



Atrial Fibrillation (AFib) Action Plan

Your Plan for Action

- Use this guide to help you tell your doctor or nurse about changes in your symptoms.
- Recognizing your AFib symptoms will help you better manage your health.
- When you notice your symptoms early and take action, you are less likely to have to go to the hospital for treatment.

You are in control, doing well, and can manage AFib at home when:



You feel okay, and it is your typical AFib episode.

- You may feel tired and a little short of breath when you walk, but this is how you always feel during AFib.
- You can do your daily activities.
- You can continue working.

Take notes on how long the episode lasts and how you feel so that you can tell your provider.

Take action today. Call your doctor if:



- Your symptoms get worse or you start to feel bad.
- AFib episode lasts longer than 24 hours.
- AFib episodes happen more or last longer.

Before you call:

- Don't Panic! Take a few deep breaths.
- Check your pulse. Is it regular or irregular? What is your pulse rate (the number of times your heart beats in 1 minute). Is it faster than normal?
- Follow your treatment plan.
- Take any additional medicine as prescribed.

Take action now! Call 9-1-1 right away!



- Signs of stroke (sudden weakness, numbness, trouble seeing or speaking).
- Pass out or almost pass out.
- Lightheaded or feel weak.
- Chest pain.
- Trouble breathing or are short of breath.
- Cold, sweat, or clammy.
- Severe medicine effects (low blood pressure, or low heart rate).
- Severe bleeding like coughing up blood.

About Atrial Fibrillation

What is atrial fibrillation?

Atrial fibrillation (AFib) is a type of irregular or fast heartbeat where the top part of the heart, the atria, does not beat properly. This makes it hard for the heart to pump blood normally.

What are the types of AFib?

- **Paroxysmal:** it comes and goes, but usually stops on its own.
- **Persistent:** lasts more than 1 week.
- **Permanent:** heart cannot go back to normal rhythm.

What causes AFib?

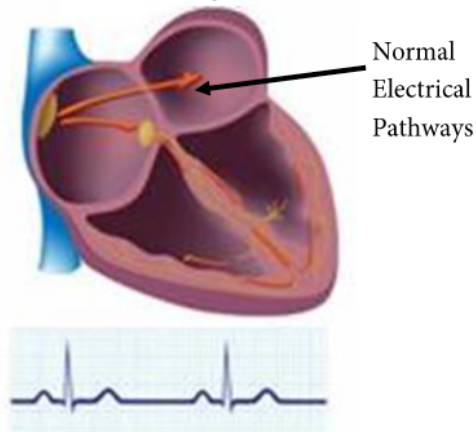
It is usually caused by health problems that hurt the heart's electrical system or pathways. Some examples of health problems that can damage the heart are:

- High blood pressure
- Heart failure
- Coronary artery disease
- Heart valve problems
- Heart surgery
- Diabetes
- Overactive thyroid
- Obesity
- Chronic kidney disease

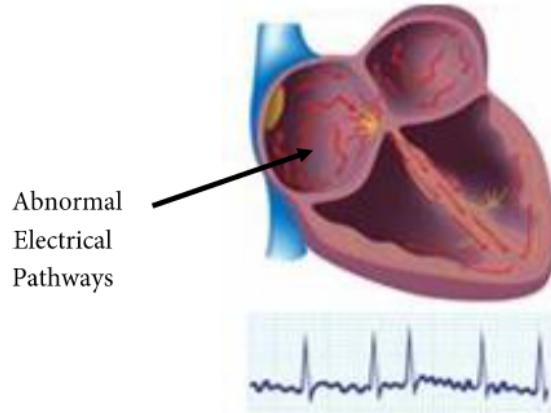
What AFib is not

- AFib is not a heart attack.
- AFib is not a problem of the heart's arteries.
- AFib is not heart failure (weak heart).
- AFib is not a problem of the heart muscle.

Normal Heart Rhythm



Atrial Fibrillation



What are the signs of AFib?

Some people have no symptoms. Others may feel:

- Like their heart is racing, pounding, or fluttering
- An irregular pulse (may be fast or slow)
- Chest pain, pressure, or tightness
- Short of breath
- Light-headed, dizzy, or weak all of a sudden
- Tired very quickly when they exercise or do an activity
- Tired or they may faint
- Sweaty
- Anxious

How is AFib diagnosed?

If your doctor thinks you may have AFib, it can be diagnosed with:

- An electrocardiogram (ECG) to check electrical signals of the heart
- A cardiac monitor to record your heart's activity for a few days

How is AFib treated?

