### BRADYCARDIA BAV II--> III

### Learning objectives

|  |  |
| --- | --- |
| CRM | Planning and clarity of roles, personal contribution (info sharing) |
| Topic | Algorithm bradycardia with instability recognition |
| Skills | Procedural sedation, use of Pacing |

### Introduction

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| name | Luciano Flemmatico | Age | 77 | Weight | 70kg |
| Triaged for asthenia and syncope  If he asks for a medical history, yesterday syncopated without trauma. Can't give info on medication or pathology, must ask wife | | | | | |
| Medical History : diabetes mellitus, chronic ischaemic heart disease, carotid vasculopathy, hypertension, BPH BAV 1.T: acidoacetilsalicilico 100mg, insulin rapid 6+10+8UI, basal insulin 14U.I. ramipril 5mg, bisoprololo 2.5mg x 2 atorvastatina timololo gtt. Allergy: none | | | | | |

### Setting the scene

|  |  |
| --- | --- |
| room | ED |
| Necessary equipment | defibrillator, Emergency trolley equipment, drugs, (atropina, isoprenalina, adrenalina, dopamina) |
| Make Up / mannequin’s Moulage | Pale |
| Additional staff | Wife reporting medication and illness |
| Consultants' mobile phone number | to be evaluated |

### 

### Initial simulator setup

|  |  |  |
| --- | --- | --- |
|  | Tipe | Leonardo? |
|  | Posizion | supine |
|  | Consciousness state | Fluctuating state of consciousness |
|  | Airways | Pervie |
| Breathing | |  |
|  | FR | 20 |
|  | Breathing tipe | eupnoic |
|  | Chest expansion | simmetrical |
|  | Respiratory noises | none |
|  | cyanosis | none |
|  | % Sp O2 | 94% aa |
| Cardiovascular | |  |
|  | FC | 35 |
|  | Rhythm type | Mobitz II tipo II |
|  | PA | 90/50 |
| other | General E.O.: crackles at the lung bases .  BED-sided ultrasound: pleural sliding bilaterally, no pleuro-pericardial effusion bibasal B line, ventricular cavities within limits. Hypocollagenous vena cava. No endoperitoneal free fluid. | |

Conduct of the simulation

- venous access + vital sings

- ECG BAV II type 2 -> if not traced within 2 min syncope and depression of consciousness

Monitoring

- IF they do atropine -> no change -> if they do nothing within 2 min -> syncope and worsening of sensorium ( P vawes episode? )

- IF Pacing -> electrical and mechanical assessment -> if not mechanical assessment patient does not catch -> worsening

- IF isoprenaline-> initial response then onset of deterioration BAV 2 -> bav 3 -> if pacing ok if no PEA

Optional objective

-sedoanalgesia for pacing

Instructions for counsellors

Cardiologist: If called at the beginning he makes a fuss, says come down, but in the meantime start therapy. If called because pacing is not working we arrive.

Anaesthetist: busy in paediatric emergency, arrives as soon as possible.