

Emergent PCI During Prolonged CPR

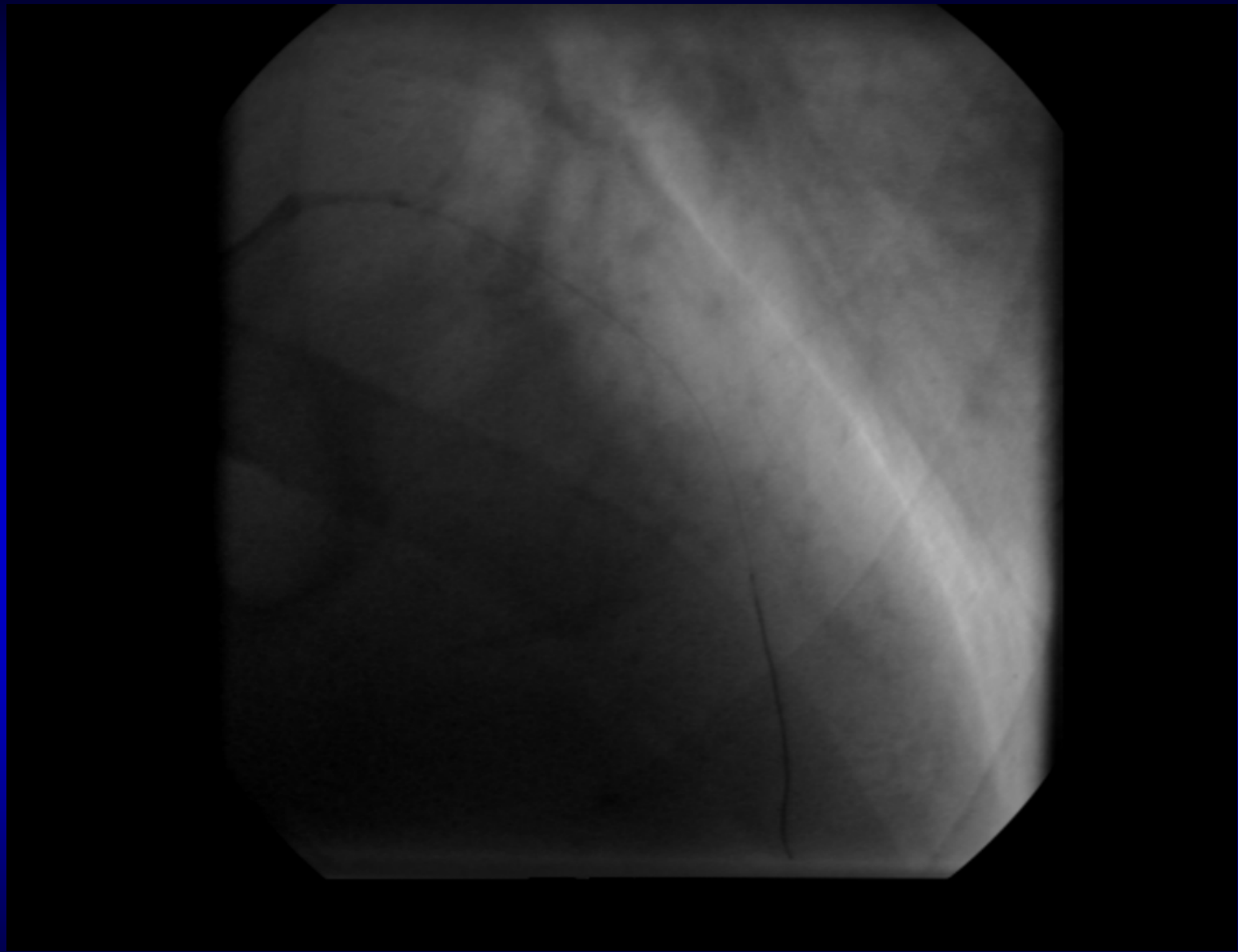
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- **45 