Table 4-5  
**CASE STUDY #1: SUMMARY OF HOSPITAL EVENTS SINCE ADMISSION**

<table>
<thead>
<tr>
<th>Day</th>
<th>Event</th>
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| 1   | Admitted to ICU  
ECG: ST elevation V₁-V₄  
Started on heparin, SL NTG, IV streptokinase, furosemide  
Placed on 40% face mask |
| 2   | Diffuse chest discomfort, increased shortness of breath, some dizziness  
ABGs: pH=7.48, PaO₂=60; PCO₂=50; HCO₃=20  
Placed on rebreather mask, 80%  
ECHO: Markedly dilated left ventricle, moderately dilated right ventricle  
LVEF: 35%  
CK 60*, CK-MB index 3%  
meds: Insulin, IV nitroglycerin added to furosemide |
| 3   | Increasing somnolence  
ABGs: pH=7.50, PaO₂=50; PCO₂=60; HCO₃=15  
ECG: A-fib with runs of PVCs, some couplets  
Placed on mechanical ventilation, SIMV mode  
Central line, a-line placed  
HR: 120 bpm  
CVP: 10 mmHg  
PAWP: 20 mmHg  
AP: 96/70 mmHg  
MAP: 78 mmHg |
| 4-7 | Patient remains somnolent, on mechanical ventilation  
CT of head remarkable for age-related changes  
ECG: A-fib with few PVCs, ST-segment elevation resolving, Q waves  
Medications: Digitalis added, IV nitro DC’d, SL NTG available, furosemide switched to spironolactone. |
| 8-10| Ventilator weaning begins |
| 11  | Patient awake and alert  
Placed on 40% facemask  
TEE: Markedly dilated left ventricle with anterior wall hypokinesis, moderately dilated right ventricle  
LVEF: 40%  
Mild mitral and aortic regurgitation |
| 12  | PT consulted  
Labs: Hgb=13.8; Hct=42.0; Na=140; K=4.0; INR=2.5*; Glucose=180*  
pH=7.42; PaO₂=75; PCO₂=35; HCO₃=35  
ECG: Sinus tachycardia, pathologic Q wave in V₂-V₄  
HR: 110 bpm  
CVP: 8 mmHg  
PAP: 18 mmHg  
BP: 100/80 mmHg, MAP 88  
No reports of angina, mild shortness of breath at rest in bed at 60 degrees upright, two to three episodes of dizziness with changes in position in bed with nursing |

*Abnormal values