Name: Nicholas Vitella

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 with 2 PVCs
2) Why do you think there is ectopy?
   The patients low potassium, heart failure, and cardiac arrest that has occurred
3) Is F.B. at risk for sudden cardiac death? Why or why not?
   Yes, because of the pulseless V-tach, EF 25%, PVCs, CAD, and MI
4) Why is F.B. on an amiodarone gtt?
   It is an antiarrhythmic to prevent more arrythmias like V-Tach, stabilize his heart rhythm after the cardiac arrest, and reduce the frequency of the PVC's.
5) Is F.B. a candidate for cardiac resynchronization therapy and an ICD? Why or why not?
   Yes because of the cardiac arrest, EF 25%, and V-tach. These will help his hearts function and prevent SCD.