Guidelines for NON - CRITICAL CARE staff

Management of cardiac dysrhythmias

- ICU uses 5 or 3 lead cardiac monitoring. The monitor display MUST show LEAD II as primary monitored lead
- Set your alarm limits TIGHT in the morning, to alert you of changes
- Note the rhythm at the start of your shift, so you can be aware of changes during the day
- Dysrhythmias are common in ICU, and may not always compromise the patient, but be aware that a change in rhythm can lead to significant deterioration
- **What to do if the patient's rhythm changes…**

RHYTHM CHANGE ON MONITOR	• inform senior colleague • take 12 lead ECG • take ABG
patient is 'stable'	•optimise electrolytes: K+/Mg+/Ca++ •ensure patient is adequately hydrated •ensure patient is adequately oxygenated •continue to monitor
patient is 'unstable'	•CALL FOR SENIOR HELP •PREPARE FOR ADVANCED MANAGEMENT •CARRY OUT SIMPLE MANAGEMENT AS PER 'STABLE' PATIENT

A PATIENT IS **UNSTABLE** IF THEY SHOW **ONE OR MORE** OF THE FOUR FOLLOWING SIGNS:

- **SYNCOPE:** fainting/reduced level of consciousness/ 'passing out'
- **MYOCARDIAL ISCHEMIA:** having chest/jaw pain or having ST changes on 12 lead ECG
- **HEART FAILURE:** increasing breathlessness, sweating, pallor, 'wet chest' sounds and/or pulmonary oedema
- **SHOCK:** systolic BP below 90mmHg OR sudden increase in vasopressor (noradrenaline) requirement related to rhythm changes

SEE OVER FOR 'ADVANCED MANAGEMENT'

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Guidelines for NON - CRITICAL CARE staff

Advanced management of cardiac dysrhythmias

- **Clinical decisions on management are made by the consultant or senior registrar**

For UNSTABLE patients, bring defibrillator to bedspace and be prepared to attach gel pads for DC cardioversion (FAST rhythms) or TRANSCUTANEOUS PACING (SLOW rhythms)

Drugs to gather and prepare if directed by team

FAST RHYTHMS: atrial Fibrillation/atrial flutter/supraventricular tachycardia/VT with pulse, etc

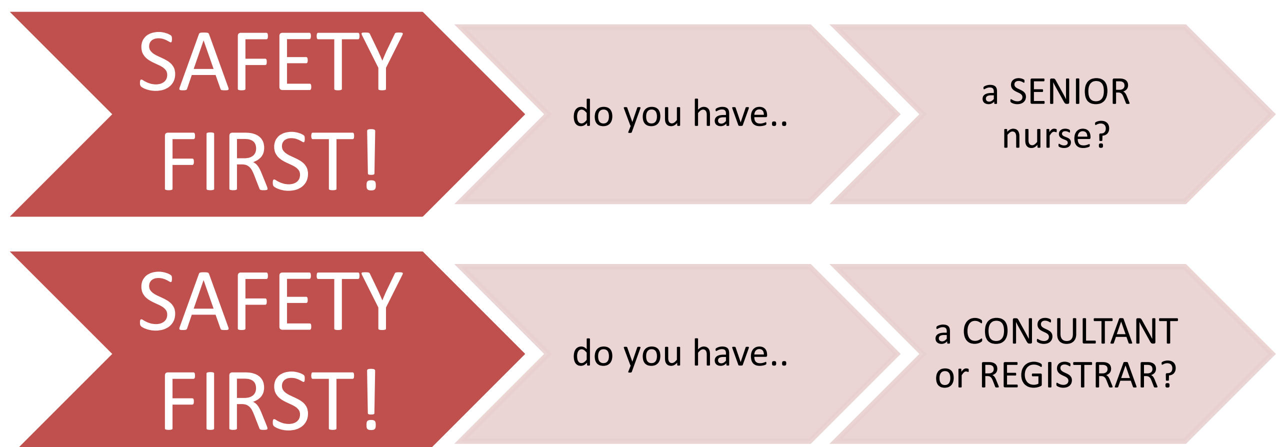
- **AMIODARONE –** 300mgs in 50-100mls 5% dextrose over 1hour
  900mgs in 500mls 5% dextrose over 24hrs
  via central venous catheter

- **ADENOSINE –** 6mgs as IV bolus, followed by 12mgs (if needed)

SLOW RHYTHMS: sinus brady <40bpm/1st, 2nd degree heart blocks

- **ATROPINE –** 500mcgs IV bolus, repeated to maximum 3mgs
  NOT for neuro patients, as causes pupillary dilatation

- **GLYCOPYRRONIUM –** 200-400mcgs IV bolus



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