

CASE PRESENTATION: PALPITATIONS – UNSTABLE HEMODYNAMICS

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FIRST YEAR PG

EMERGENCY MEDICINE

ON ARRIVAL : INITIAL IMPRESSION

- 80 year old male patient on arrival to the **EMERGENCY ROOM** was conscious with minimal difficulty in breathing , complaining of palpitations.

VITALS AT PRESENTATION :

PARAMETER	VALUE
HEART RATE	240BPM on Monitor
BLOOD PRESSURE	80/50 mm of Hg
RESPIRATORY RATE	22 CPM
TEMPERATURE	AFEBRILE
PAIN	NIL
SPO2	96 % ROOM AIR
GRBS	150 mg/dl

PRIMARY SURVEY :

- AIRWAY : Clear
- BREATHING : Speaking in full sentences and mild shortness of breath
- CIRCULATION : Cold extremities

ACTIONS TAKEN :

- O2 Supplementation @ 6 lit/min via non-rebreather mask.
- Large bore IV line secured.
- 500ml NS 0.9% IV bolus.
- LABS : CBP , BMP.
- ECG

FOCUSED HISTORY OF PRESENTING ILLNESS:

- Patient was apparently asymptomatic 4 hours back when he developed palpitations associated with mild shortness of breath.
- No h/o chest pain
- No h/o syncope attacks
- No h/o cough dry/productive
- No h/o fever , nausea , constipation / diarrhoea.
- No past medical history or surgical history
- Chronic alcoholic and smoker

VITALS RE-ASSESED :

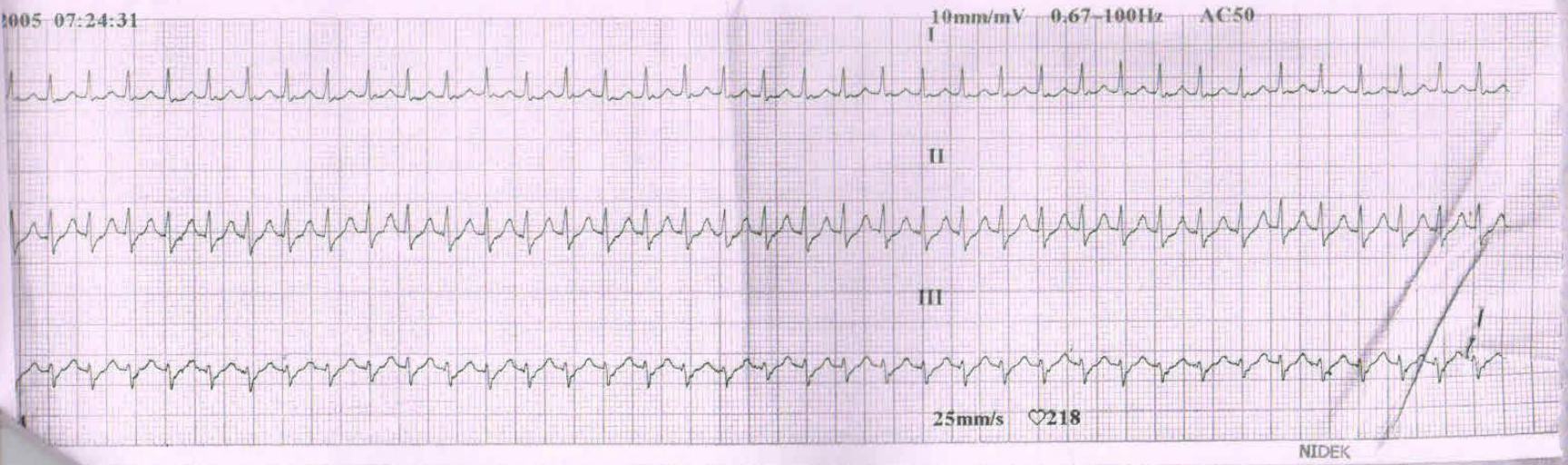
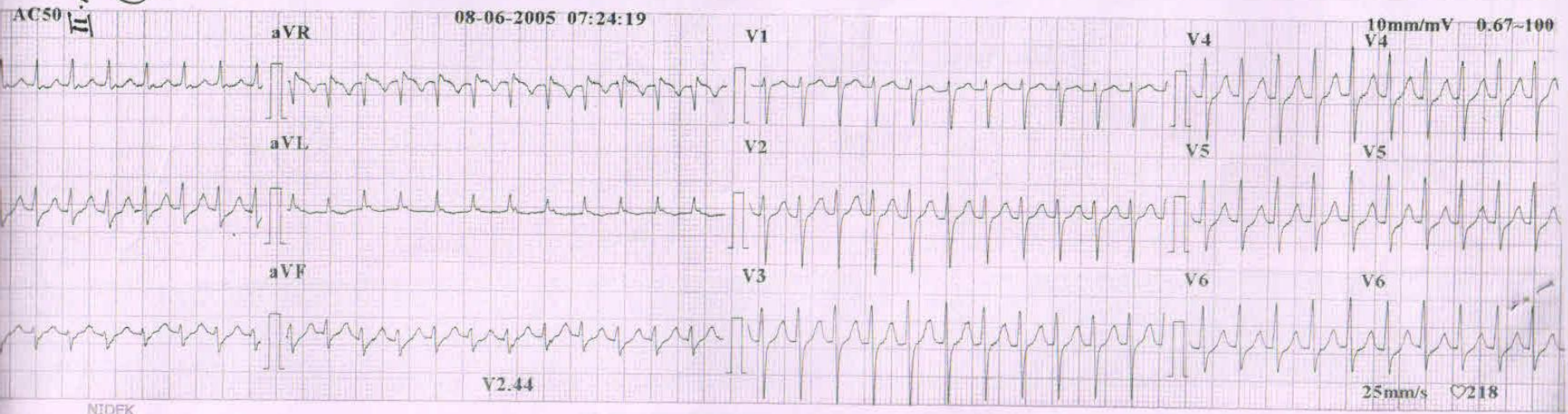
PARAMETER	VALUE
HEART RATE	230 BPM on Monitor
BLOOD PRESSURE	80/40 mm of Hg
RESPIRATORY RATE	24 CPM
TEMPERATURE	AFEBRILE
PAIN	NIL