Treatment can be different for everyone and depends on what is causing the AFib and how you feel when you have AFib. Treatment goals may include:

- **Rate control:** Reducing a fast heart rate when in AFib with medicine or procedures
- **Rhythm control:** Restoring the heart to a normal rhythm with medicine or procedures
- **Stroke Prevention:** Taking a blood thinner
- **Lifestyle changes:** Exercise, healthful eating, weight loss, no smoking, reducing alcohol, and caffeine, treatment for sleep apnea

Remember

- Many people with AFib lead normal lives when it is treated well.
- AFib has many causes - some are out of your control, but some can be changed!
- As of now, there is no “cure” for AFib. The goal of treatment is to help you feel better and to prevent problems. Think of AFib as a long-term health problem (like high blood pressure or diabetes) that will need different therapies over time.

Atrial Fibrillation, Stroke, and Blood Thinners

Blood can get stuck or sit in your heart longer than normal if you have AFib. This can cause blood clots that can move to your brain and cause a stroke.

How can I stop a stroke?

Many people can stop a stroke by taking blood thinners. Blood thinners make your blood take longer than normal to clot.

- **Antiplatelets:** Keep your blood cells (platelets) from sticking together.
- **Anticoagulants:** Help keep proteins in the blood from making clots.

What are the risks of taking blood thinners?

Some small and common risks are:

- Bruise more easily
- Bleed longer and more from cuts

Some serious risks are:

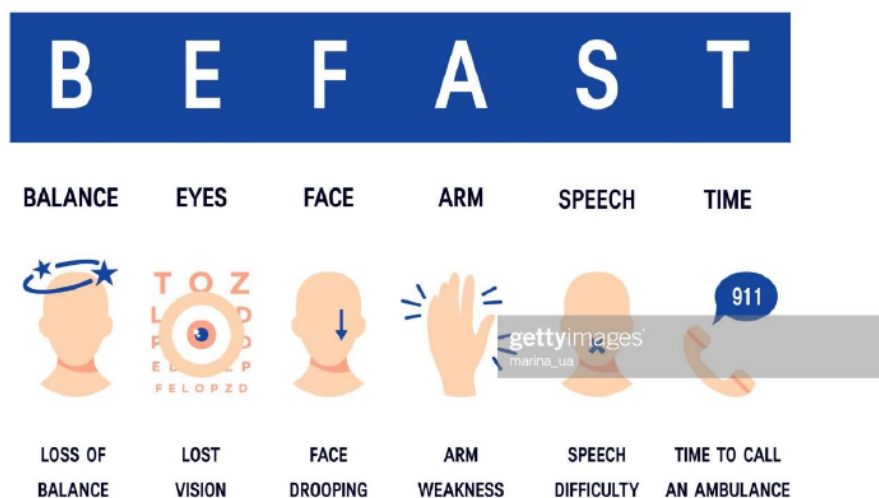
- Bleeding in the brain
- Coughing up blood

Do I need to take a blood thinner?

A scoring system is used to decide if you should take a blood thinner. Blood thinners are usually recommended if you have a score of 2 or higher in men and 3 or higher in women. Add the points up to get your score.

- Congestive Heart Failure (1 point)
- High blood pressure (1 point)
- Age (1 point if between 65 and 74 and 2 points if 75 or higher)
- Diabetes (1 point)
- Previous stroke (2 points)
- Vascular disease (1 point)
- Sex (1 point if female)

How to Spot a Stroke B.E.F.A.S.T.



Atrial Fibrillation and Sleep Apnea

What is sleep apnea?

Sleep apnea is a health problem where your breathing stops or becomes shallow (not as deep). A sleep apnea episode:

- Can last 10 seconds or more
- Can happen up to 20 times per hour while you are asleep

Sleep apnea is linked to:

- High blood pressure
- Atrial fibrillation
- Sudden cardiac death
- Heart failure

How do I know if I have sleep apnea?

You may have sleep apnea if you:

- Snore loudly
- Gasp for air while you sleep
- Wake up all the time
- Wake up with a headache
- Have a dry mouth in the morning
- Feel tired, irritable, or distracted
- Are very tired during the day



How is sleep apnea diagnosed?

Sleep apnea is diagnosed by a sleep study. A sleep study can be done at home or in a lab where tests are done while you are asleep.

How is sleep apnea treated?

