

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<sup>+</sup> = 2.9



**Directions:**

- 1) Interpret the rhythm above:  
**Normal sinus rhythm with 2 unifocal PVC's.**
- 2) Why do you think there is ectopy?  
**I think there is ectopy because of the hypokalemia (2.9)**
- 3) Is F.B. at risk for sudden cardiac death? Why or why not?  
**Yes, F.B. is at risk for sudden cardiac death due to his cardiac history, especially the HF, recent cardiac arrest due to pulseless ventricular tachycardia, and CAD.**
- 4) Why is F.B. on an amiodarone gtt?  
**F.B is on an amiodarone drip due to his recent pulseless v-tach to prevent recurrence of life-threatening dysrhythmias.**
- 5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not?  
**Yes, this device is recommended for pt's with heart failure and at risk for sudden cardiac death. It detects dangerous heart rhythms and delivers a shock of energy to reset the heartbeat.**