Name:

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

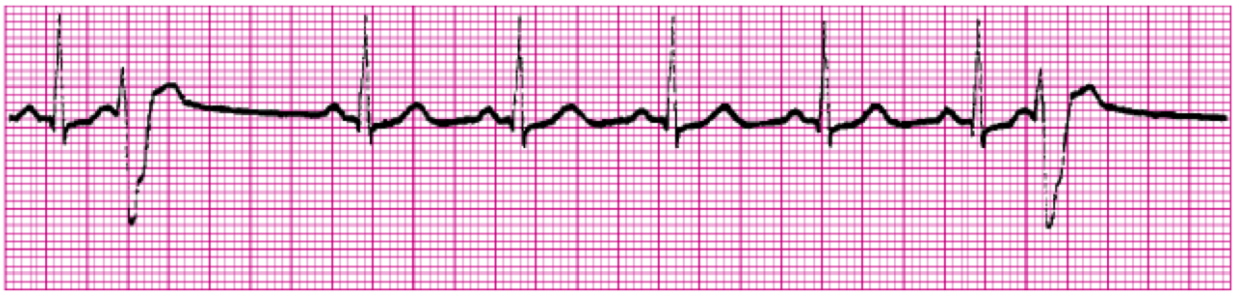
Lungs: Bibasilar rales, shallow inspiratory effort

Heart: Audible S3

Diagnostics: 2D echo: EF 25%

K+ = 2.9

EKG:



Directions:

1) Interpret the rhythm above: Normal Sinus Rhythm with 2 PVCs. QRS tight, P waves sinus, ventricular rate – about 83, atrial rate-75

2) Why do you think there is ectopy? Electrolytes imbalanced, potassium 2.9, EF 25%, and PMH

3) Is F.B. at risk for sudden cardiac death? Why or why not? Yes, history of coronary artery disease and hypertension putting strain on the heart and blood vessel producing an irregular rhythm.

4) Why is F.B. on an amiodarone gtt? Rate control

Name:

5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not? Yes, there is a high risk for life threatening dysrhythmias which is an indication for ICD. And cardioversion is only an option with VT and a pulse or a flutter with RVR.