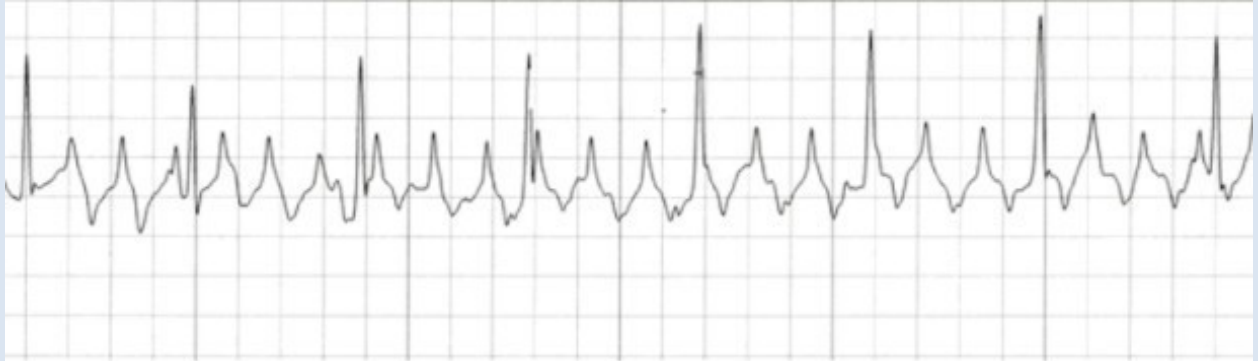


Relias Dysrhythmia Basic Test Quiz

1.



Atrial Flutter. Note the sawtooth baseline, no definable P wave.

Treatment: Correct any metabolic derangement or electrolyte imbalance then use Antidysrhythmics. Usually Amiodarone, Digoxin, beta blocker (Metoprolol, Toprol) or calcium channel blocker (Diltiazem, Cardizem) for rate control and control of the aberrant atrial impulse. If severely elevated and symptomatic may need synchronized cardioversion. Remember—all atrial flutter and atrial fibrillation patients must be anticoagulated to prevent throwing a clot when they go back into regular rhythm. This means Heparin, Coumadin and/or antiplatelet like Aspirin and Clopidogrel (Plavix).

2.

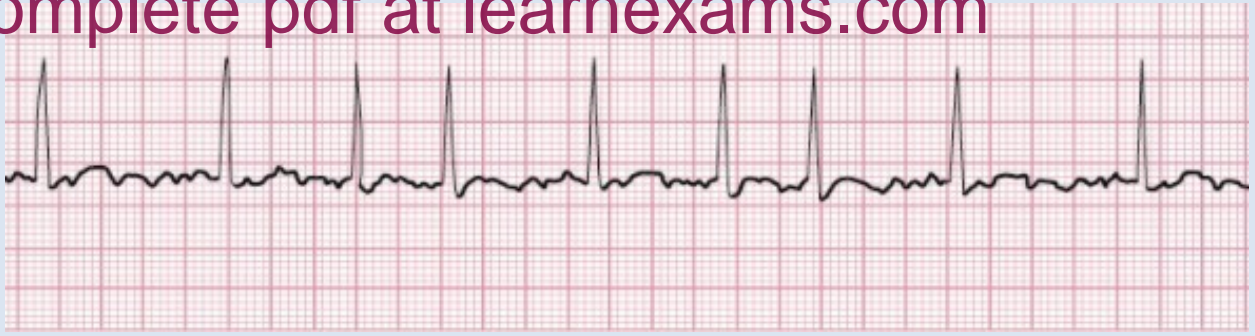


Supraventricular tachycardia (SVT). Rate >200

Treatment: Attempt Valsalva maneuver usually once. Then Adenosine 6mg IV slow push. Adenosine WILL CAUSE ASYSTOLE briefly. Half life is 10 seconds. If no response after first dose, may repeat with Adenosine 12mg IV slow push. Again, asystole. Monitor closely.

3.

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Atrial Fibrillation (afib). No P wave, irregular rate.

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