

DisHEARTening Complications in the ER

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❤️🧠 Cardiology vs. Emergency: Speaking Different Languages Since Forever

Cardiologists and ECC techs often look at the same patient and see *completely different problems*.

- **Cardiology** is whispering sweet nothings to the atria while calculating LA:Ao ratios.
- **ECC** is knee-deep in fluids yelling, “Let’s fix this potassium and bolt him to surgery!”

Let’s face it - sometimes we need subtitles to understand each other. But when we **work together**, we make magic happen (usually with some caffeine and sarcasm).

⚠️ Fluid Management: Goldilocks Zone Needed

- **Too much?** CHF flare.
- **Too little?** Shock.
- **Just right?** You deserve a cookie.
- Always assess perfusion: pulse quality, MM colour, CRT, and lactate trends.
- Use goal-directed therapy when possible. Arterial lines are your friend - if you like data and frustration.

❤️ Monitoring & Diagnostics

- ECG for every cardiac kiddo. If they’re brady, blocky, or bizarre, you need that strip.
- Still abnormal after fixing electrolytes? It’s probably **not the potassium anymore**.
- Consider VLAS, chest rads, echo, and telemetry. (Cardiology nerd tip: if you say “LA:Ao >1.6” three times fast, a cardiologist will appear.)

🛏️ Anesthesia in Cardiac Patients

- **Avoid** dexmedetomidine (unless you’re into heart blocks and regret).
- Use opioid + benzo with Alfaxalone or Propofol.
- CRIs: Fentanyl, Lidocaine, Ketamine, and maybe a splash of **Dobutamine** if the heart’s feeling lazy.
- IVF: Keep it slow and steady—cardiac patients don’t tolerate aggressive boluses. (They’re sensitive, okay?)

Murmur Madness

- Louder ≠ worse.
- Softer ≠ better.
- Fading murmurs can mean **progressing disease**, not good news.
- Don't assume! Always pair auscultation with imaging and clinical signs.
- Think of murmur grading like Yelp reviews—context matters.

Common Cardiac Comorbidities You'll See

Condition	What You're Really Worried About
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DCM	Weak pump, poor perfusion, arrhythmias
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A-fib	Rhythm gone rogue, low output
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HCM	Thick walls, cranky filling, thrombi brewing
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MVD	Leaky valves, fluid in lungs, sudden CHF
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Heart Blocks Bradycardia that doesn't care what you do - paging pacemaker

ECC + Cardiology: Better Together

- Communicate early and often. Even if cardiology is whispering about VLAS and you're mid-crash cart, you're on the same team.
- Watch fluids. Watch rhythms. Question everything.
- And when in doubt - *call cardio before you bolt to surgery*. They'll thank you. Probably.

You Got This. Nerd On.