

Name: Destiny K.

## 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

**EKG:**



**Directions:**

- 1) Interpret the rhythm above: Normal sinus rhythm with 2 unifocal PVCs
- 2) Why do you think there is ectopy? Previous MI causes damage to the heart or the 2.9 potassium level.
- 3) Is F.B. at risk for sudden cardiac death? Why or why not? Yes, F.B. is at risk for sudden cardiac death because of the CAD which can clog/narrow the arteries that are responsible for supplying the heart with blood and that can cause the heart to begin to beat an irregular rhythm.

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- 4) Why is F.B. on an amiodarone gtt? He is on an amiodarone gtt because he was in an unstable V-tach and this med keeps him in a manageable rhythm until the main issue can be fixed. Keeps him from going back into an unstable life-threatening rhythm.
  
- 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 a great risk of going back into v-tach which could lead to v-fib and be life-threatening. Also, it will due to the low ejection fraction, it will help the heart pump blood out of the ventricle more effectively, resulting in improved cardiac output.