

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<sup>+</sup> = 2.9

**EKG:**



**Directions:**

- 1) Interpret the rhythm above:  
Sinus Rhythm with x2 PVC (Unifoci)
- 2) Why do you think there is ectopy?  
Possible heart tissue ischemia r/t previous MI.
- 3) Is F.B. at risk for sudden cardiac death? Why or why not?  
No, F.B. is not experiencing V-tach or V-Fib
- 4) Why is F.B. on an amiodarone gtt?  
To drop to and maintain F.B.'s heart rate within therapeutic range.
- 5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not?

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Although this rhythm isn't life-threatening cardiac resynchronization therapy can correct the PVCs that are damaging the heart. ICD is not used to treat PVCs.