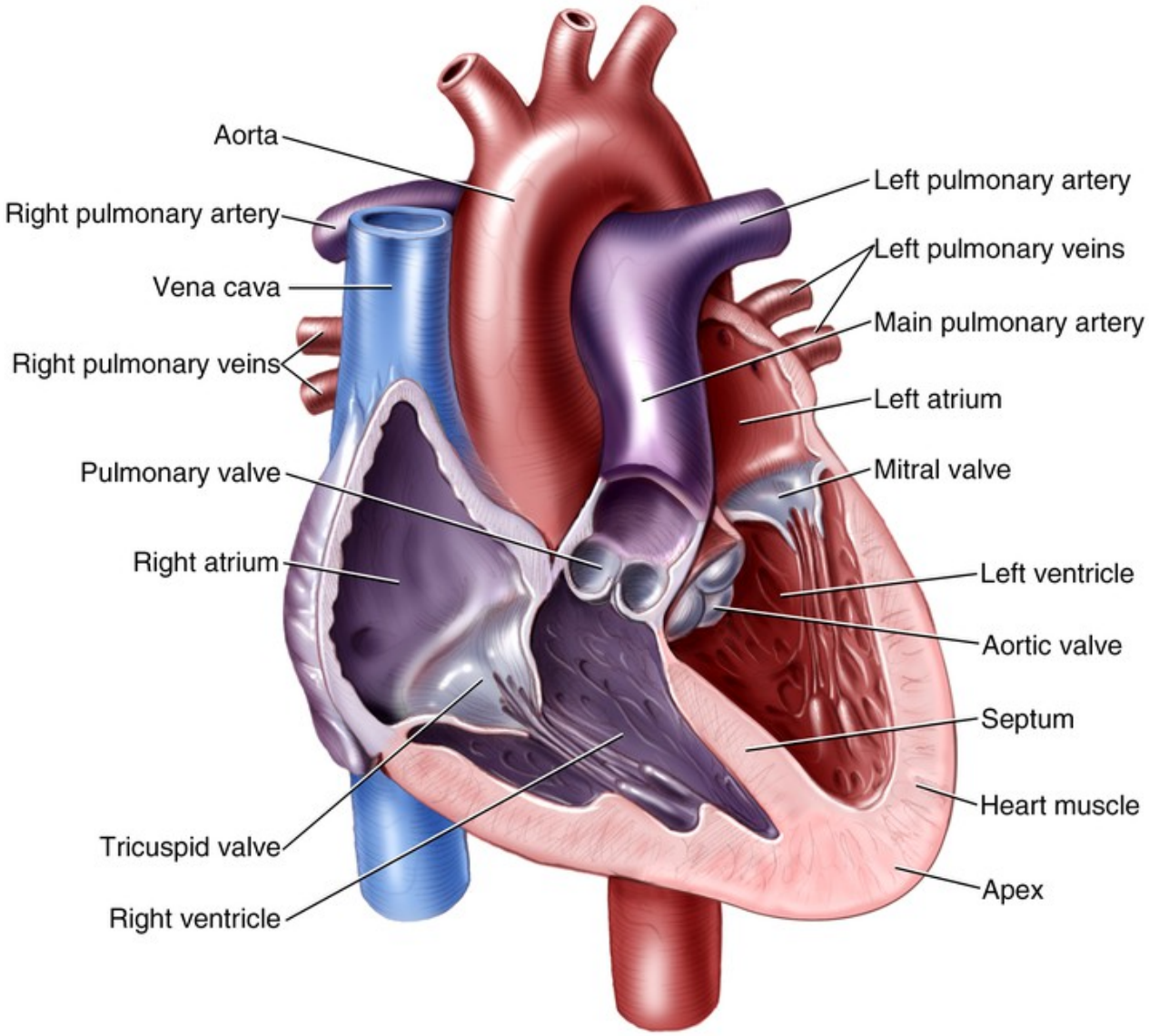


Diseased Heart Valves

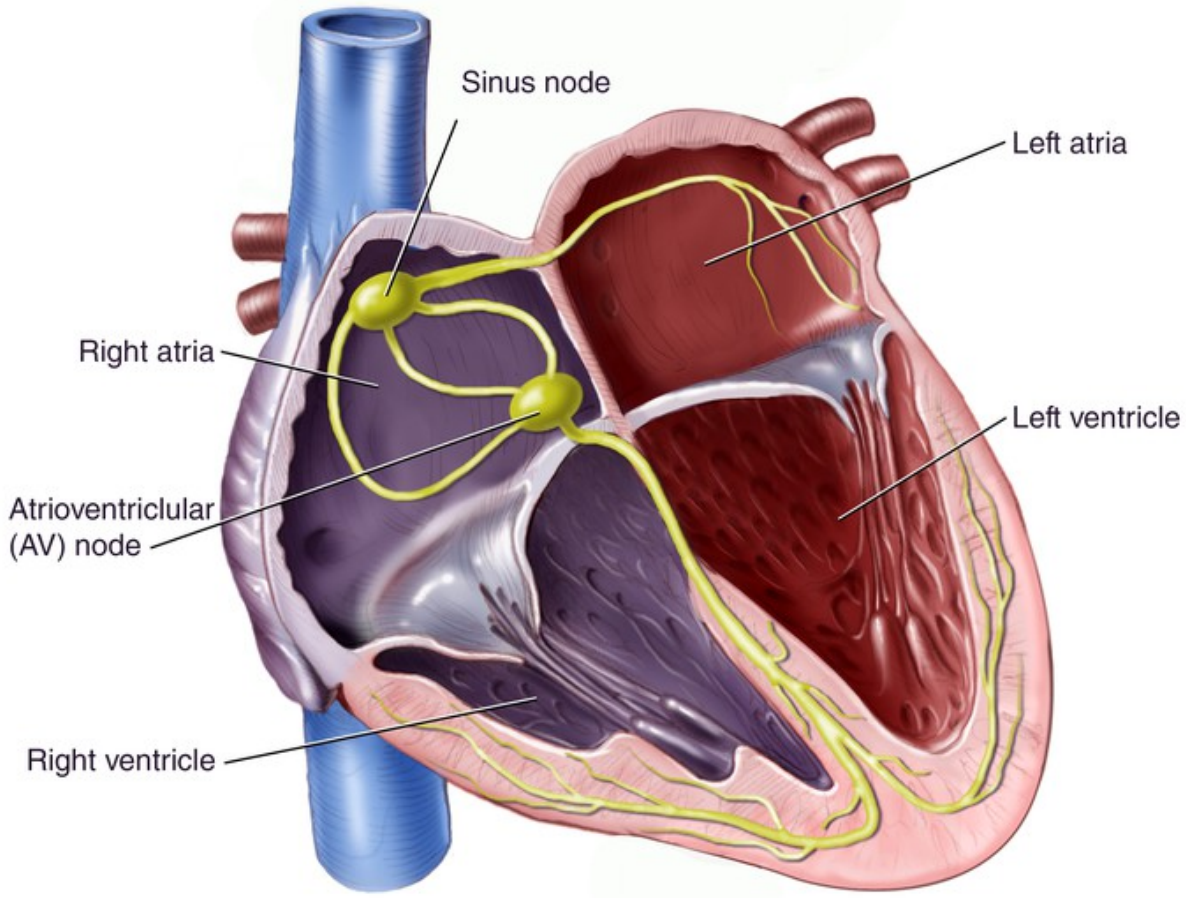
Heart: External View



Heart: Interior View



Nodes Responsible for Cardiac Rhythm



The electrical impulse starts in the sinus node. It travels to both atria, causing them to contract, and triggers the AV node. The impulse travels from the AV node, stimulating contraction of the ventricles.

Pacemaker