23 years old female presented with two hours history of palpitation and dyspnea, on evaluation emergency room her blood pressure 110/70mmHg, HR 160BPM, and bilateral chest wheezes. Her ECG shows narrow complex tachycardia with one P wave for each QRS complex.

What is the best management at this time:

a) IV Metoprolol.

b) IV Adenosine.

c) IV Amiodarone.

d) IV Lidocaine.

e) IV Diltiazem.

According to 020 the ans is b because the patient is having an svt.

I think

“narrow complex tachycardia with one P wave for each QRS complex” is a description for sinus tachycardia (check min 5:41 from tachycardia lecture for sinus tachycardia explanation). Management of sinus tachycardia is by treating underlying cause.

b. IV Adenosine

“Because:It is the safest option in the setting of wheezing

May help diagnose the rhythm by transiently blocking AV node

Even if this is sinus tachycardia, adenosine will not harm and will confirm the diagnosis” chat gpt

A 23 years old female college student presented with two hours history of palpitation and dyspnea, on evaluation in the emergency room her blood pressure 110/70mmHg, HR 160BPM.The rest of her examination is normal. Her ECG is shown below. What is the best management at this time:

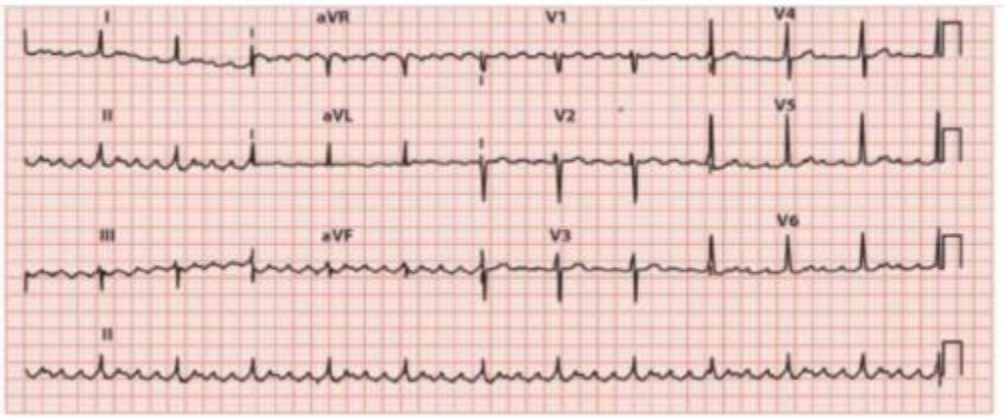
a. IV Diltizem

b. IV Adenosine

c. IV Metoprolol

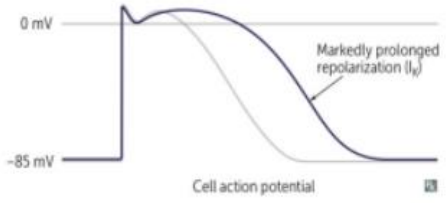
d. IV Digoxin

e. IV Amiodarone



Ans e

Ecg shows arrythmia

Antiarrhythmics—potassium channel blockers (class III)	Amiodarone, Ibutilide, Dofetilide, Sotalol.	AIDS.
MECHANISM	↑ AP duration, ↑ ERP, ↑ QT interval.	
CLINICAL USE	Atrial fibrillation, atrial flutter; ventricular tachycardia (amiodarone, sotalol).	
ADVERSE EFFECTS	Sotalol—torsades de pointes, excessive β blockade. Ibutilide—torsades de pointes. Amiodarone—pulmonary fibrosis, hepatotoxicity, hypothyroidism or hyperthyroidism (amiodarone is 40% iodine by weight), acts as hapten (corneal deposits, blue/gray skin deposits resulting in photodermatitis), neurologic effects, constipation, cardiovascular effects (bradycardia, heart block, HF).	Remember to check PFTs, LFTs, and TFTs when using amiodarone. Amiodarone is lipophilic and has class I, II, III, and IV effects. 

The best method to treat a collapsed patient in anaphylactic shock is: a) Intubation b) Intravenous adrenaline c) Albuterol as a bronchodilator d) Antihistamines e) High dose of steroids

Ans d

according to amboss it's to epinephrine (adrenaline)