Name: Ryan Clagett

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 w/ 2 PVCs**

2) Why do you think there is an ectopy? **The PVCs are of the same length, suggesting that they originate from the same ectopic foci in the ventricles.**

3) Is F.B. at risk for sudden cardiac death? Why or why not? **Yes, FB has HF (cardiomyopathy), old age, male sex, previous episodes of pulseless ventricular tachycardia, and low potassium levels, which are all risk factors for sudden cardiac death.**

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4) Why is F.B. on an amiodarone gtt? **Amiodarone is an antiarrhythmic which prolongs the action potential and refractory period in myocardial tissue, decreasing AV conduction and sinus node function. Amiodarone also plays a role in preventing recurrent ventricular tachycardia since the patient had pulseless ventricular tachycardia before being started on the amiodarone drip.**

5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not? **FB is a candidate for cardiac resynchronization therapy and an ICD because he has symptomatic HF, is at risk for sudden cardiac death, has spontaneous sustained ventricular tachycardia, and is at high risk for life-threatening dysrhythmias due to his cardiomyopathy.**