- Change the way you sleep
- Lose weight
- Do not drink alcohol
- Do not take medicine that can affect your sleep
- Use a breathing device

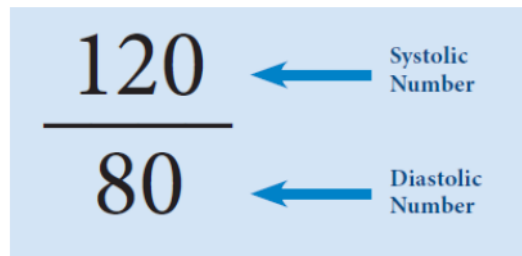


Blood Pressure and Atrial Fibrillation

Blood pressure is a measure of how hard the blood pushes against the walls of your arteries as it moves through your body. It is normal for blood pressure to go up and down during the day. If it stays up, you may have high blood pressure.

Blood pressure is recorded as two measurements:

1. **Systolic** (si-stol-ik) pressure (the upper number): It is the highest pressure that occurs when your heart beats.
2. **Diastolic** (dye-uh-stol-ik) pressure (the lower number): It's the lowest pressure that occurs when your heart relaxes between beats.



Your blood pressure must be at least 130/80 at 3 or more separate blood pressure checks for your doctor to confirm you have stage 1 high blood pressure.

What is considered “normal” blood pressure for one person may not be the same for someone else. Age, health conditions, and genetics may play a role in what your doctor recommends your blood pressure goal.

Low Blood Pressure: Some people may have low blood pressure, also called hypotension. When your blood pressure is too low, you may feel weak, lightheaded, have a fast heartbeat, or even faint.

Low blood pressure can be caused by a long period of bedrest, certain medicine, a large loss of blood, heart problems, being dehydrated or allergic reactions. It can also happen if your blood pressure medicine is changed or increased.

A sudden drop in blood pressure can cause dizziness or fainting, especially when you stand. If you are having these symptoms, contact your doctor right away.

Know your Blood Pressure

	Normal	Elevated	Hypertension Stage 1	Hypertension Stage 2	Hypertension Crisis
Systolic	Less than 120	121-129	130-139	140 or higher	Higher than 180
Diastolic	Less than 80	Less than 80	80 - 89	90 or higher	Higher than 120

How to Take Your Blood Pressure

1. Use the restroom to empty your bladder.
2. Find a comfortable spot to sit down next to a table.
3. Sit up straight, with back supported, legs uncrossed and feet flat on the ground.
4. Remove clothing from the arm that will be used to check your blood pressure. Keep your arm rested on the table at heart level.
5. Rest for 5 minutes in the chair before you take your blood pressure.
6. Place the cuff around your rested arm, just above the elbow. Check the instruction manual for the machine to make sure it is placed correctly.
7. Breathe normally and try to avoid distractions while checking.
8. Take blood pressure two times, at least 1 minute apart.
9. Follow the directions given with the blood pressure monitor you have.
10. Write down your readings in a log. Also, write down any relevant information such as exercise, a big meal or a stressful event close to the time of the reading.

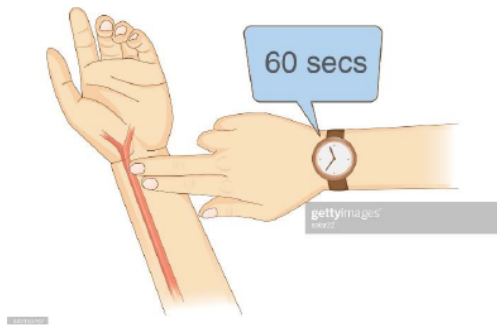


How to Take Your Pulse

It is important to keep track of your heart rate, or pulse, when you have AFib. To check your pulse, you will need a clock with a second hand, or a timer.

1. Place 2 fingers at your wrist.
2. Wait until you can feel your pulse. This feels like small taps or beats just under your 2 fingers.
3. Begin to count your pulse for 1 minute.

The number of beats you count is your heart rate. For example if you count 78 beats, then your heart rate is 78 beats per minute.



Healthful Eating and Atrial Fibrillation

What you eat affects your heart. A healthful eating plan can improve the health of your heart and lower blood pressure. There are several eating plans that are known to be heart healthy. Talk to your doctor or dietitian if you would like to learn more about these eating plans and before you change your eating plan.

- Dietary Approaches to Stop Hypertension (DASH) eating plan
- Mediterranean eating plan
- Plant Based eating plan

Tips for a Healthful Eating Plan

Talk to your doctor or dietitian before you make any changes to your eating plan.

- Try to eat a variety of whole foods like vegetables, fruits, whole grains legumes, lean protein-rich foods, and dairy or soy products with calcium and vitamin D.
- Try to limit food and drink with a lot of sodium, saturated fat, and added sugars.
- Try to drink 8 to 10 cups of water every day.
- Have 2 servings of fruits or vegetables at each meal. Add fruits as snacks.
- Have meals without meat every week.
- Eat smaller portions of meat. Your serving of meat should be about the size of a deck of cards.
- Try water with a lemon or lime wedge instead of sugary beverages like soda.
- Buy fresh, frozen, or canned fruits and vegetables. Buy low sodium or low sugar options when you buy frozen or canned.
- Use spices and herbs instead of salt for cooking.

