

SAQ 1 Answers

A 35 yr old male who presents to your Emergency Department complaining of palpitations, dyspnoea, and light-headedness for the preceding hour. He has no known past medical history.

Vital signs:

BP 115/65

Sats 98% RA

RR 20

Temp 36.6 °C

a. Describe and his ECG (3 Marks)

1 Mark for each of:

- Tachyarrhythmia mean rate ~205 bpm or variable rate 140 - 300 bpm
- AF / Irregular
- Broad complex / QRS prolongation / wide complex / variable QRS morphology

b. Interpret his ECG (2 Marks)

- Pre-excitation / WPW / Accessory pathway
- Life threatening arrhythmia with potential to deteriorate to VF

c. Outline your management of this patient (5 Marks)

1 Mark for any of below

- Area
 - Resuscitation bay with full cardiac monitoring
- Staff
 - Consider early liaison with cardiology esp. if chemical cardioversion
- Resuscitation
 - Supplemental oxygen - symptomatic dysnoea & will need sedation
 - IV access
 - Synchronised Cardioversion with procedural sedation
 - Consent prior to the above
 - Option to be given – treatment by medication: amiodarone for haemodynamically stable patients with AF with accessory pathway.
 - Be aware of potential harm with both options
- Disposition
 - Cardiology referral mandatory should not be discharged following successful cardioversion as needs early EP study +/- ablation

If any other anti-arrhythmic drug used e.g. adenosine, calcium-channel blocker, beta-blocker, digoxin then I would consider that an instant fail for this section and award no marks out of five given the potential risk of converting a 'stable' patient into VF.

Case and ECG taken from ECG of the Week Blog 28th October 2013

http://jhcedecg.blogspot.com.au/2013/10/ecg-of-week-28th-october-2013_30.html