FOCUSED SECONDARY SURVEY :

- Patient oriented to time , place , person
- Conscious with bilateral pupils normal sized reacting.
- No engorged / distended neck veins and **no raised JVP.**
- Ear , nose , throat normal.
- Lungs bilaterally clear.
- **Tachycardic** with regular rhythm , s1 & s2 heard and normal.
- Abdomen normal
- Extremities normal
- No neurological deficits

THE ELECTROCARDIOGRAM

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PROVISIONAL DIAGNOSIS

- **SUPRAVENTRICULAR TACHYCARDIA**

ACTION TAKEN :

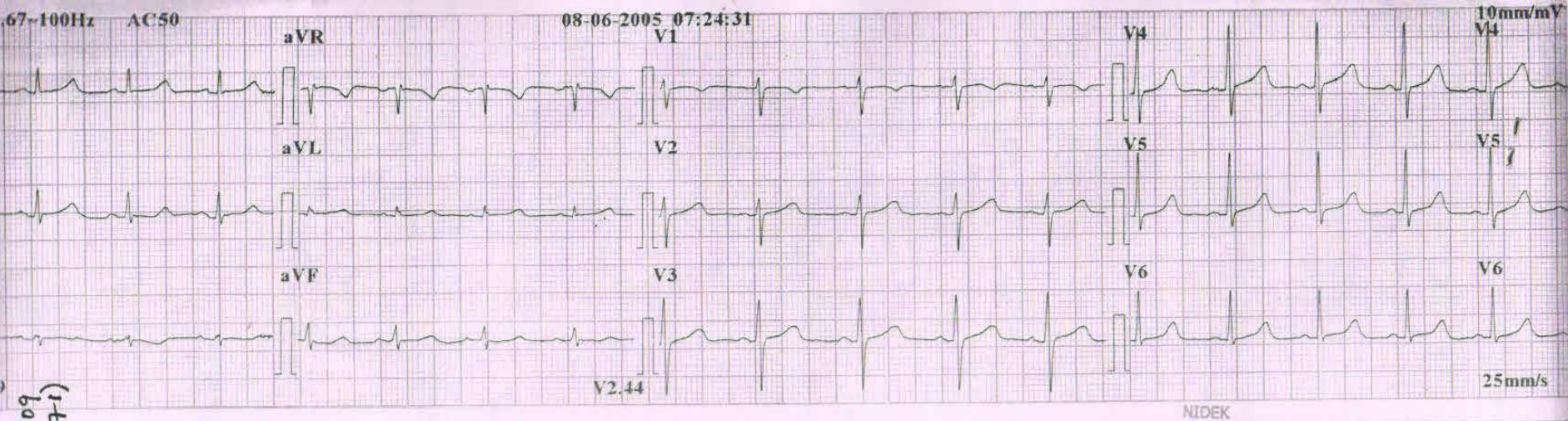
- Vagal maneuvers :
 1. Right carotid sinus massage done – not reverted
 2. Ice pack over the eyes – not reverted
 3. Valsalva maneuver – not reverted
 - Pharmacological cardioversion :
 1. INJ ADENOSINE 6mg IV PUSH – not reverted
 2. INJ ADENOSINE 12mg IV PUSH – not reverted
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ACTION TAKEN :

