

SAQ 2

A 72 year old female is brought to your Emergency Department following a syncopal episode.

Vital signs:

BP 152 / 86

RR 19

Sats 98% RA

Temp 35.9 °C

BSL 7.2 mmol/L

a. Describe and interpret the key features on her ECG (5 Marks)

1 Mark for each of:

- *Right bundle branch block*
- *Left axis deviation*
- *1st degree AV block / PR prolongation*

1 Mark for interpretation statement:

- *Potential for syncope to be secondary to complete heart block given ECG features as above or mention trifascicular block*
 - *Although this technically an incomplete trifascicular block and is best describe as above or as a bifascicular block with 1st degree AV block*

1 Mark for any of:

- *T wave inversion leads III, aVF, aVR, V1*
- *Normal heart rate 78 bpm i.e. not brady or tachy*
- *Normal QT (360 ms)/ QTc (415ms)*
- *Sinus rhythm*

b. Outline your disposition considerations (5 Marks)

1 Mark for:

- *Preferred disposition admission with telemetry under cardiology and consideration for PPM insertion*

1 Mark each up to 4 marks from following other considerations:

- *Patient's wishes*
- *Advanced care directive / Power of attorney's wishes*
- *Co-morbidities*
- *Patient's functional status*
- *Local service availability / geography - may require inter-hospital transfer*
- *Other cause of syncope identified - ECG features above without syncope do not mandate PPM insertion*

Question based on ACEM Fellowship Exam VAQ Question 2009.1.1

ECG taken from Life in the Fast Lane ECG Library - Trifascicular Block

<http://lifeinthefastlane.com/ecg-library/trifascicular-block/>

