

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: **sinus rhythm with 2 unifocal PVCs**
- 2) Why do you think there is ectopy? **His HF, CAD, and MI could cause this PVC**
- 3) Is F.B. at risk for sudden cardiac death? Why or why not? **Yes, because F.B. has PMH that causes the heart to be irritated, increasing the risk of sudden cardiac death**
- 4) Why is F.B. on an amiodarone gtt? **Because he was pulseless and the correct treatment involves an amiodarone drip**

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

He would be a candidate for both of these because both treatments are ideal for HF patients. ICDs are indicated for someone who have survived a sudden cardiac arrest and who have life threatening dysthymias.