**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**