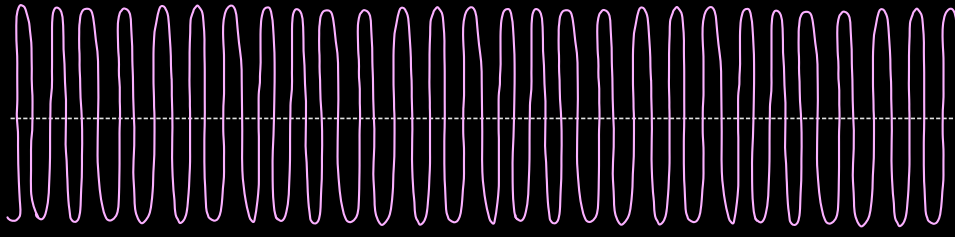


THREE DEADLY RHYTHMS

1 VENTRICULAR

tachycardia



HR: 250 MIN: 150

< M's:

- * Angina
- * Palpitations
- * Syncope
- * SOB
- * Dizzy
- * Hypotension

"TOMBSTONES"

- ASSOCIATED WITH:
- Underlying Heart Disease
 - Long QT interval
 - E-lyte imbalances
 - Drug toxicity
 - CNS disorders

RUN of 3+ PVC'S "sustained" = >30sec

CAD & MI

TREAT:

PULSE

NO PULSE

"stable"
goal: slow down HR

"unstable"
CPR & SHOCK! (defibrillation)

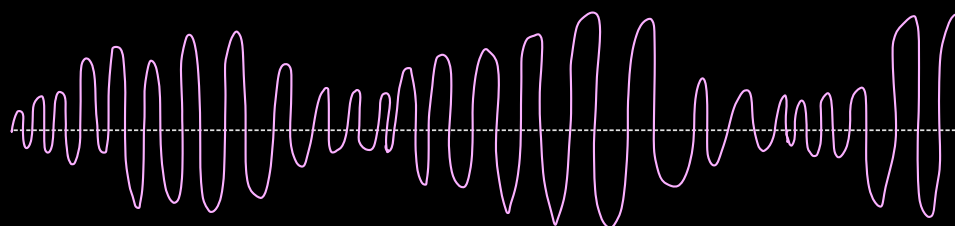
→ Cardioversion

or drugs → antidysrhythmics

MUST THEN FIND UNDERLYING CAUSE!!

What it means: The ventricle has taken control of pacemaking

PP TORSADES de POINTS 99



- LIFE THREATENING -

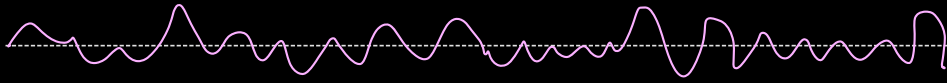
- LOW C.O. leads to:
- HYPOTENSION
 - PULMONARY EDEMA
 - DECREASED CEREBRAL BLOOD FLOW
 - CARDIOPULMONARY ARREST

"DIFFERING AMPLITUDES"

Polymorphic, assoc. w/ prolonged QT

I VENTRICULAR

fibrillation



↳ no p waves, intervals not measurable

HR: 0 NOT MEASURABLE

"CHAOTIC"

CAN RESULT FROM UNTREATED V Tach!

< M's:

- * Unresponsive
- * Pulseless
- * Apneic

ASSOCIATED WITH:

- Acute MI
- Ischemia
- Cardiac Procedures
- Disease States
 - E-lyte imbalances
 - Drug overdoses

TREAT:

→ IMMEDIATE CPR & ACLS

- Defibrillation
- Drug Therapy
 - Epinephrine
 - Amiodarone
 - ↳ CCB, used after third-shock

What it means: This is a lethal rhythm... immediate intervention.

Ventricle "quivering" = no contraction, NO CO!!

BONUS:

"PULSELESS ELECTRICAL ACTIVITY (PEA)"

NO PULSE

• Organized electrical activity but no mechanical response

- Most common dys. post-defibrillation

Tx: CPR, drugs & intubation

* NOT A SHOCKABLE RHYTHM

- causes include: trauma, hypoxia, hypoglycemia, MI, hyperkalemia, PE

Poor prognosis... cause?

Q: Why?

III ASYSTOLE

“flat line”

HR: 0



↑ some p waves may be visible

“CARDIAC DEATH”

NO ventricular electrical activity

- < M's:
- * Unresponsive
 - * Pulseless
 - * Apneic

- ASSOCIATED WITH:
- Advanced Cardiac Disease
 - Severe Conduction Problem
 - End-Stage H.F.

Poor prognosis
 (Must assess in more than one lead, could be off)

- TREAT:
- IMMEDIATE CPR & ACLS
 - Intubation
 - Drugs:
 - Epinephrine
 - NOT A SHOCKABLE RHYTHM

Q: Why?