

Name: Kimberly Joseph

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: Normal sinus rhythm w/ 2 PVCs
- 2) Why do you think there is ectopy? It's firing from the same foci which can be because of his HTN, and recent MI.
- 3) Is F.B. at risk for sudden cardiac death? Why or why not? Due to his recent MI, his chance of sudden cardiac death is higher because of the comorbidities of HTN and HF.
- 4) Why is F.B. on an amiodarone gtt? F.B. is on amiodarone to prevent being in v.tach again.

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- 5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not? Yes, he is a candidate because he has Heart failure, a recent sudden cardiac death, prior hx of pulseless v.tach, and hypokalemic.