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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** | IVCrash Cart/DefibrillatorMedsECG |
| **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**
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**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**

