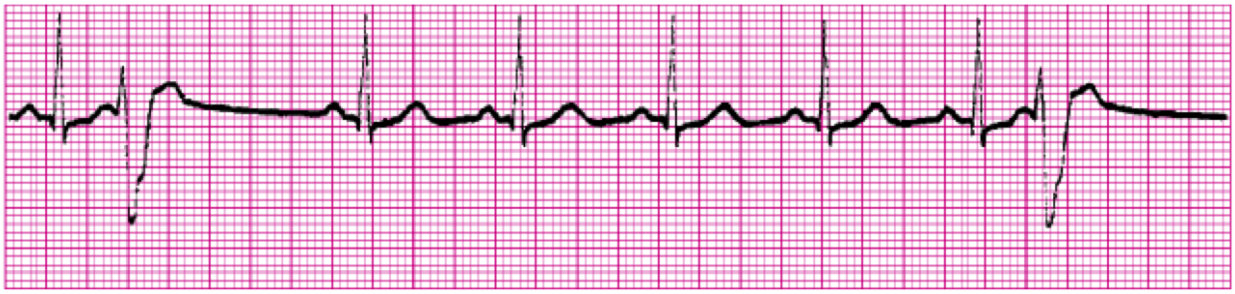
Name:

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?
I think there is ectopy because the 2 PVC's came from a conduction spot (ectopic foci) other than the normal conduction system as shown by the deflection and the QRS complex width.
3) Is F.B. at risk for sudden cardiac death? Why or why not?
Yes, I think FB is at risk for sudden cardiac death because they have PVC's with a history of an already unhealthy heart(CAD,HTN, hyperlipidemia, and a previous MI)
4) Why is F.B. on an amiodarone gtt?
To prevent any further dysrhythmias
5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not?
FB could be a candidate for cardiac resynchronization therapy and ICD because their heart history paired with the PVCs could lead to sustained PVCs/ runs of v-tach, which can be deadly so preventing this is important.