

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:  
Normal sinus rhythm with two unifocal PVCs
- 2) Why do you think there is ectopy?  
I think there is ectopic activity due to the two inverted R waves that are close to the previous complexes T wave, the inverted R waves have no P waves and a long pause after their T waves.
- 3) Is F.B. at risk for sudden cardiac death? Why or why not?  
No, due to the PVCs being well spaced out and singular, but if the PVCs start to pair and presents during the relative refractory the patient has a chance of going into Vtach, then Vfib, and eventually asystole if no treated.
- 4) Why is F.B. on an amiodarone gtt?  
To relieve the ventricular irritability and correct the PVCs preventing Vtach and Vfib.

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- 5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not?  
Yes, he would be due to the history of Vtach, angina, and the decreased cardiac output.