

Name: Hannah Collins

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 with 2 unifocal PVCs**
- 2) Why do you think there is ectopy? **Ectopy is being experienced due to ventricular irritation possibly related to the cardiac arrest he experienced.**
- 3) Is F.B. at risk for sudden cardiac death? Why or why not? **Yes, F.B. is at risk. He has already experienced cardiac arrest w/ pulseless V-tach. The PVCs can turn into V-tach which can also turn into V fib which would lead to sudden cardiac death.**

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- 4) Why is F.B. on an amiodarone gtt? **F.B. is on an amio gtt to hopefully help and correct the ventricular rhythm that he keeps experiencing.**

- 5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not? **Yes, F.B. is a candidate for ICD. Candidates include those who have survived SCD already, which he has. ICD is also indicated for VF and VT which he is having VT rhythms shown in his tele strip.**