The Role of the Arrhythmia Nurse

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BHF SUPPORTED ARRHYTHMIA NURSE SPECIALIST
UHW
The Role of the Arrhythmia Nurse Specialist

- It is now widely recognised that the skills and expertise that nurses bring to arrhythmia services are extremely valuable.
- The role of the specialist arrhythmia nurse is diverse and varies dependent on local service needs.
- Roles may include caring for patients with Atrial Fibrillation, Device therapy (ICD or CRT-D), Syncope or even technical support during catheter ablations.
Arrhythmia Team at UHW

- I’m one of a trio of Arrhythmia Nurses at UHW
- 2 Consultant Electrophysiologist
- 1 Electrophysiology Fellow
- 3 Chief Physiology Technicians
- 2 Secretaries
Journey of Arrhythmia Nurse Specialist

- Qualified as Registered Nurse October 1996
- 9 Years Acute Cardiology Experience on Coronary Care Unit at University Hospital of Wales
- 3 Years Experience on the Cardiac Day Case Unit – Cardiology and Electrophysiology intervention
- 3 Years Arrhythmia Nurse Specialist
- Currently attending the MSc “Advanced Programme” at Cardiff University
- Independent Prescriber
- MSc Arrhythmia Management Module
Royal College of Nursing (2008) define ANP:

- Makes professionally autonomous decisions, for which he or she is accountable
- Receives patients with undifferentiated and undiagnosed problems and makes an assessment based on highly developed nursing knowledge and skills, including skills such as physical examination
- Makes differential diagnosis using decision-making and problem solving skills
- Orders necessary investigations, and provides treatment and care both individually, as part of a team, and through referral to other agencies
Nurse-led Syncope Clinic

AF + DCCV Service

ICD + CRT-D education and support

Pulmonary Vein Isolation

Arrhythmia Nurse
Nurse-led Syncope Clinic

- Arrhythmia Nurse with specialist interest in Syncope
- Referrals directly accepted from Electrophysiologist and Cardiology Consultants at UHW
- Clinical Patient Assessment and patient history to aid differential diagnosis
- Referral for relevant investigations and interpretation of results by Arrhythmia Nurse
- Refer back to Consultant if out of scope of practice or diagnosed with Cardiac Syncope
90 Patients referred Syncope Nurse-led Clinic at UHW

- General Measures: 60%
- Midodrine: 30%
- Cardiac Syncope: 5%
- DNA: 5%
Nurse-led Syncope Clinic

- Independent Prescriber to initiate and titrate Midodrine Therapy (2.5 mg – 10 mg)
- Education and advice of general measures to reduce symptoms (Increase daily fluid + salt)
- Patient information sheets and leaflets
- Direct contact with Arrhythmia nurse for continue support and advise if further syncopal event
- Audit and patient satisfaction questionnaires
DC Cardioversion Service

- Arrhythmia Nurse accepts direct referrals for DCCV service – suitability?????
- Currently 72 patients on waiting list
- 3-4 DCCV each week (170-180 a year)
- Initiates anticoagulation – Warfarin Therapy and coordinates therapeutic ranges pre DCCV
- Direct contact in symptoms change or relapse back into AF post PVI or DCCV
Pulmonary Vein Isolation
Pulmonary Vein Isolation at UHW

- 41 Male
- 32 PAF
- 54 procedures
- 13 Female
- 22 Persistent AF
Pulmonary Vein Isolation

- Arrhythmia nurse-led clinic to provide education and support regarding PVI procedure, risks involved and medication therapy, especially Warfarin.
- Ensure INR levels are therapeutic for 3 weeks prior to reduce Stroke risk - 0% at UHW
- Aid discharge planning when inpatient (stab-site, therapeutic INR, Sinus Rhythm? DCCV?)
- Follow-up at Arrhythmia Nurse-led clinic at 2 months, assess atrial rhythm and symptoms post PVI
Pulmonary Vein Isolation

- Independent Prescriber to restart or titrate anti-arrhythmic drugs if relapsed back into AF.
- Arrange DCCV if relapsed into persistent AF
- Direct access via telephone-anxious patients awaiting a very complex procedure-lots of questions.
- Recovery not always straightforward-prone to bouts of AF post PVI-doesn’t mean PVI unsuccessful.
- Main link between Consultant, GP, secretary and patient.
Device Therapy Service at UHW

- Average 100-160 devices yearly at UHW: ICD or CRT-D
- Arrhythmia Nurse provides education and support pre-device implant (Shock therapy, driving restrictions etc)
- Nurse-led consent and discharge planning
- Reviewed at 6/52 at the Arrhythmia Nurse-led clinic
- Direct contact with arrhythmia nurses if device delivers shock therapy and post shock counselling
- Annual Support group meetings
Support from Arrhythmia Charities

British Heart Foundation (BHF) provide Arrhythmia Nurse with grant £850 for education + service development.

Arrhythmia Alliance (AA) + Atrial Fibrillation Association (AFA) provide education and support for AF patients – information sheets and leaflets.
Annual “Know your pulse” at UHW 2011
Additional roles of Arrhythmia Nurse

- Provide education and support for other health care professionals at UHW trust
- Teaching sessions for ward staff
- Direct point of contact for specialist advice (GP’s etc)
- Audit presentation at Clinical Governance Meetings
- Local and national presentations – Conferences, Annual Arrhythmia Nurse Forum and All Wales Epilepsy Nurses Forum
- Research and GCP- Rhythm AF 2011
Contact me!

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What do you all think??????

Sometimes I feel that I have the worst job in the world!

Ya...right!
Thank You

ANY QUESTIONS????

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