

A 66 year old man is brought to the ED. He has been experiencing palpitations. He is comfortable at rest. His heart rate is 160/min.

What are 4 signs of instability? (2)

Reduced conscious level

Systolic BP <90mmHG

Chest pain

Heart failure

If a patient displays these signs, what is the immediate course of action? One drug and one non drug with doses as required? (1)

Synchronised DC shock up to 3 attempts

Then amiodarone 300mg IV over 10-20 mins followed by 900mg over 24 hours

The ECG shows a narrow complex tachycardia which is irregular. What key feature in the history will determine your management? (1)

Onset of arrhythmia <48 hours. If yes, cardioversion. If no, rate control

Which drugs can be used in treatment of atrial fibrillation according to the 2005 resuscitation council guidelines? (3)

Digoxin 500mcg loading dose IV

Beta-blocker oral or IV (take your pick ? 25-50mg oral atenolol or 5mg IV)

Both for rate control

Or Amiodarone 300mg over 20-60 mins followed by 900mg/24hrs.

On the bradycardia algorithm, what features indicate increased risk of asysole? (2)

Heart rate < 40

Mobitz 2

Ventricular pauses > 3secs

Complete heart block with wide QRS

Outline initial treatment of bradycardia which has failed to respond to an initial dose of atropine. Include doses. (¼ mark each) (1)

Atropine 500mcg to max of 3mg

Adrenaline 2-10mcg/min

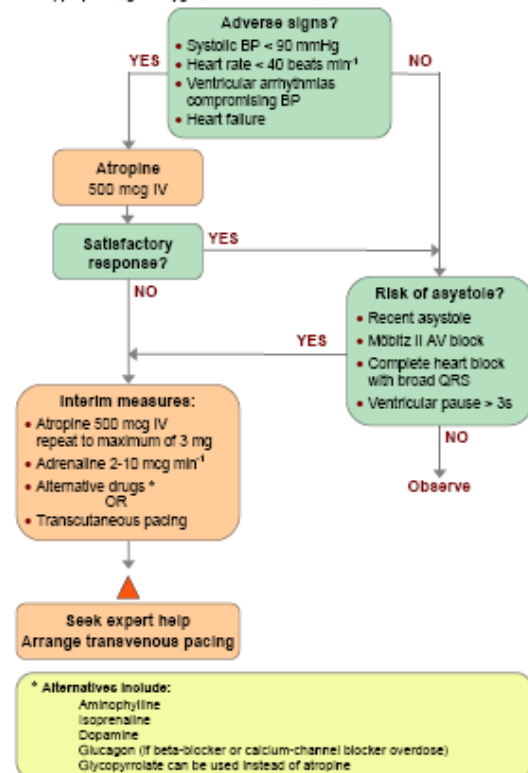
Transcutaneous pacing

Alternative drugs including isoprenaline, aminophylline, dopamine, glucagons if beta-blocker or calcium blocker, glycopyrrolate can be used instead of atropine ? why bother though

Bradycardia Algorithm

(Includes rates inappropriately slow for haemodynamic state)

If appropriate, give oxygen, cannulate a vein, and record a 12-lead ECG



Tachycardia Algorithm (with pulse)

