

Name:

Vicky Murat

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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

-low-frequency, brief vibration occurring in early diastole at the end of the rapid diastolic filling period of the right or left ventricle

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

K<sup>+</sup> = 2.9

-hypokalemia

**EKG:**



**Directions:**

- 1) Interpret the rhythm above: sinus (baseline rhythm is regular) with 2 PVCs

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- 2) Why do you think there is ectopy? **Low potassium. Two skipped beats, experienced as heart palpitations to patient. Beat is regular after first skipped beat. Second skipped beat is shown before strip cuts off.**
- 3) Is F.B. at risk for sudden cardiac death? Why or why not? **Yes, because of Hx of heart failure and pulseless V-tach. Multiple PVCs in a patient with heart failure is a sign of more dangerous rhythm to come (i.e. v-fib, v-tach).**
- 4) Why is F.B. on an amiodarone gtt? **Amiodarone is an antiarrhythmic drug. It suppresses PVCs and improves of LV function.**
- 5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not? **Yes because CRT and ICD can be used as first line defense and prophylaxis for vtach and vfib. Patient is at risk for vtach, vtach is an indication for ICD.**