y.o. male construction worker suddenly collapsed at his work site**
- **Pulseless and apneic, initiates CPR**
- **EMS arrive, detect VF, intubate and defibrillate**
- **In UCLA ER, VT/VF continues; shocked multiple times**
- **IV Amiodarone and lidocaine**

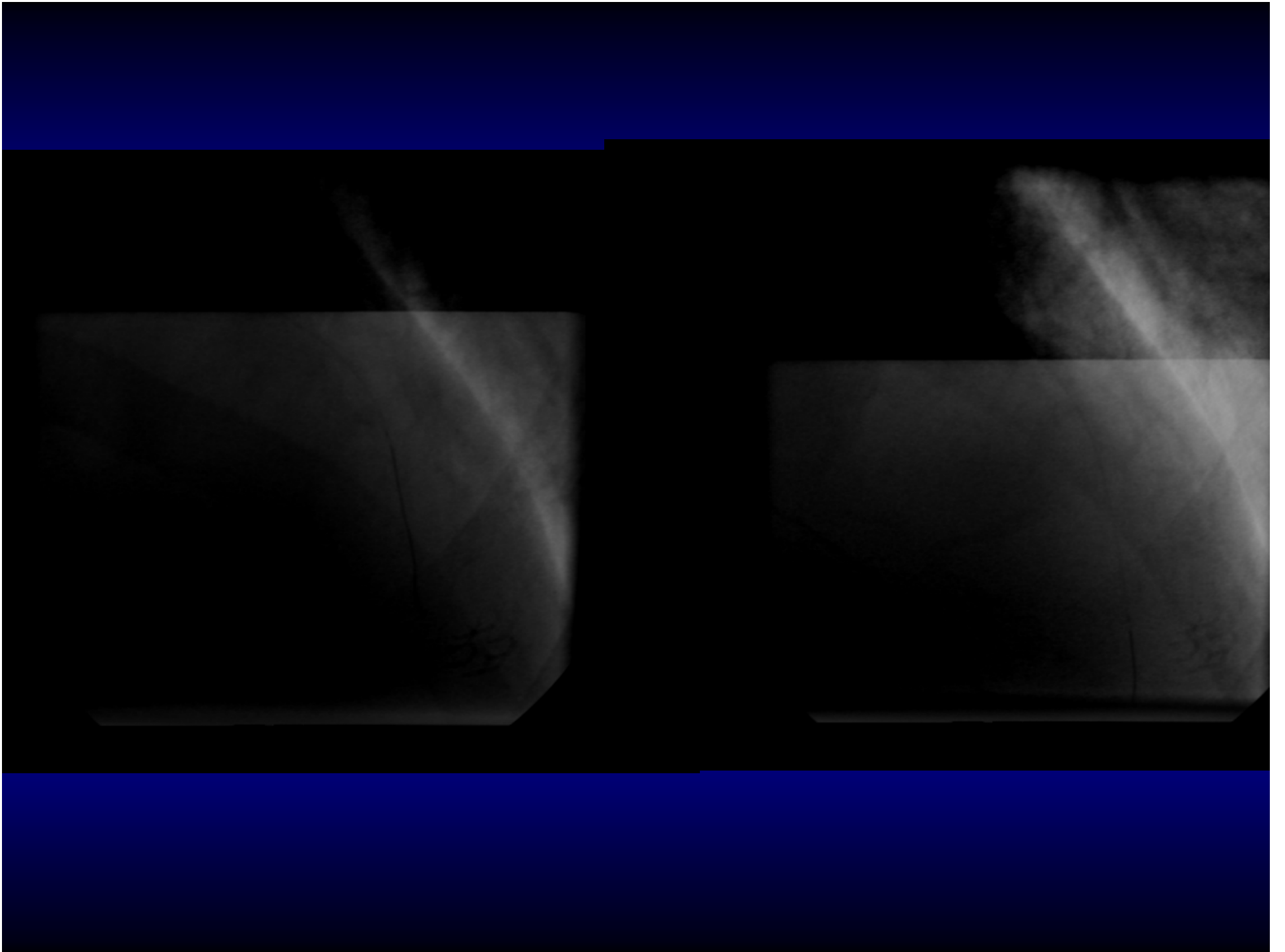
