

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:
NSR with 2 PVC's
- 2) Why do you think there is ectopy?
I think that there is ectopy due to his potassium level and maybe his medical history of an MI.
- 3) Is F.B. at risk for sudden cardiac death? Why or why not?
Yes. I believe F.B is at risk for sudden cardiac death because of him having HF, a history of a MI and a previous pulseless cardiac arrest
- 4) Why is F.B. on an amiodarone gtt?

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F.B is on an amiodarone drip to help treat their dysrhythmias and help with ventricular irritability. It can correct the PVC's and prevent further vtach.

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

Yes, F.B would be a candidate for cardiac resynchronization therapy and an ICD because he has had a pulseless v-tach in the past and he still has an arrhythmia and that can help keep him regular. I think it that would be beneficial to him.