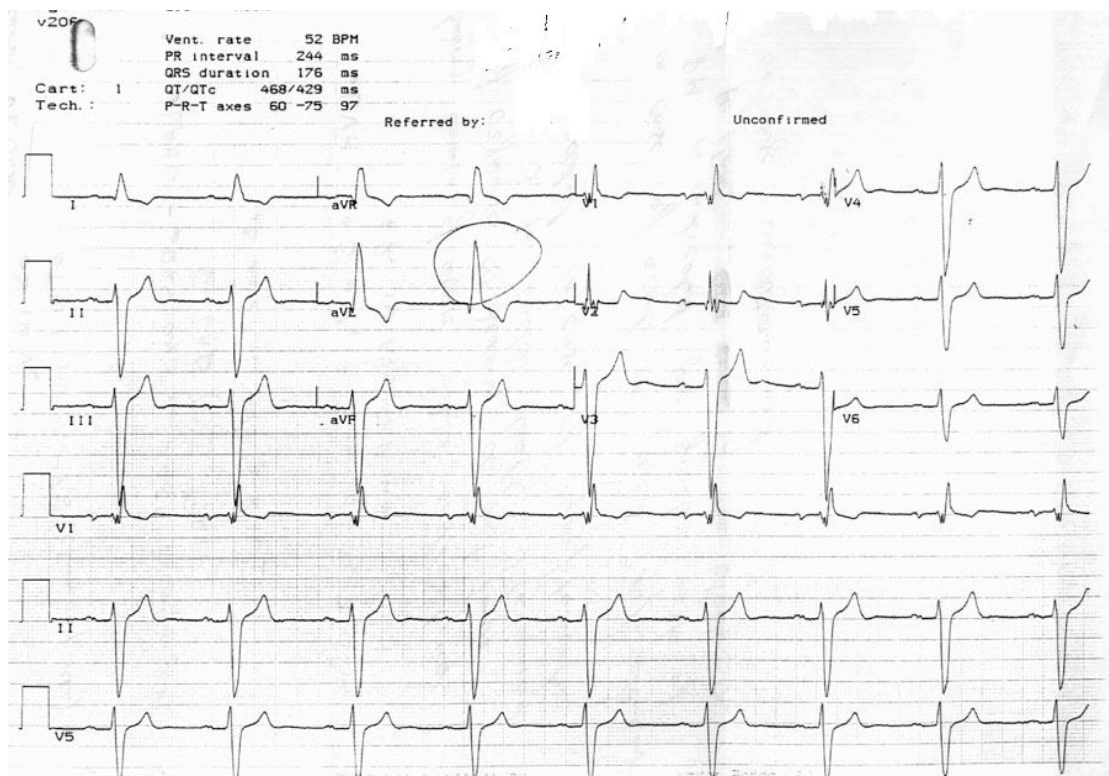


A 75 year old female is brought to the ED by paramedics following an episode of collapse. She has a history of MI, 4 years before and suffers with hypertension. On arrival she has a heart rate of 52/min and BP of 110/75. She takes atenolol 50mg od, aspirin, ramipril and a statin. She states that she feels fine now but has had a few of these episodes in the last month.

Her ECG is shown below
 Comment on the ECG (3)



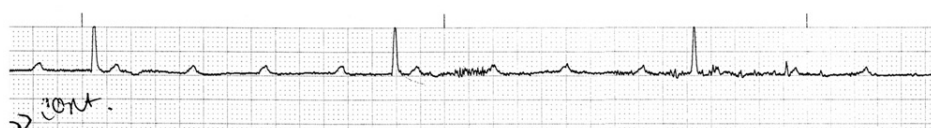
1st degree heart block (prolonged PR)
Sinus Brady rate approx 50/min
LAD (Left anterior hemiblock)
RBBB

What is this "block" called and what dangerous condition does it predispose to?
 (2)

Trifascicular block
Leads to complete heart block and risk of asystole

Whilst in the ED she becomes unwell, pale and clammy with chest tightness. She feels dizzy and faint. She looks unwell but has an output and is semiconscious. Her last BP reading was 60/30.

Her monitored rhythm is shown below



What rhythm is this? (1)

Complete heart block

Give 4 possible interventions/treatments in her management, excluding oxygen, IV fluids and monitoring. (4)

Atropine 500mcg boluses to a maximum of 3 mg

Transcutaneous Pacing. May require sedation/opiates to tolerate

IV adrenailine infusion 2-10mcg/min

Venous pacing wire