

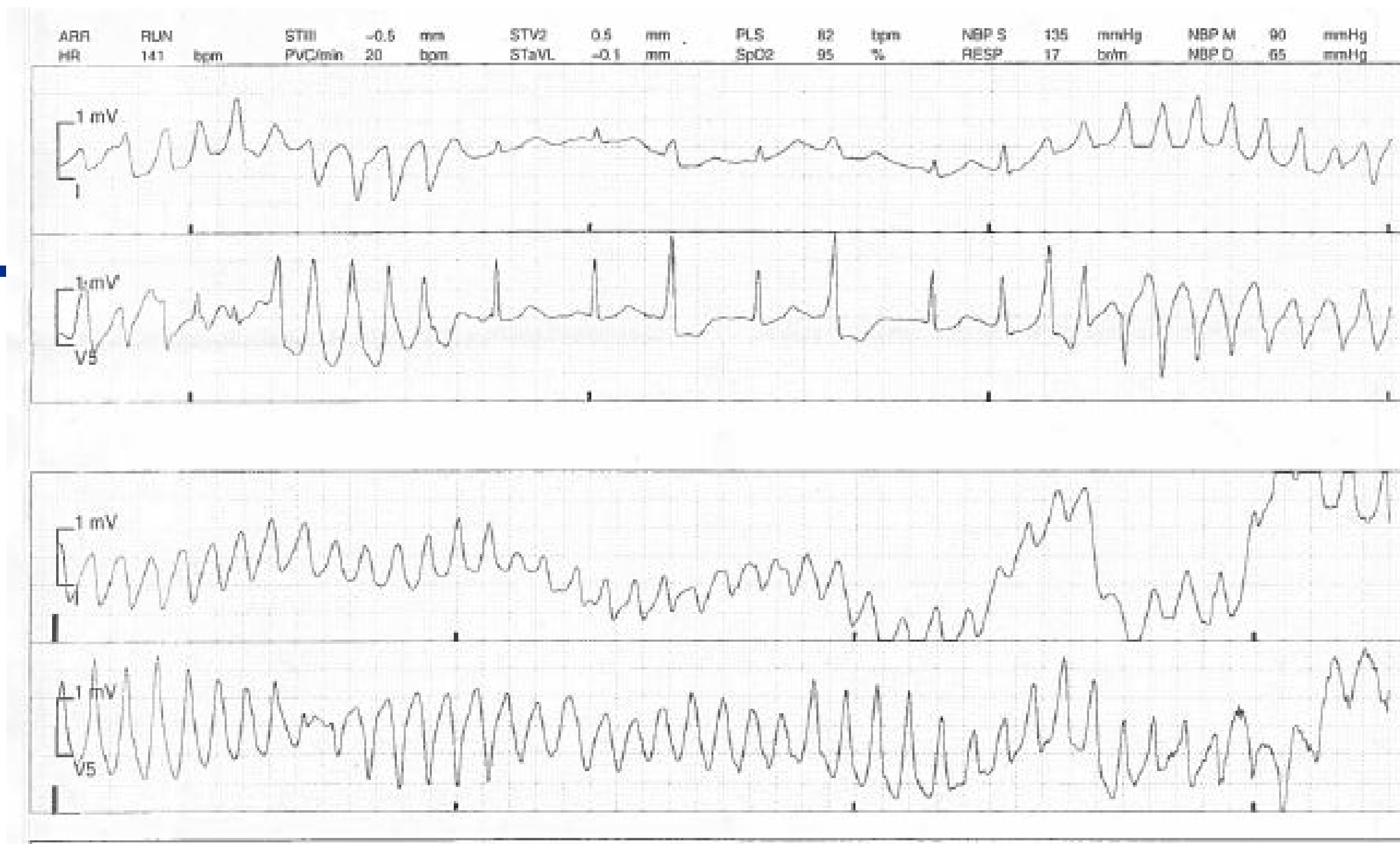
- PMHx: IBS-D, GERD, Anxiety, Hx of SVT

- MAC with Midazolam & Propofol; Uneventful intraoperative course
- Nausea in the PACU - given Ondansetron and Promethazine
- Persistent nausea with increased anxiety level - 20mg Propofol given with no effect
- PACU provider contacted by RN - "patient with a run of SVT"
- STAT EKG ordered, Pt evaluated at bedside - nausea/lightheaded
- Before EKG obtained, patient became unresponsive
- No pulse palpated
- Code blue called
- Telemetry demonstrated ventricular fibrillation

2. Differential diagnosis

- H's & T's
- Hypovolemia, Hypoxia, H+ (Acidosis), Hypokalemia/Hyperkalemia, Hypothermia
- Toxins, Tamponade, Tension Pneumothorax, Thrombosis (PE/MI)

- ACLS - Chest compressions + Unsynchronized defibrillation at 200J
- ROSC - Patient awake and following commands
- Stat EKG - Inverted T waves, Prominent U waves, QTc > 600msec
- EKG from presumed run of SVT obtained - Torsades de Pointes
- 2 grams IV Magnesium over 15 minutes
- CXR - Unremarkable
- Laboratory evaluation
 - Potassium 2.4, Phosphorus 1.0, Ionized Calcium 1.04, Magnesium 2.3, Glucose 144
- Aggressive electrolyte repletion
- MICU consulted



Two more
leading to de
medications

- Diagnosed v
- ICD placed
- Discharged

5. Discuss

- Rare yet life-t
- procedure and o
- Profound elec
- secretory diarrh
- Severe hypok
- diagnosis
- Long QT synd
- QT prolonging

References:

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