

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: Normal sinus rhythm with 2 unifocal PVC's
- 2) Why do you think there is ectopy? His HF, CAD, and MI could have caused this PVC (ectopy)
- 3) Is F.B. at risk for sudden cardiac death? Why or why not? Yes, because he has an unhealthy heart (heart failure) and a history of cardiac arrest which would put him at greater risk for sudden cardiac death

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- 4) Why is F.B. on an amiodarone gtt? He is on an amiodarone drip because direct treatment for cardiac arrest involves amiodarone after CPR and defibrillation, and it is used to convert back to normal rhythm

- 5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not? He would be a candidate because ICD's are indicated for pts who have survived a sudden cardiac arrest and who have life threatening dysrhythmias, such as V-Tach