- **SBP 60**
- **IV heparin**
- **Dopamine, Levophed**
- **Transported emergently to the cardiac cath lab**

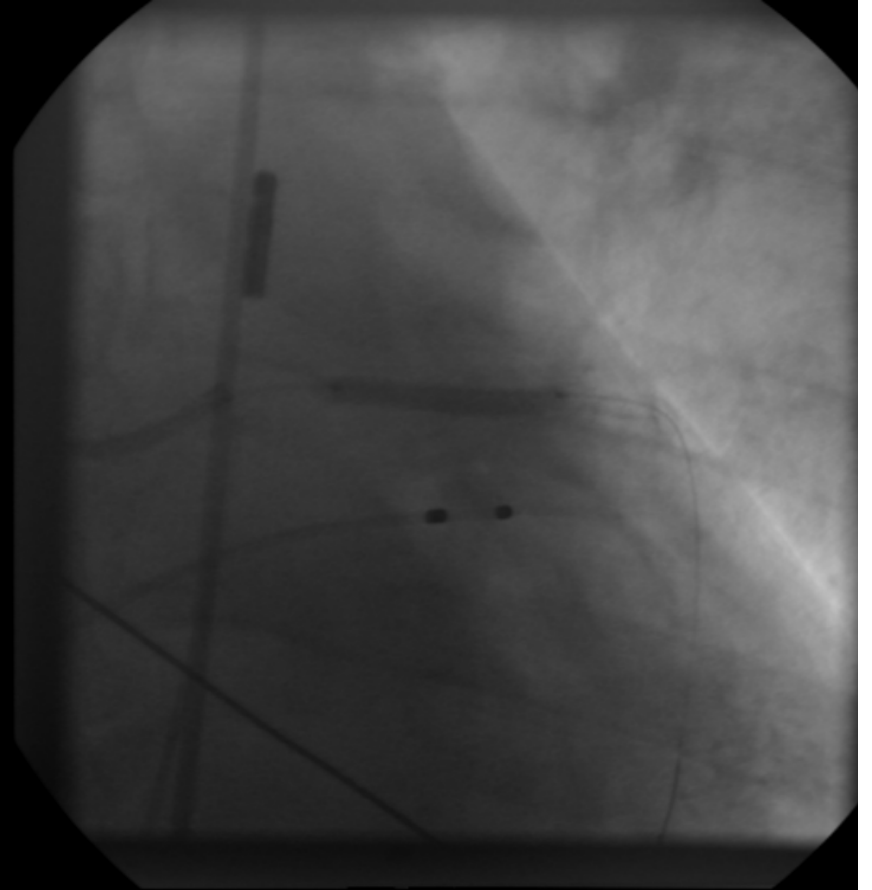
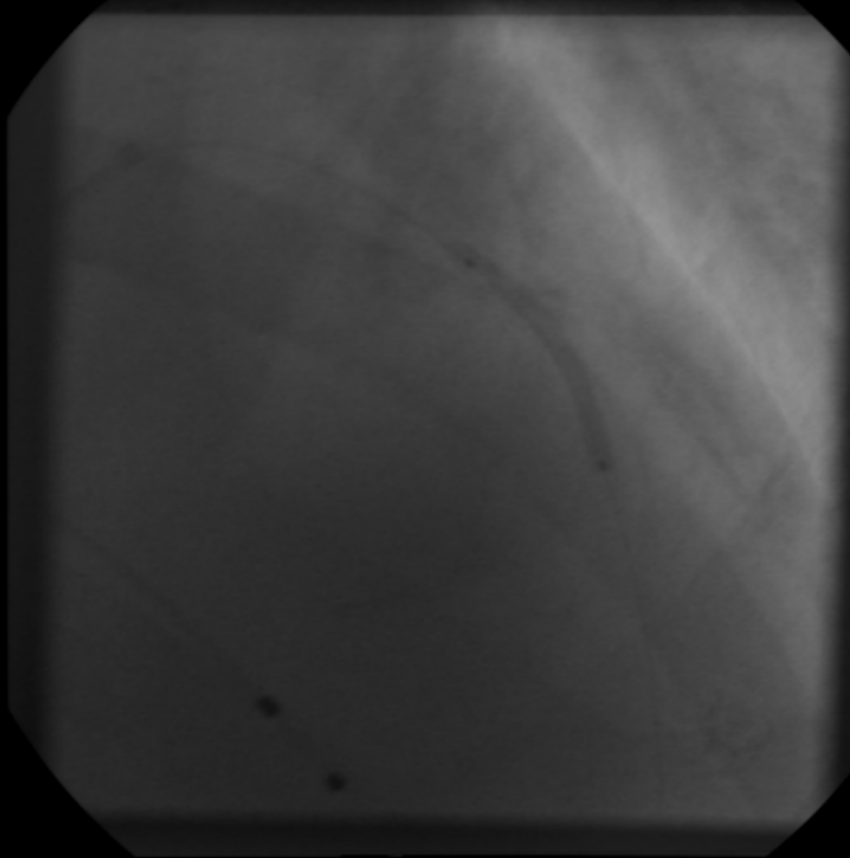
- **In the cath lab, patient becomes asystolic**
- **CPR is initiated, epinephrine