

# TREATMENT OF UNSTABLE VENTRICULAR DYSRHYTHMIAS

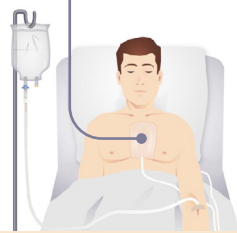

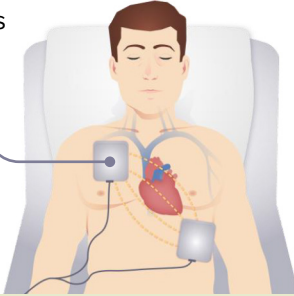




Clients with ventricular dysrhythmias are considered to be unstable if they have altered mental status, hypotension, chest pain, dyspnea, pulmonary edema, or ischemic changes on EKG. These signs and symptoms are caused by compromised cardiac output, which is fatal without emergent intervention. The nurse should:

Assess:	Alert:	Intervene:
<ul style="list-style-type: none"> <li>Level of consciousness</li> <li>Pulse (present vs absent, characteristics)</li> <li>Cardiac rhythm on monitor</li> <li>Vital signs</li> <li>Symptoms, if client is able to report</li> </ul>	<p>Call for help: 911 in community or code team in hospital</p>	<p>In client without a pulse, initiate CPR immediately. Work with team to provide the appropriate transthoracic shock, as indicated by rhythm and presence or absence of pulse.</p>

Ventricular tachycardia	Ventricular fibrillation
<ul style="list-style-type: none"> <li>Rapid heart beat arising from ectopic foci in the ventricles</li> <li>May occur with or without a pulse</li> </ul>	<ul style="list-style-type: none"> <li>Irregular electrical activity originating from multiple sites within the ventricles</li> <li>The ventricles quiver instead of pumping blood.</li> <li>Client presents without a palpable pulse.</li> </ul>
Torsades de Pointe	
<ul style="list-style-type: none"> <li>A polymorphic form of ventricular tachycardia</li> <li>May occur with or without pulse</li> </ul>	



Synchronized cardioversion	Initiate advanced cardiac life support (ACLS) algorithm
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; background-color: #4a69bd; color: white; margin: 0;"><b>Cardioversion</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Cardioversion pads</p>  </div> <div style="width: 45%;"> <p>Cardioversion machine</p>  </div> </div> </div> <p>Electrical shock used to terminate a life-threatening cardiac rhythm in clients with a pulse. Lower energy than defibrillation and shock is synchronized to occur on the R wave. May allow heart to resume normal sinus rhythm.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; background-color: #4a69bd; color: white; margin: 0;"><b>Post-acute management</b></p> <ul style="list-style-type: none"> <li>Assess underlying cause.</li> <li>Consider implantable cardioverter-defibrillator (ICD) placement.</li> <li>Antiarrhythmic medication per underlying condition</li> </ul> </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; background-color: #4a69bd; color: white; margin: 0;"><b>Cardioversion</b></p> <p>Defibrillator pads</p>  </div> <p>Electrical shock used on clients in V-Fib or pulseless V-Tach. Depolarizes cardiac cells, temporarily stopping all cardiac activity. May allow the heart's natural pacemaker to regain control and restart in normal sinus rhythm.</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  <p><b>Defibrillate</b></p> </div> <div style="text-align: center;">  <p><b>Epinephrine + Amiodarone</b> <i>If unresponsive to defibrillation after 3 shocks</i></p> </div> </div>

## NOTES

