

# Static Cardiology Station Practice/Testing

## Set 2

### 1. 3<sup>rd</sup> Degree Heart Block

- a. High flow 100% O<sub>2</sub> with BVM.
- b. Establish IV NS or LR TKO.
- c. Immediate TCP.
- d. Consider Atropine 0.5 mg up to 3 mg.
- e. Consider Epinephrine 2 to 10 mcg/min or Dopamine 2 to 10 mcg/kg/min

### 2. Atrial flutter with RVR - unstable

- a. Administer 100% O<sub>2</sub> with a nasal cannula or non-rebreather mask.
- b. Establish an IV NS or LR.
- c. If time permits, consider sedation with Versed, Valium or Fentanyl.
- d. Synchronized cardioversion at 100, 200, 300, 360 joules

### 3. Pulseless Electrical Activity

- a. Initiate CPR with ventilations with a BVM and 100% oxygen.
- b. Consider intubation.
- c. When IV/IO access is available, give Epinephrine 1 mg every 3 to 5 min or Vasopressin once 40 units to replace either the first or second dose of Epinephrine
- d. Consider H's and T's and treat accordingly.

### 4. Ventricular fibrillation

- a. Initiate CPR with ventilations with a BVM and 100% oxygen.
- b. Administer 1 biphasic shock at 120 to 200 joules or monophasic 360 joules.
- c. Resume CPR.
- d. Continue defibrillations every 2 minutes or 5 cycles of CPR throughout.
- e. Consider intubation.
- f. When IV/IO access is available, give Epinephrine 1 mg every 3 to 5 min or Vasopressin once 40 units to replace either the first or second dose of Epinephrine
- g. Consider ventricular antiarrhythmics such as Amiodarone 300 mg and then 150 mg or Lidocaine 1 to 1.5 mg/kg with repeat doses 0.5 to 0.75 mg/kg up to 3 mg.kg.
- h. Consider Magnesium Sulfate IV/IO for torsades de pointes if present.