

## February 14, 2017 AHD Objectives

### Syncope:

1. Define syncope and categorize syncope into three main types.
2. List the 3 causes of neurally-mediated syncope and describe the clinical scenario that suggests each cause of neurally-mediated syncope.
3. Describe the appropriate method to measure orthostatic vital signs. Give a differential diagnosis for orthostatic hypotension. (At least 4 causes).
4. List the 3 categories of cardiac syncope and describe the clinical scenario(s) that suggests a cardiac cause of syncope.
5. Describe the algorithm used to diagnose and manage a patient who presents with syncope. Understand the indications for carotid massage, tilt-table testing, event monitor or loop recorder, and electrophysiology testing (EP).
6. List several features that indicate there may be a serious cause of syncope (high-risk features) which would make hospital admission appropriate.

### Acute Pericarditis/Cardiac Tamponade:

1. Describe the clinical syndrome that would make an internist consider a diagnosis of acute pericarditis including symptoms, exam findings, and EKG findings (4 stages).
2. Describe the appropriate work up to find an etiology of acute pericarditis. Describe the possible indications for pericardiocentesis or pericardial biopsy.
3. Describe the patient risk factors for severe illness indicating that the patient should be admitted for inpatient evaluation.
4. Describe the treatment for pericarditis associated with a recent MI.
5. Describe the indications and contraindications for NSAIDs, colchicine, and glucocorticoids for the treatment of acute pericarditis.
6. Describe the clinical syndrome that should make an internist consider cardiac tamponade as a diagnosis; specifically with a slowly accumulating effusion versus rapidly developing effusion.
7. Describe tamponade physiology. Understand why a diuretic may be dangerous in a patient with tamponade physiology.
8. Understand how to check for pulsus paradoxus without a blood pressure cuff.

### Atrial fibrillation:

1. Rhythm vs. Rate:
  - a. Describe the patient who benefits from rhythm control as opposed to just rate control.
  - b. Describe the benefits of lenient rate control (up to 110 bpm at rest) versus strict rate control (60-80 bpm at rest).
  - c. Describe the appropriate anticoagulation recommendations before and after electrical cardioversion to NSR.
2. Rapid Ventricular Response:
  - a. Describe the appropriate management of a hemodynamically stable patient with atrial fibrillation and rapid ventricular response with a normal EF and with a low EF.
  - b. Describe the appropriate management of a hemodynamically unstable patient with atrial fibrillation and a rapid ventricular response.