Decide what you would like to change, then set a goal to make a small change every week to build new habits.



Many Americans have a diet high in sodium (salt). Everyone should eat no more than 2,300 mg of sodium a day (about 1 teaspoon of salt). This includes sodium already in food or used in cooking. People with heart disease risk factors should limit sodium intake to no more than 1,500 mg a day (about ½ teaspoon). (American Heart Association)

A few tips to limit sodium when eating out:

- **Be familiar with low-sodium foods and look for them on the menu.**
- Look up the restaurant's menu online and decide what you want before you go.
- **Request that your dish be prepared without sodium.**

- **Use pepper or lemon juice to season your food instead of salt.**

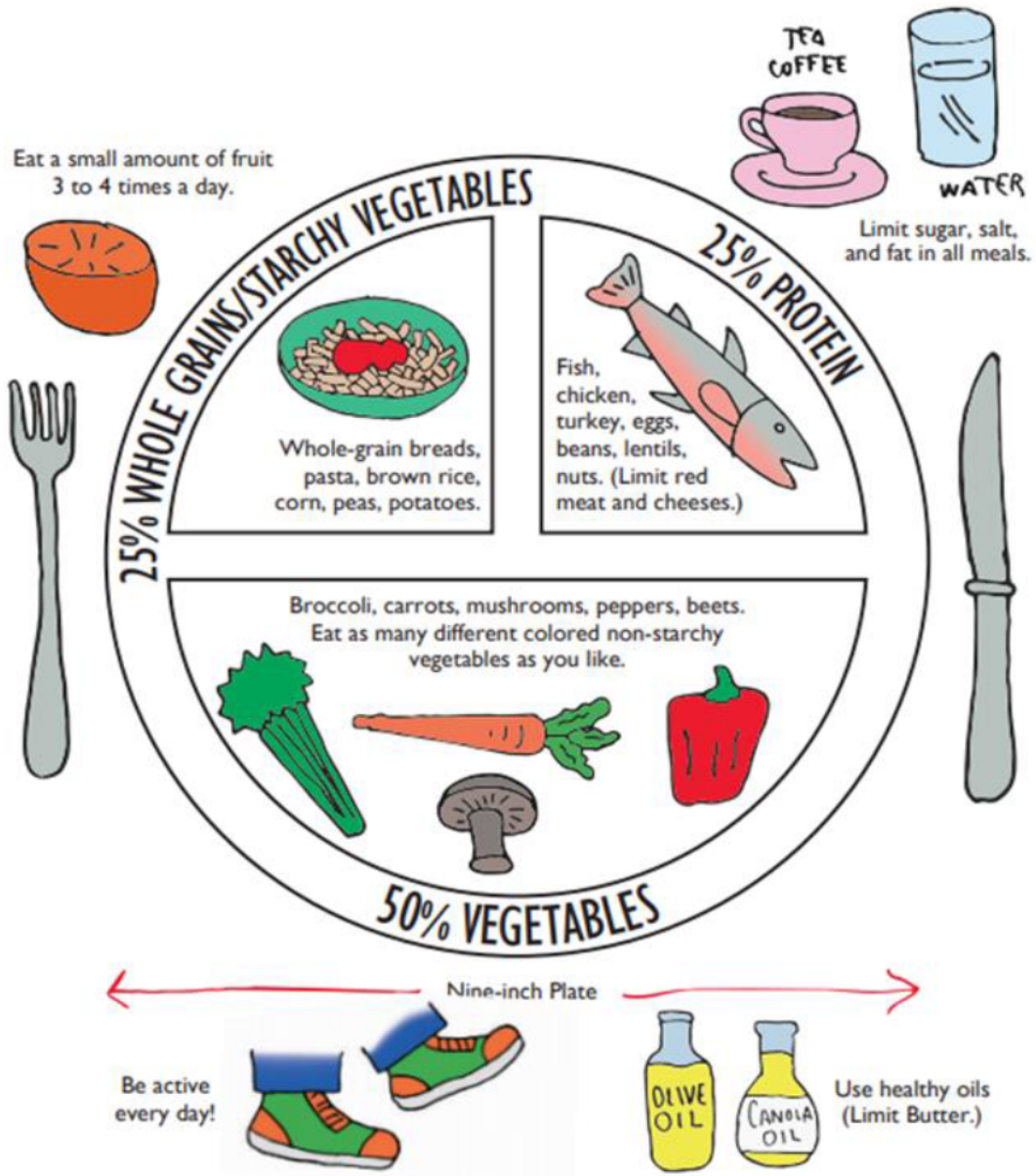
Did you know that sea salt and kosher salt contain about the same amount of sodium as table salt?