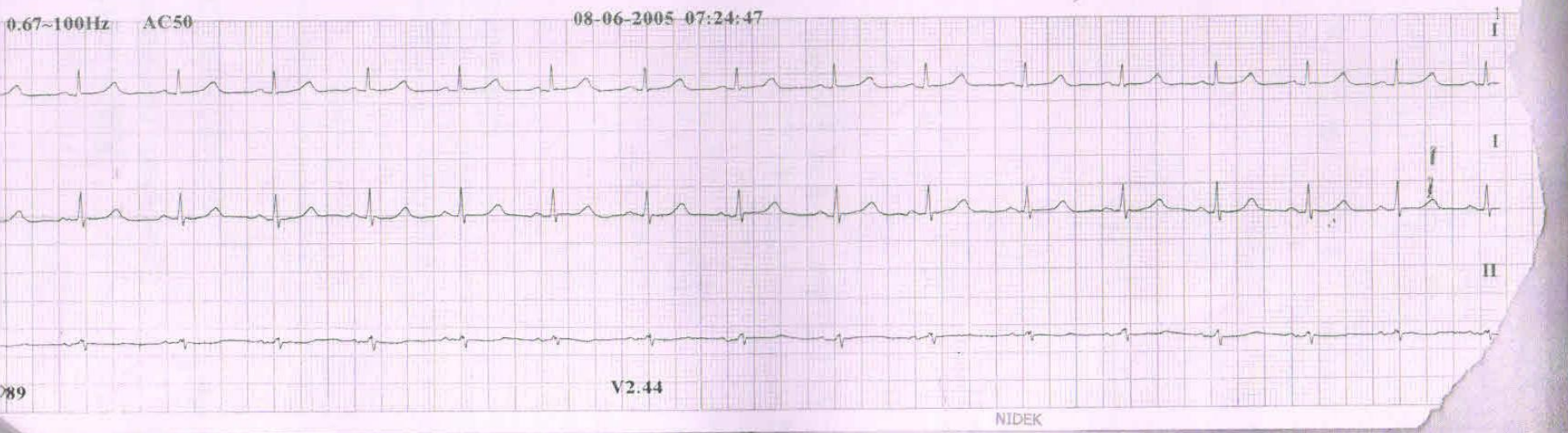
- INJ MIDAZOLAM 2mg IV STAT followed by :
- OXYGEN REMOVAL &
- ELECTRICAL CARDIOVERSION with 50Joules was done.



POST – CARDIOVERSION ECG



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POST – CARDIOVERSION VITALS

PARAMETER	VALUE
HEART RATE	90 BPM on Monitor
BLOOD PRESSURE	110/60 mm of Hg
RESPIRATORY RATE	20 CPM
TEMPERATURE	AFEBRILE
PAIN	NIL

DIAGNOSTIC INVESTIGATIONS :

- ECG
- 2DECHO
- CHEST XRAY

2D – ECHO REPORT

- Good left ventricular systolic function
 - No valvular abnormalities
 - Mild LA/LV dilatation
 - Mild diastolic dysfunction
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DIFFERENTIAL DIAGNOSIS

- SINUS TACHYCARDIA
 - MULTIFOCAL ATRIAL TACHYCARDIA
 - ATRIAL FIBRILLATION
 - ATRIAL FLUTTER
 - AV NODAL RE-ENTRY TACHYCARDIA
 - AV NODAL RECIPROCATING TACHYCARDIA
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FINAL DIAGNOSIS :

- **AV NODAL RE-ENTRY TACHYCARDIA (AVNRT)**
 1. Narrow complex tachycardia
 2. Absent p waves
 3. R-P < 70msec
- Patient was observed for 24hours and was referred to a cardiophysiologicalist and a cardiologist for further follow-up.



Thank You



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CALM
AND
CARDIOVERT
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