

Name: Sam Roberts

## 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 with unifocal PVC
- 2) Why do you think there is ectopy? Previous MI and low K<sup>+</sup>
- 3) Is F.B. at risk for sudden cardiac death? Why or why not? Yes, due to his PMH, he has had a previous MI, he has CAD and HTN and hyperlipidemia, and just had a pulseless vtach episode on the floor, he does not have a healthy heart.

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- 4) Why is F.B. on an amiodarone gtt? For cardiac irritability, and the vtach. The amiodarone is helping with treating the vtach.
- 5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not? Yes, due to the past MI and vtach, low EF of 25%.