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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:

Normal sinus rhythm with a PVC's

2) Why do you think there is ectopy?

low potassium, pulseless V.tach

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

Yes, the pt is already experiencing HF, already experienced V.tach,

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

and has a hx of HTN. This increases stress on the heart. The pt was in V.tach and it allows return of circulation.

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

Yes, his ejection fraction is low, and if he has a PVC on a T wave, he could go into V.tach again.