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| **Case Title** | Stable Ventricular Tachycardia (VT) |
| **Scenario Name** |  |

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| **Learning Objectives -** [**Use action words**](http://ubccpd.ca/sites/ubccpd.ca/files/Accreditation_Learning%20Objectives_%20Verbs.pdf) | |
| **Knowledge:**   1. Discuss DDx of wide complex tachycardia 2. Recognize and treat stable VT | |
| **Skills:**   1. Perform cardioversion 2. Perform sedation | |
| **Attitude/Behaviours**   1. Demonstrate Team skills 2. Demonstrate Situational awareness 3. Demonstrate Graded Assertiveness | |
| **Scenario Environment** | |
| **Location** | Resuscitation room |
| **Monitors** | Cardiac |
| **Props/Equipment** | IV  Crash Cart/Defibrillator  Meds  ECG |
| **Make-up/Moulage** | None |
| **Potential Distractors** | None |

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| **Case Introduction:** |
| 80 y.o. male driven by wife to ED. c/o CP and palpitations for past hour. |

| **Patient Parameters** | **Effective Management** | **Notes** |
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| **Phase 1: Stable VT**  **Condition:** Stable.  Speaking full sentences, GCS 15  **Initial Assessment**   * **Heart Rhythm:** VT * **HR:**  150-160 * **BP**: 150/90 * **RR:** 24 * **SP02:** 92%on RA * **T**: 36 * **Glucose:** 6.0 * **Chest:** clear * **CNS:** GCS 15, PERRL * **CVS:** S1, S2 * **GI:** abd soft, non-tender * **Weight:** 70kg * **Height:** 180cm | 1. **Take a focused history** (see Notes column) 2. **Medical Management**  * Get ECG * Decision to cardiovert | 1. **Focused history**   Mid-Chest discomfort x 1h, minimal SOB, palpitations. No radiation of pain, no sweats, slightly nauseated. No hx of similar  **PMHx**   * HTN   **Meds**   * Metoprolol   **Allergies**   * NKDA |

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| **Expected Patient Management** | **Debriefing Points** |
| 1. **Student** 2. **R1**    1. Recognizes likely VT. No adenosine. 3. **Senior IM resident** |  |

**EKGs – click** [here](https://extranet.interiorhealth.ca/IHUBCFaculty/Diagnostics/Forms/AllItems.aspx?RootFolder=%25252FIHUBCFaculty%25252FDiagnostics%25252FECGs&View=%25257bFD97E2FE-FD01-433F-B9CB-D75A4195924E%25257d) **or paste**

