

Name: Lily Cook

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 PVCs
- 2) Why do you think there is ectopy?

I think there is a ventricular ectopy because the PVCs are coming from the ventricles, not the SA node.

- 3) Is F.B. at risk for sudden cardiac death? Why or why not?

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Yes, because the PVC could occur on the T wave, which is known as the R on T phenomenon, which could put the pt into V-tach.

4) Why is F.B. on an amiodarone gtt?

They are on an amiodarone drip because of the ventricular arrhythmias (PVCs). This will help calm the heart and prevent V-tach from occurring.

5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not?

Yes, F.B. is a candidate for cardiac resynchronization therapy and an ICD because of the risk of going into V-tach, which could proceed to V-fib. So cardiac resynchronization therapy and an ICD could save their life if they are not in the hospital.