

Broad Complex Tachycardia Scenario.

Clinical Setting and History.

A 65year old woman in recovery after an uncomplicated inguinal hernia repair is complaining that her heart is pounding and that she feels unwell. You are asked to help.

Signs and Symptoms.

- Complaining of pounding heart
- **Airway:** talking
- **Breathing:** tachypnoeic RR = 24
- **Circulation:** Pulse = 120bpm, BP= 100/70, CRT=2 secs
- **Disability:** Alert
- **Exposure:** Nil

Treatment.

ABCDE approach.
Oxygen, IV access, attach ecg leads if not attached
Broad complex tachycardia- no adverse signs (yet)
ABG requested: Serum K+ = 1.7mmol/l

**Discuss adverse signs? What are they? What do they indicate?
What are your treatment options for this tachycardia?**

Correct potassium (dose, duration and alternative or additional drugs (Mg))

Patient develops chest pain, pallor and sweating.
Still broad complex tachycardia.
Amiodarone should be given (300mg over 10-20 mins)

No changes: How are you going to perform a synchronised cardioversion on this woman?

Appropriate sedation/anaesthesia
Synchronised DC shock.

She becomes unresponsive and pulseless whilst you trying to find the propofol to sedate her!

What are you going to do?

Call for help, instigate BLS at 30:2
Start ALS as for pulseless VT/VF.
Adrenaline 1mg (Before 3rd shock)
Demonstrate setting up defib
Demonstrate safe defib technique (gel pads etc)
Shock at 150J (biphasic)
Reverts to NSR on the 2nd shock.

Where should she go?

Equipment:

- Skillsmaster
- Table
- Face mask and oxygen tubing
- AMBU bag and BOC mask
- Cannulae
- Drip set
- Stethoscope
- Monitor/defib
- ABG machine available
- Amiodarone, potassium, magnesium, atropine, verapamil, adrenaline, propofol

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