Name: Lucy Siranides

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:
   The rhythm is normal sinus rhythm with 2 PVCs.
2) Why do you think there is ectopy?
   Ectopy is present because F.B.'s potassium is low at 2.9 (WNL 3.5-5) which can cause arrhythmias, as well as his past medical history of MI, CAD, and cardiac arrest and his current condition of heart failure with decompensation.
3) Is F.B. at risk for sudden cardiac death? Why or why not?
   F.B. is at risk for sudden cardiac death because of his current condition of heart failure, his recent cardiac arrest, and his past medical history of MI and CAD.

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4) Why is F.B. on an amiodarone gtt?

F.B. is on an amiodarone gtt because the medication works to prevent arrhythmias and will therefore prevent the PVCs.

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

F.B. is a candidate for cardiac resynchronization and an ICD. These interventions would facilitate a higher EF (F.B. has an EF of 25%, WNL is ≥65%) as it would assist his LV and RV to communicate and pump more effectively. This would also work to prevent future arrhythmias and cardiac arrest.