Talk to your doctor before you use a salt substitute.



Drinking too much alcohol can raise your blood pressure. Your doctor may advise you to lower the amount of alcohol you drink. If cutting back on alcohol is hard for you to do on your own, ask your doctor about getting help. If you drink, limit your alcohol consumption to no more than two drinks per day for men and no more than one drink a day for women (a drink is 12 oz. of beer, 4 oz. of wine, 1.5 oz. of 80-proof spirits, or 1 oz. of 100-proof spirits).

Healthful Eating Plate



Movement and Exercise and Atrial Fibrillation



Exercise and movement are very important to improve your AFib. You can improve your overall fitness as well as strengthen your heart by:

- Aerobic activities like walking, biking, and swimming,
- Resistance training, like weight training,

If you do not regularly exercise, ask your doctor before starting a new exercise routine.

Daily Steps

Increasing your daily steps is an easy way to be more active. An easy way to do this is to track your steps. Once you know how many steps you walk each day, try to increase your steps by 2,000 to 3,000 each month. For example, if you walk about 2,000 steps each day, over the next month, try to

get 4,000 to 5,000 steps each day.

Think F.I.T.T.

Frequency: Try for 3 or more days a week

Intensity: You should be able to talk while you exercise. If you can't talk, you are probably working too hard.

Time: Start with 10 minutes and work up from there.

Type: walk, bike, dance, swim, chair exercise, yoga, golf, basketball, or hiking are some examples.



Tips

- Track your progress by writing down your physical activity each day.
- Use reminders to exercise, such as scheduling it on your calendar or leaving your exercise shoes by the door.
- Reward yourself for sticking to your exercise plan, by going to a movie or buying a new pair of exercise shoes.
- Find a group class or a buddy to work out with or take walks.

Weight Loss and Atrial Fibrillation

You are at a greater risk for AFib if you are obese or have a BMI over 30. Losing 10% of your weight can decrease your episodes of AFib if you are obese. Talk to your doctor to find out if losing weight may help your AFib.

Tips to Help With Weight Loss

- Track your food and weight.
 - Pay attention to what you eat and how much you weigh on a log or diary.
- Choose foods with a low-calorie density.
 - Calorie density is a ration of how much food weighs, and how many calories it has.
 - For example, a pound of grapes has about 306 calories, while a pound of raisins has about 1,361 calories. The pound of grapes has a lower calorie density.
- Improve your overall fitness with aerobic exercise and resistance training.
- Increase your daily steps.

My Weight Loss Goal

My target body weight is _____ pounds.

My current body weight is _____ pounds.

I would like to lose _____ pounds.

My SMART Goals for Weight Loss

To meet your goal, you will need a plan. SMART Goals can help you to achieve a healthier you! SMART goals are specific, measurable, achievable, realistic, and time bound. They include:

- What you are going to do.
- Where you are going to do it.
- Why you are going to do it.
- When you are going to do it.
- How long you are going to do it.

Fill in the blanks to help create your SMART's goal. You do not need to use each blank. Try to only make one change at a time.

I will _____ (what), _____ (when/how often),
_____ (where), _____ (for how long), in order
to _____ (why).

I will _____ (what), _____ (when/how often),
_____ (where), _____ (for how long), in order
to _____ (why).

I will _____ (what), _____ (when/how often),
_____ (where), _____ (for how long), in order
to _____ (why).

Tobacco and Atrial Fibrillation

Quitting tobacco is the best way to improve your health and quality of life if you use tobacco.

How to make a personal quit plan

If you quit cold turkey or use medicine, you need a plan to stay tobacco-free for good. Here's a quick guide to START your plan.

- S – Set a quit date
- T – Tell your family and friends about your quit date
- A – Anticipate challenges that will come up
- R – Remove all cigarettes and tobacco products from your home, work, and car
- T – Talk to your doctor about getting more help to quit tobacco

Dealing with Cravings

Cravings do not last long. If you are tempted, remember that the craving will pass and try to wait it out. It also helps to be prepared before. Having a plan to cope with cravings will help you.

- Distract yourself.
- Get out of a tempting situation.
- Remind yourself why you quit.
- Reward yourself.

Talk with your doctor or tobacco treatment coach about medicines that can help.

My Triggers

A trigger is a part of your daily routine, or a specific circumstance or feeling that prompts you to smoke. Write down some of your triggers and ways to avoid them below.

