

FIBRILLATION OF VENTRICLES AND VENTRICLESЫЕ TACHYCARDIA BASIC PROVISIONS AND DIAGNOSTIC CRITERIA

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ANNOTATION

Fibrillation, or flicker, ventricles- These are arrhythmical, non-coordinated and inefficient reductions in certain muscle muscle groups with a frequency of more than 300 per 1 min. At the same time, the ventricles do not develop pressure, and the pumping function of the heart is terminated.

Keywords: Fibrillation, flicker, Uncoordinated cutting of ventricular tremblesdefibrillation dilatatic cardiomyopathy, angiography, cardioversion

Fibrillation, or flicker, ventricles- These are arrhythmical, non-coordinated and inefficient reductions in certain muscle muscle groups with a frequency of more than 300 per 1 min. At the same time, the ventricles do not develop pressure, and the pumping function of the heart is terminated.

Close to fibrillation of ventricles is their flutter, which is a ventriculartachyarythmia With a frequency of 220-300 in 1 min. As in the fibrillation, reduction of ventricles at the same time ineffective and cardiac emission is practically absent. Vottari's flutter - an unstable rhythm, which in most cases pretty quickly goes into their fibrillation, occasionally - in sinus rhythm. Clinically equivalent to fibrillation of ventricles is also a frequent ventricular tachycardia with a loss of consciousness (the so-called ventricular tachycardia without a pulse).

Fibrillation (flicker)ventricularrepresentsThe disorganized electrical activity of the myocardial of ventricles, which is based on the mechanismre-entry.

During ventricular fibrillation, their full reductions are terminated that it is clinically manifested by a circulatory stop, accompanied by loss of consciousness, lack of ripples and blood pressure on large arteries, lack of heart tones and breathing. At the same time, the ECG is registered frequent (300 to 400 per minute), irregular, which have no clear configuration electrical oscillations with a changing amplitude.

Close to fibrillation of ventricles is the trembling of ventricles (TZH), which is a ventricular tachyarrythmiaWith a frequency of 200-300 per minute.

As in the fibrillation, reduction of ventricles at the same time ineffective and cardiac emission is practically absent. When fluttering on ECG, they note regular and the same in the form and amplitude of the wave of flutter, resembling a sinusoidal curve. Verbutania of ventricles is an unstable rhythm, which in most cases quickly goes into their fibrillation, occasionally - in sinus rhythm.

Fibrillation (flicker) ventricles is the main reason for death.

The treatment of fibrillation (flicker) of the ventricles is to apply emergency cardiovascular resuscitation, including immediate defibrillation.

Epidemiology of fibrillation (flicker) ventricles.

Ventricular fibrillation is observed in about 80% of the heart stop. Of the 300 thousand fatal outcomes from sudden cardiac death in the United States, in 75% -80% of cases, they arose as a result of the development of fibrillation (flicker) of ventricles.

The fibrillation of the ventricles is more often developing in men than in women (3: 1).

Most often, ventricular fibrillation is celebrated among people aged 45-75 years.

Etiology of fibrillation (flicker) ventricles.

Most patients have ventricular fibrillation develops against the background of various diseases of the heart, as well as other extracardial disorders.

The reasons for the development of ventricular fibrillation may be the following diseases and pathological conditions:

Coronary artery disease.

Hypertrophic cardiomyopathy.

Dilatational cardiomyopathy.

Valve vices of the heart.

Specific cardiomyopathy.

More rare causes of ventricular fibrillation:

Intoxication with cardiac glycosides, as well as side effects when receiving medium doses of heart glycosides.

Electrolytic disorders.

Electric shock.

Hypothermia.

Hypoxia and acidosis.

Coronary angiography, cardioversion.

Side effect when receiving some medicines: sympathomimetics (epinephrine, salbutamol), barbiturates, drugs for anesthesia (cyclopropane, chloroform), narcotic analgesics, derivatives phenothiazine (chlorpromazine) Class I-Class Anti-Arhythmic Preparations (most often - on the background of "pyruete" tachycardia due to the elongation of the Qt interval).

Emergency therapy.

If the heart stop in an adult occurred in your presence and if there is a defibrillator, it should be immediately applied (Class I). If you have not witnessed the onset of clinical death, or from the moment of the loss of consciousness before the arrival of the assistance passed more than 4-5 minutes, 5 cycles of cardiopulmonary

resuscitation should be performed (approximately 2 minutes), then apply the defibrillator (classlib).

Algorithm for extended cardiovascular resuscitation.

After statement Stopping blood circulation and clinical death Resuscitation events start with the basic resuscitation complex. In the process of resuscitation, two resuscitation (doctor and one of the paramedics) are involved. The second paramedic at that time prepares the electrocardiograph and defibrillator.

1 stage

Control of consciousness.

Opening the respiratory tract.

Control of breathing and pulse at the carotid artery.

Immediate Conduction of the CPR (NMS with a frequency of grinding of the chest 90-100 / min. And the IVL carrying out the "mouth in the mouth" method or using a mask and a bag Ambu In the ratio of NMS 30: 2).

In parallel with the Conduction of the CPR, the ECG is removed.

2 stage

ECG analysis (to clarify the testimony to defibrillation). In the presence of testimony defibrillation:

Defibrillation 360 J, with ineffectiveness 2 times 360 J (precordial Blow in case the defibrillator is not ready for operation).

In parallel with these events, the assistant is preparing tools to enter intubation:

Prepares aspirator;

Checks the laryngoscope, cuff cuff, tape for fixing the tube, air duct, etc.;

breed adrenaline for endotracheal administration (3 mg of adrenaline + 7 ml of 0.9% sodium chloride).

With the ineffectiveness of the activities carried out, we turn to 3 stage.

3 stage

4 COPLES OF CLOR (about 60 seconds).

If inefficiently, then it is carried out:

Trachea intubation (no more than 30 seconds), fixing the tube with hand.

NMS holds an assistant.

Catheterization of the main vein.

Auscultatic Control of the correctness of the position of this - tube (three inhales bag Ambu Conducts an assistant).

Adrenaline 1 mg in / e or endotracheal Prepared solution of adrenaline.

Start the IVL using manual respiratory equipment and conduct NMS.

With the ineffectiveness of the activities carried out (there is no pulse, on the ventricular ecg- fibrillation) go to the next 4 stage.

4 stage

Defibrillation 360 J.

Intravenous amiodarone 300-150 mg in / in, as an alternative lidocaine 1 mg / kg in / injet.

NMS and IVL (2-4 cycles).

Defibrillation 360 J.

In the absence of the effect, after 3-5 minutes, we repeat 2 and 3 points.

In the absence of effect:

Intravenous novocainamid 10% - 10 mljet; + NMS + IVL (4 Cyclal) + defibrillation 360 J.

In the absence of effect:

In / v 5 mg / kg Weight every 5-10 minutes before the total dose of 20 mg / kg + defibrillation 360 J after each introduction.

In the absence of effect, it is not possible to resolve the appropriateness of the continuation of resuscitation activities.

When conducting an extended resuscitation complex, follow the following rules:
NMS is carried out continuously.

It is necessary to perform a sequence of actions: the drug in / in - SLR - EDC.

The first 4 intensive manual cycles can be carried out without IVL.

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