

Tachycardias - mechanisms and management

Futura Pub. Co. - Tachyarrhythmias and neurologic complications

Studies	Patients	Treatment	Results
Levy et al. ^[2]	8 patients with MAT	7 to 12 g of Mg sulphate over 5 hours	Conversion to sinus rhythm or sinus tachycardia in 7 patients
		Potassium supplements were given	MAT (or slow rate) persisted in one patient
Cohen et al. ^[3]	8 patients with COPD and MAT (4 patients assigned to i.v. Mg sulphate over 4 hrs, followed immediately by 3 g Mg sulphate i.m. Further 3 g Mg sulphate i.m. if required)	Initial route of administration was successful in coning previous to i.m. Mg sulphate i.m. Further 3 g Mg sulphate i.m. if required	i.v. Mg sulphate converted the arrhythmia more quickly than i.m. sulphate (2.1 hours vs. 44.6 hrs)
McGill et al. ^[4]	14 patients with MAT (3 assigned to Mg group, and 11 to placebo)	1 g Mg sulphate i.v. if rate of arrhythmia was over 5 minutes and 0.5 g 30 mL of dextrose in water over 2 hours	Normal sinus rhythm rapidly restored in 70% of patients vs. 33% in controls Mg infusion significantly reduced the number of arrhythmic events during the arrhythmia before cessation

Description: -

- Florence (Italy) -- History -- To 1421.

Dante Alighieri, -- 1265-1321.

Dante Alighieri, -- 1265-1321 -- Political and social views.

Tachycardia -- therapy

Tachycardia -- physiopathology

Arrhythmia

TachycardiaTachycardias - mechanisms and management

v. 6

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Tags: #Diagnosis #and #Management #of #Supraventricular #Tachycardia

Atrial tachycardia: mechanisms and management

During atrial fibrillation, AV nodal agents as detailed earlier depress conduction across the AV node, but do not affect the bypass tract, which can result in rapid antegrade conduction and rapid ventricular rates that can degenerate to ventricular fibrillation. High-energy defibrillation is the only appropriate ICD therapy for ventricular fibrillation.

Tachycardias : mechanisms and management (Book, 1993) [mikhmon.us.to]

Acquired prolonged QT syndrome is usually caused by administration of one or more medications that prolong action potential duration and refractory period of ventricles.

Supraventricular and ventricular tachycardias: risk factors, drugs, and ablation

In addition, groups identified or labeled as public access defibrillation responders should be trained. Catheter ablation of scar-related atypical atrial flutter. If so, what is the patient's respiratory rate? Long-term Management of SVT Figure 7.

Tachycardias : mechanisms and management (Book, 1993) [mikhmon.us.to]

Patient Q's arrhythmias are linked to the combination of his stress level, lack of sleep, and excessive caffeine intake. Wide Complex Tachycardia, Etiology Unknown Consider this clinical situation: Patient M is admitted to the emergency room complaining of palpitations, shortness of breath, and light-headedness.

Tachycardias : mechanisms and management (Book, 1993) [mikhmon.us.to]

Some research has been done to attempt to quantify the risks of allowing persons with known life-threatening ventricular arrhythmias to drive.

Tachycardia Guide: Causes, Symptoms and Treatment Options

Influence of age and gender on the mechanism of supraventricular tachycardia. Moreover, during an average follow-up of 38 months, atrial

fibrillation developed in 15. Even in those patients with arrhythmia recurrence, 76% perceived ablation as successful or partly successful, and 90% would still undergo repeat ablation in the same institution.

Medline ® Abstracts for References 1

The vast majority of WCTs originate from impulses generated in the ventricles ventricular tachycardia being the most common arrhythmia. To assist medical personnel in implementing this link in an organized, orderly, effective manner, advanced cardiovascular life support ACLS guidelines have been developed for different emergency situations.

Tachycardia

N Engl J Med 1979;301:1080-1085. If you choose to drink alcohol, do so in moderation.

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