and atropine are administered**
- **Arterial access obtained, diagnostic angiogram performed, and IABP is placed.**

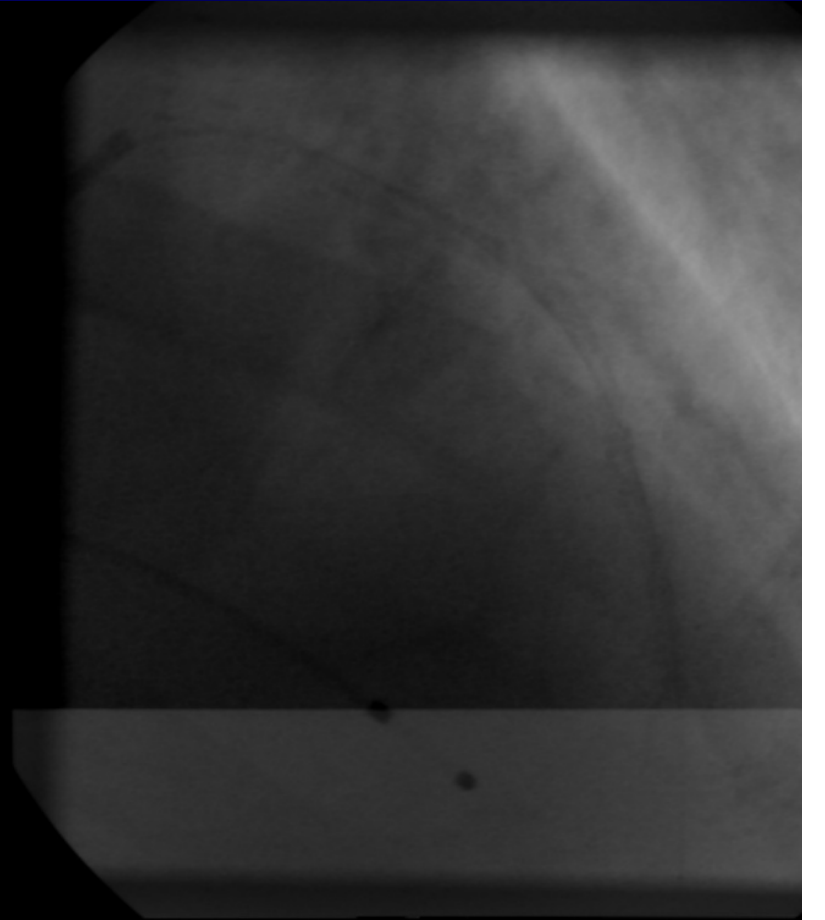
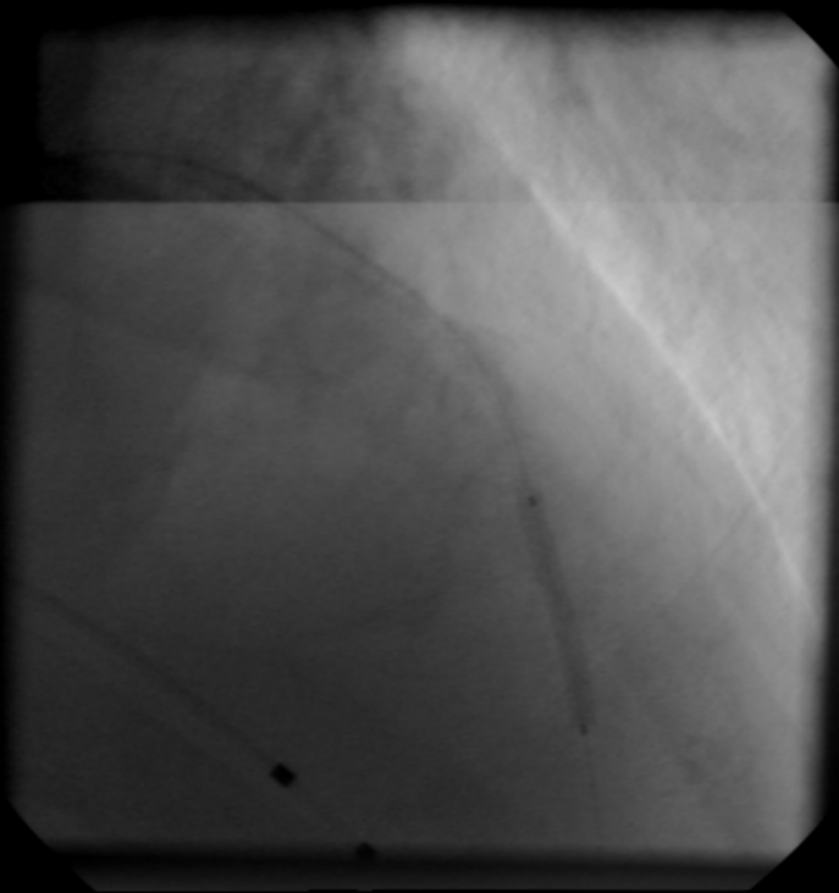


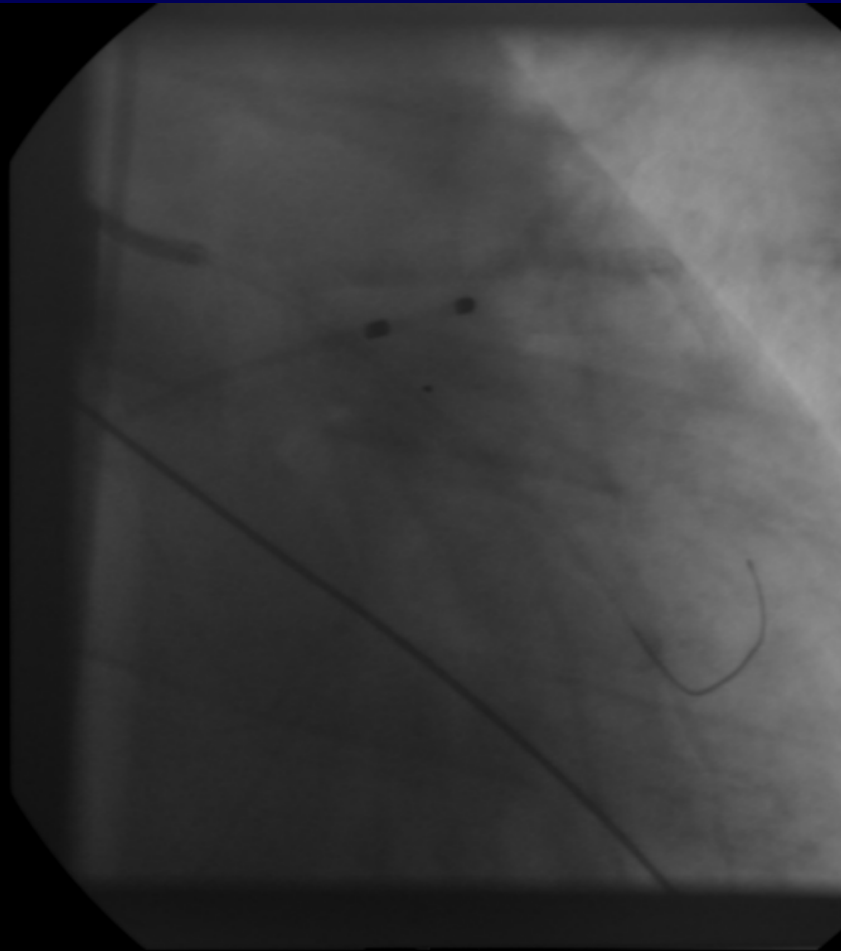
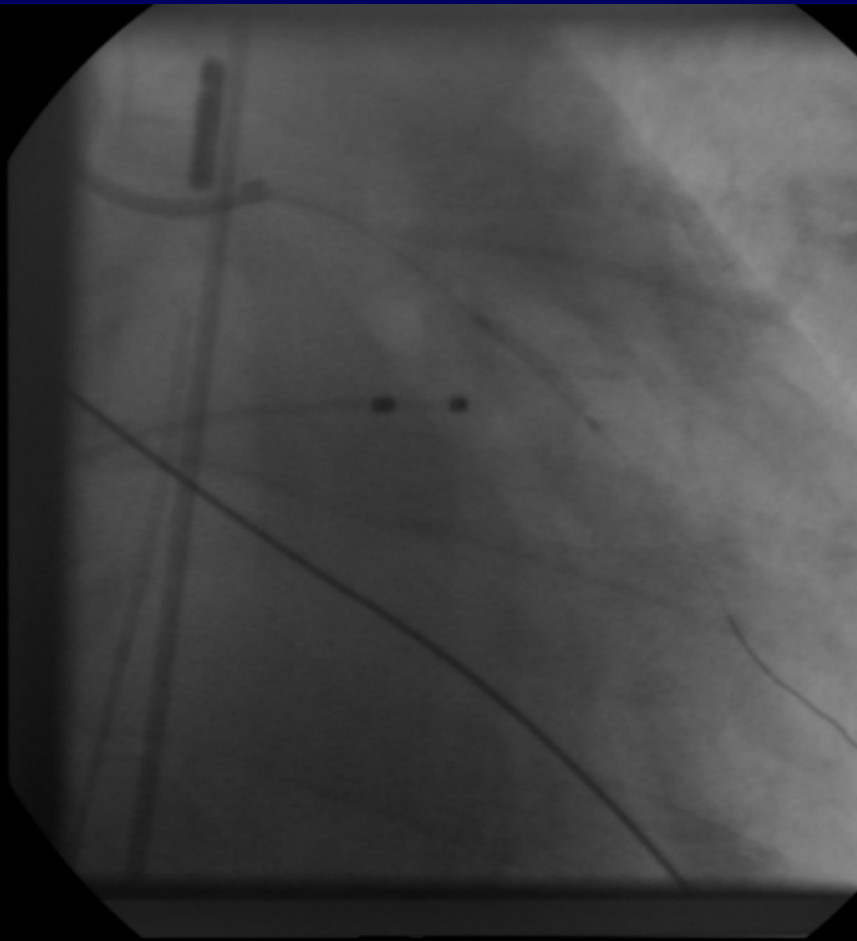


