Remote monitoring guidelines

Compared to the the permanent pacemaker, does a temp pacer have constant current or voltage? Also, how much voltage can it generate? 5V or 20V?

Constant current, 20V. (Doubles 9.5V)

Which patient with acute MI is most likely to need a temp pacer?

Inferior MI, Mobitz I AV Bock

Inferior MI, bundle branch block

Anterior MI, Mobitz I AV Bock

Anterior MI, bundle branch block

Anterior MI, bundle branch block

Acute BBB post MI should be seen as a warning and often proceeds CHB. The RCA commonly supplies

blood to the AV node making the impact of an Anterior MI more significant

The plateau (phase 2) occurs on the surface ECG during the QT interval, and during Systole

Protamine = heparin antagonist

Vein of Marshal location

Carotid massage effect

Phrenic nerve paralysis

Lead I and III for biV pacing

Which of the following scenarios is NOT an indication for an implantable cardioverter–defibrillator (ICD) insertion?

1. A 45-year-old man with a history of myocardial infarction 2 years ago, left ventricular ejection fraction (LVEF) 25%, New York Heart Association (NYHA) Class I
2. A 33-year-old woman, with nonischemic cardiomyopathy, LVEF 35%,NYHA Class III
3. **A 65-year-old man with a history of prior MI, who presents with syncope and found to be in incessant VT requiring IV lidocaine and multiple external shocks**
4. A 69-year-old man with a history of MI, LVEF 45%, who survived VF cardiac arrest that required external shock
5. A 55-year-old man with a history of MI, nonsustained VT, LVEF 37%, with inducible sustained VT during EPS

A primary prevention implantable cardioverter–defibrillator (ICD) is most strongly indicated in which of following patients?

1. Male patient with syncope, QTc 440 ms, and LQT1 genotype not previously treated with beta-blockers
2. **Young patient with syncope, NSVT, and diagnostic criteria for arrhythmogenic right ventricular cardiomyopathy (ARVC), including cardiac magnetic resonance imaging (MRI)**
3. Asymptomatic patient with newly diagnosed nonischemic dilated cardiomyopathy (DCM), left ventricular ejection fraction (LVEF) 35%
4. Young patient without structural heart disease and monomorphic ventricular tachycardia (VT) (left bundle branch block [LBBB] morphology, right inferior axis, precordial R-wave transition in V3