ED clinical note

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EMERGENCY DEPARTMENT CLINICAL NOTE

Logan Hospital - Emergency Department

Date: 22 August 2026

Patient: Aisha Rahman, 69 years, female

Presenting problem

Symptomatic bradycardia in known atrial fibrillation.

Source of referral

Referred by Dr Michael Young, Springwood General Practice, for same-day emergency department assessment. Patient was advised not to drive to hospital.

History of presenting complaint

At approximately 08:00 today the patient reports light-headedness on standing and one near-faint, without injury. She has had no falls in the preceding year and is independent at baseline. She arranged urgent review with her general practitioner, where she was found to have an irregular pulse of 44 bpm and an ECG showed atrial fibrillation with a slow ventricular response.

Past medical history

Persistent atrial fibrillation, hypertension, osteoporosis.

Allergies

Sulfonamide antibiotics - rash.

Regular medications

- Apixaban 5 mg twice daily
- Metoprolol modified release 50 mg once daily
- Perindopril 5 mg once daily

Examination

No focal neurological deficit.

Investigations

- Electrolytes: final - acceptable.
- Troponin: final - not elevated.

- ECG performed at general practice: atrial fibrillation with slow ventricular response; irregular pulse documented at 44 bpm.

Assessment

Symptomatic bradycardia in the setting of known persistent atrial fibrillation. Rate-control medication likely contributed to the slow ventricular response.

Medication changes

No changes to regular medications were made at this presentation. Regular medications remain apixaban 5 mg twice daily, metoprolol modified release 50 mg once daily and perindopril 5 mg once daily.

Follow-up

Same-day emergency department assessment for symptomatic bradycardia completed 22 August 2026.