NURSING CARE PLAN FOR ATRIAL FIBRILLATION:

Assessment	Nursing Diagnosis	Goal/Expected Outcome	Intervention/Planning	Implementation	Rationale	Evaluation
Subjective Data: - Patient reports palpitations and fatigue. Objective Data: - Irregular heart rate; low blood pressure; oxygen saturation below 94%.	Decreased Cardiac Output related to irregular ventricular response as evidenced by palpitations and fatigue.	Short-Term: - Within 1 hour, stabilize heart rate and improve oxygen saturation. Long-Term: - Patient maintains a regular heart rate and normal oxygen levels.	Plan to administer antiarrhythmic medications and monitor heart rate via telemetry.	Administer medications as prescribed; check vital signs and oxygen levels every 15-30 minutes; document ECG findings.	Stabilizing heart rate improves cardiac output and reduces symptoms.	Vital signs improve; patient reports less fatigue; ECG shows a regular rhythm.
Subjective Data: - Patient expresses concern about the risk of stroke. Objective Data: - Irregular pulse detected; history of atrial fibrillation noted.	Risk for Thromboembolism related to blood stasis and irregular cardiac rhythm as evidenced by patient history and irregular pulse.	Short-Term: - Within 24 hours, patient demonstrates understanding of anticoagulant therapy. Long-Term: - Patient adheres to prescribed anticoagulant	Develop an education plan on the importance of anticoagulation therapy; review medication schedule with the patient.	Educate the patient about the purpose of anticoagulants; verify medication adherence; schedule regular INR checks if applicable.	Anticoagulant therapy reduces the risk of clot formation and stroke.	Patient verbalizes understanding; medication adherence is confirmed; lab values remain within therapeutic range.

		regimen to prevent stroke.				
Subjective Data: - Patient reports chest discomfort during episodes of palpitations. Objective Data: - Elevated heart rate; patient appears distressed.	Acute Pain related to cardiac strain as evidenced by chest discomfort and patient distress.	Short-Term: - Within 1 hour, reduce chest discomfort to a tolerable level. Long-Term: - Patient experiences minimal chest discomfort with ongoing treatment.	Plan to administer prescribed analgesics and monitor pain levels closely.	Administer pain relief as ordered; use non-pharmacological measures such as relaxation techniques; reassess pain every 30 minutes.	Reducing pain improves comfort and supports effective treatment.	Patient reports decreased pain; distress reduces; overall comfort improves.
Subjective Data: - Patient expresses uncertainty about managing atrial fibrillation at home. Objective Data: - Patient asks questions about lifestyle modifications; appears anxious about follow-up care.	Ineffective Health Management related to insufficient knowledge about atrial fibrillation and self- care practices.	Short-Term: - Within 24 hours, the patient will verbalize key self-care strategies. Long-Term: - Patient will adhere to treatment and lifestyle modifications consistently.	Develop a comprehensive education plan covering disease management, medication adherence, and lifestyle changes.	Conduct individual teaching sessions; provide clear written materials and visual aids; schedule regular follow-ups.	Education empowers patients to take control of their health and reduces anxiety.	Patient demonstrates improved understanding; adherence to the care plan increases; follow- up sessions confirm consistency.

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