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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+ = 2.9

EKG:



Directions:

1) Interpret the rhythm above:

Normal Sinus rhythm with 2 PVC's

2) Why do you think there is ectopy?

Because of low potassium and maybe Hypoxia from HF, previous MI, has Leftsided HF, and has a CAD. All of these RF put him at risk for ventricular dysrhythmias

3) Is F.B. at risk for sudden cardiac death? Why or why not?

Yes because he has a hx of a previous MI and he recently suffered cardiac arrest with pulseless V-tach

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

To help with the PVC's and prevent Vtach from occurring again. Amiodarone is an antiarrhythmic

5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not?

Yes, because he has HF and it will coordinate the function of the left and right ventricles with a pacemaker. And his eF is 25% ICD because he has a hx of abnormal Heart Rhythms and recently suffered Cardiac Arrest.