**Cardiovascular Mini Case Studies**

**Case Study I**

**Ms G. is a 30 year old woman who reports to the Emergency Department with a complaint of ‘a fluttering feeling in her chest for several minutes. She states that she has had this problem before, but that ‘it always went away, before.’**

**Ms. G. is independent, lives alone , and holds a high level position in a local software company. Right now Ms. G. complains of shortness of breath, dizziness, intermittent palpitations, and light-headedness, especially immediately after standing up.**

**Physical Assessment:**

**Neuro: AAO X 3, follows commands, moves all extremities well. C/O intermittent dizziness.**

**Pulmonary: Respirations rapid, lungs CTA all lobes**

**GI: BS Normoactive 4 quadrants**

**GU: No complaints, states on OCP; menses regular—has not skipped!**

**Vitals signs: HR 140, R 28, T 98\*, SaO2=96%**

**History: No medications other than OCP’s; essentially negative medical history. Admits to 1 ppd cigarettes x 10 years, ‘several Starbuck’s Mega Lattes each day. Denies drug use; drinks ‘every week end.’**

**Medications:**

**Oral Contraceptive Pills**

**Multivitamins**

**Herbal Medicine (otc): Gingko Biloba**

 **?? (forgot name) ‘helps me concentrate’**

**Diagnostic Studies:**

**Urine HCG (pending)**

**Na 138 K 4.2 BUN 23 Creat 1.4 FBS 88**

**EKG Rhythm Strip:**

**The patient has a narrow complex tachycardia; ventricular rate is 144; QRS’s are < 0.12 seconds and all look alike; p waves are present, but hard to identify due to the ventricular rate.**

**1. Identify the dysrhythmia / arrhythmia:**

 **a. atrial fibrillation**

 **b. ventricular fibrillation**

 **c. asystole**

 **d. ventricular tachycardia**

 **e. supraventricular tachycardia**

 **f. torsades de pointes**

 **g. sinus Tachycardia**

**2. What are possible causes of this patient’s dysrhythmia? (choose all that apply)**

 **a. caffeine**

 **b. nicotine**

 **c. illicit drugs**

 **d. stress**

 **e. low serum potassium**

 **f. tumor on the adrenal glands**

 **g. anxiety**

 **h. high serum potassium**

 **i. pain**

**3. Prioritize the treatments for this dysrhythmia, from non-aggressive (lower risk=1) to aggressive (higher risk=3) Leave the space blank if the choice would not apply to this patient:**

 **\_\_. Adenosine IV Push**

 **\_\_. Vagal maneuvers**

 **\_\_. Synchronized cardioversion**

 **\_\_. Identify the source & eliminate, if possible.**

 **\_\_. Administer oxygen as ordered**

**4. What is the prognosis for Ms. G?**

 **a. Good, once the rhythm is corrected**

 **b. Poor, since this is a lethal dysrhythmia.**

 **c. Good, after surgery**

 **d. Poor, since this is a condition that deteriorates**