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## Unit II: Dysrhythmia Case Study

F.B is a 70 y.o. retired gentleman who was admitted with worsening heart failure with decompensation. He experienced a cardiac arrest on the floor (pulseless V-Tach) and was defibrillated with one shock. He is a patient in the ICU, and is under your care today. He is on an amiodarone gtt and is scheduled for evaluation in the cath lab today.

**PMH:** CAD, HTN, hyperlipidemia, previous MI

**Subjective Data:** Reports dyspnea with activity, and residual chest discomfort from the defibrillation

**Objective Data:** Appears pale, weak, anxious

Temp 100.4 Oral, HR 70, RR 26, BP 104/56

Lungs: Bibasilar rales, shallow inspiratory effort

Heart: Audible S3

**Diagnostics:** 2D echo: EF 25%

K<sup>+</sup> = 2.9

**EKG:**



**Directions:**

- 1) Interpret the rhythm above:  
SINUS RHYTHM WITH TWO UNIFOCAL PVC'S
- 2) Why do you think there is ectopy?  
LOW POTASSIUM, WORSENING HF W/ HYPERLIPIDEMIA (POSSIBLY A NEW BLOCKAGE?)
- 3) Is F.B. at risk for sudden cardiac death? Why or why not?  
YES, HE HAS HYPOKALEMIA, A VERY LOW EF AND WORSENING HF
- 4) Why is F.B. on an amiodarone gtt?

HE IS ON AN AMIODARONE GTT PER PROTOCOL FOLLOWING PULSELESS V-TACH (AMIODARONE GTT IS GIVEN FOR LETHAL VENTRICULAR ARRHYTHMIAS)

- 5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not?  
YES, IT PROMOTES IMPROVEMENT IN VENTRICULAR FUNCTION AND SINCE HE HAS HF W/ A LOW EF + AND WAS IN V-TACH, HE QUALIFIES.