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| **Case Title** | Bradycardia |
| **Scenario Name** | Bradycardia |

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| **Learning Objectives (3 or more) -** [**Use action words**](http://ubccpd.ca/sites/ubccpd.ca/files/Accreditation_Learning%20Objectives_%20Verbs.pdf) | |
| **Knowledge:**   1. Identify differential diagnoses of syncope/bradycardia 2. Identify the indications for use of transcutaneous pacing 3. Discuss considerations with transvenous pacemaker insertion | |
| **Skills:**   1. Demonstrate correct technique for initiating and maintaining transcutaneous pacing 2. Demonstrate correct technique for insertion and use of a transvenous pacemaker | |
| **Attitude/Behaviours**   1. Demonstrate Team Skills 2. Demonstrate Situational Awareness 3. Demonstrate Graded Assertiveness | |
| **Scenario Environment** | |
| **Location** | ED |
| **Monitors** | Cardiac  Crash Cart with Defibrillator/Transcutaneous Pacer |
| **Props/Equipment** | IV  ECG  Meds  Transvenous Pacemaker Kit |
| **Make-up/Moulage** | None |
| **Potential Distractors** |  |

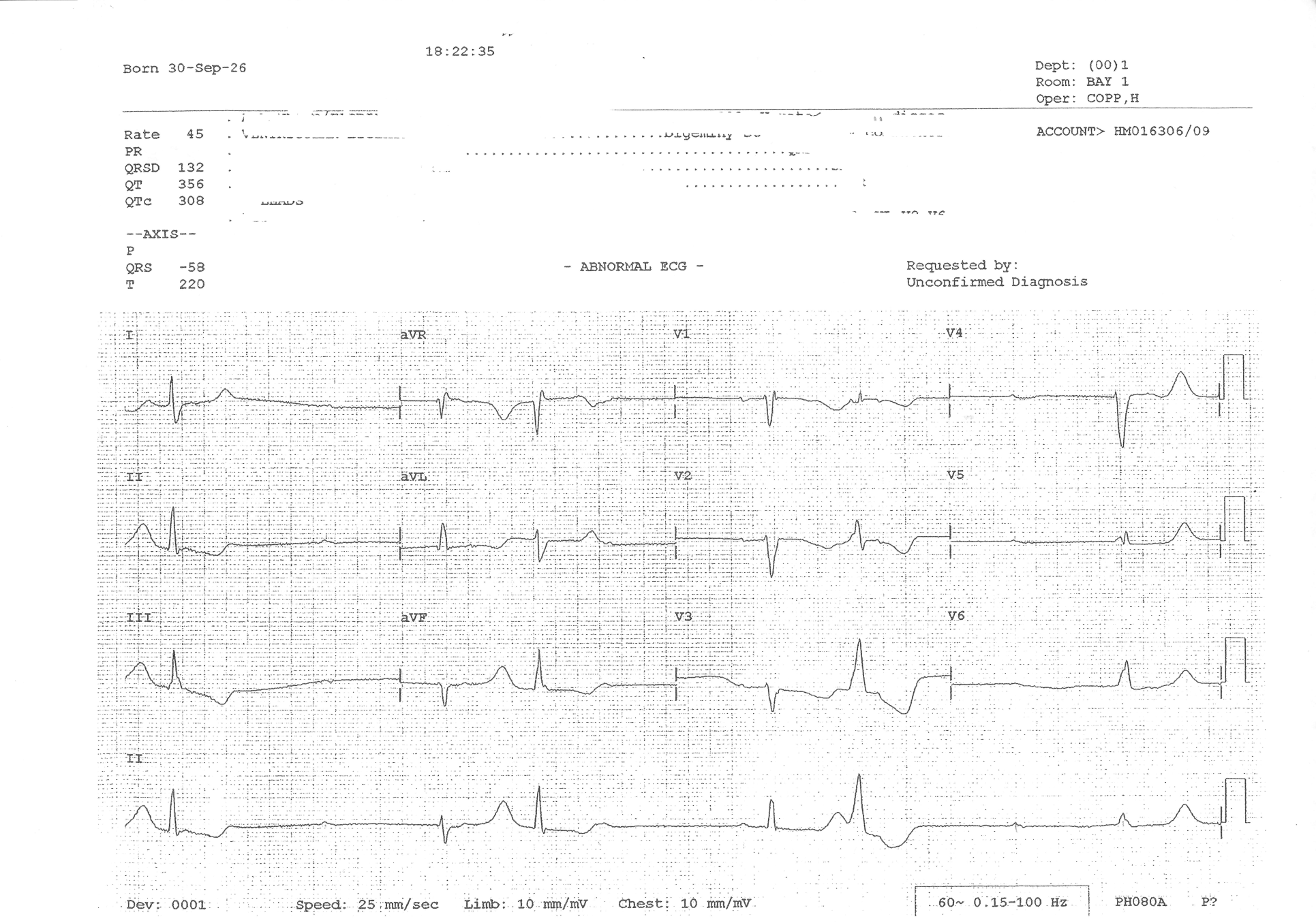
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| **Case Introduction** |
| 82 yo male presented to the emergency department after having a syncopal episode. He currently feels a bit off but otherwise no complaints. |

| **Patient Parameters** | **Effective Management** | **Notes** |
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| **Phase 1: Stable 3rd degree Heart Block**  **Condition: Stable**  Looks ok, non-toxic. Denies CP, SOB, dizziness. Just feels a “bit off”  **Initial Assessment**   * **Heart Rhythm:** 3rd degree heart block * **HR:**  55 * **BP:** 105/60 * **RR:** 12 * **SP02:** 97% on RA * **T:** 36.6°C * **Glucose:** 11.0 * **Chest:** Scattered crackles bilat bases * **CNS:** GCS 15 * **CVS:** pulse regular HS N * **GI:** normal | 1. **Take a focused history** (see Notes column) 2. **Medical Management**  * IV * O2 * Monitor * ECG = 3 degree block * Labs pending * CXR pending | **1. Focused history:**  Today pt in kitchen, felt lightheaded then had a “fainting spell” woke up on floor ?5 mins later.  Lives alone  Has felt “off” for the past couple of days  **PMHx**   * BPH * DM2 * HTN   **Meds**   * metformin 1gm bid * flomax * ramipril 10mg daily   **Allergies**   * none |
| **Phase 2: Unstable 3rd degree Heart Block**  **Condition: Unstable**  Becomes more lightheaded, pre-syncopal, diaphoretic, pale  **Physical Examination**   * **Heart Rhythm:** 3rd degree heart block * **HR: 20** * **BP: no reading** * **SP02: no reading** * **CNS:** drowsy, less responsive | 1. **Patient Reassessment** (see Notes column) 2. **Medical Management**  * Atropine 1mg prn * Epinephrine/dopamine/Isoproterenol infusion * Transcutaneous pacing/sedation * Transvenous pacemaker insertion   **Consequences of ineffective management**   * Pt becomes syncopal if not treated | **1. Patient Reassessment**  **Airway**   * Maintains own   **Breathing**   * Spontaneous, slow   **Circulation**   * Not able to palpate pulses |

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| **Expected Patient Management** | **Debriefing Points** |
| 1. **Student** 2. **R1** 3. **Senior IM resident** |  |

**References:**

1. Up to Date
2. Bradycardia ACLS Algorithm
3. ACLS Algorithm

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