

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 unifocal PVCs**
- 2) Why do you think there is ectopy? **HF, CAD, and previous MI are risk factors that cause PVC**
- 3) Is F.B. at risk for sudden cardiac death? Why or why not? **Yes, because he has past medical history that cause the ventricles to be irritated.**
- 4) Why is F.B. on an amiodarone gtt? **To help control heart rate and usually a medication that's prescribe to treat PVC**

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- 5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not? Yes, because both treatments are ideal for HF patients and allows the ventricles to work together. ICD is given to someone who has survived a sudden cardiac arrest and who has life threatening dysrhythmia.