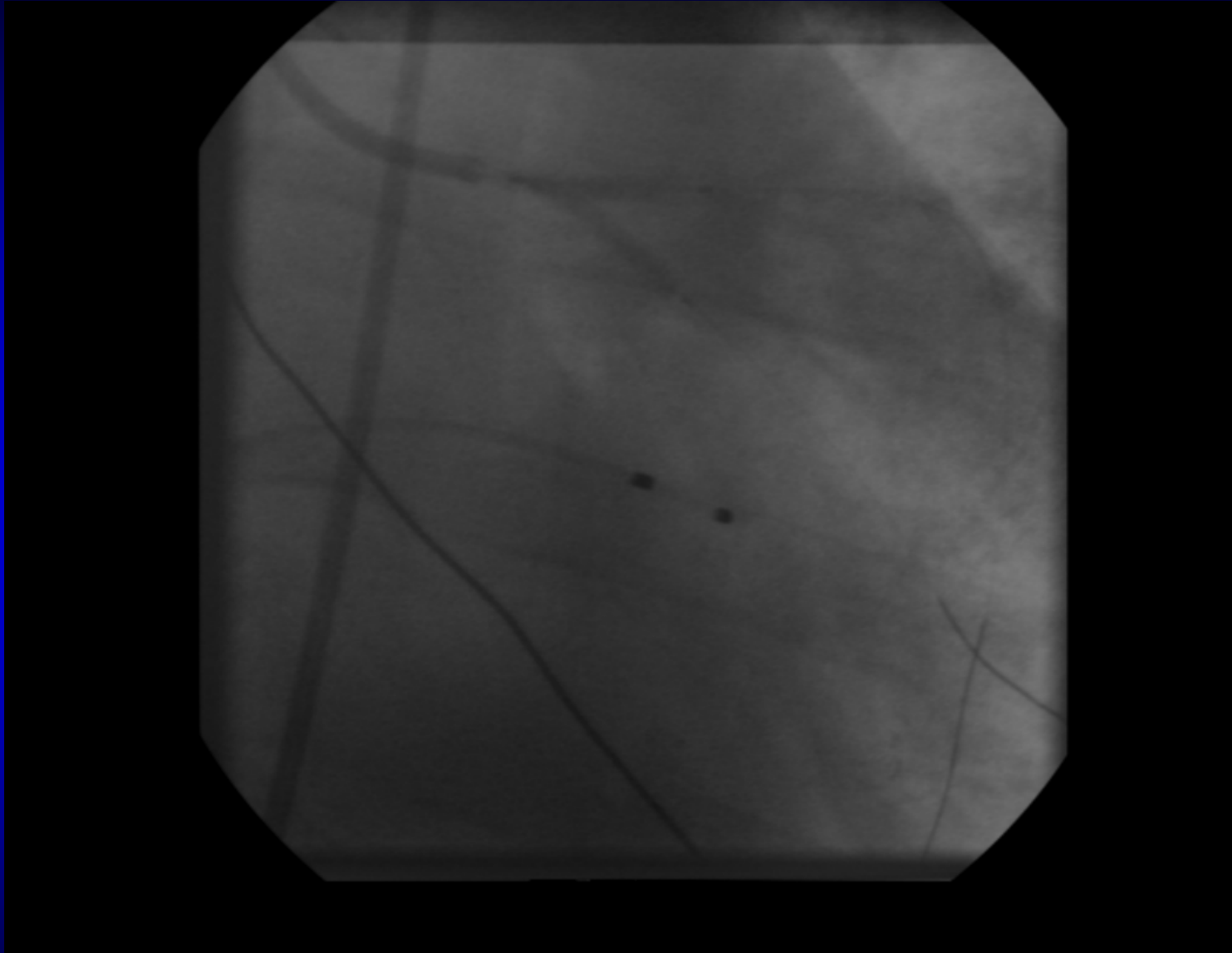






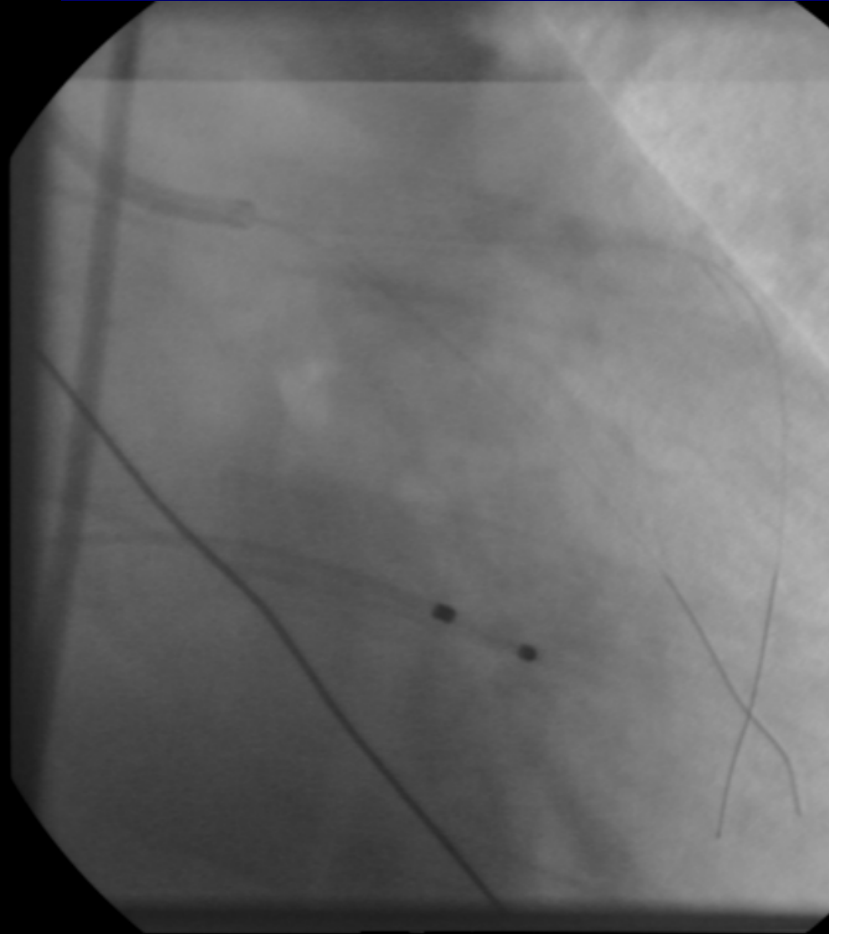
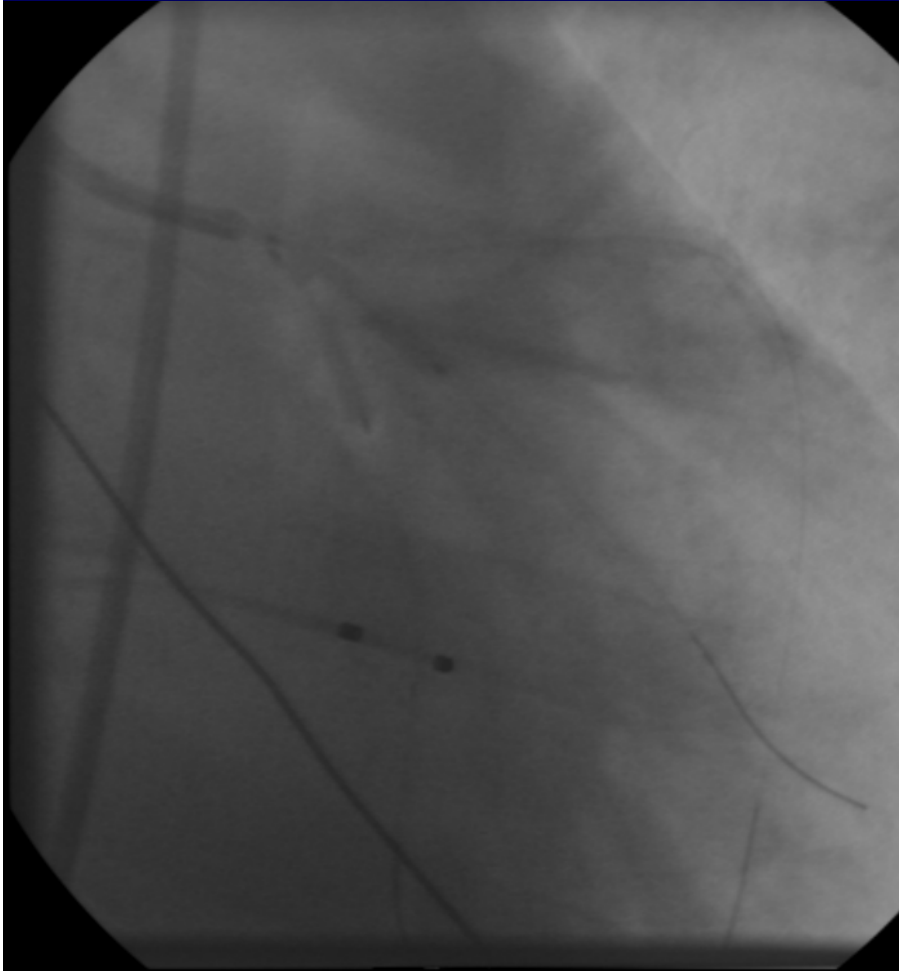


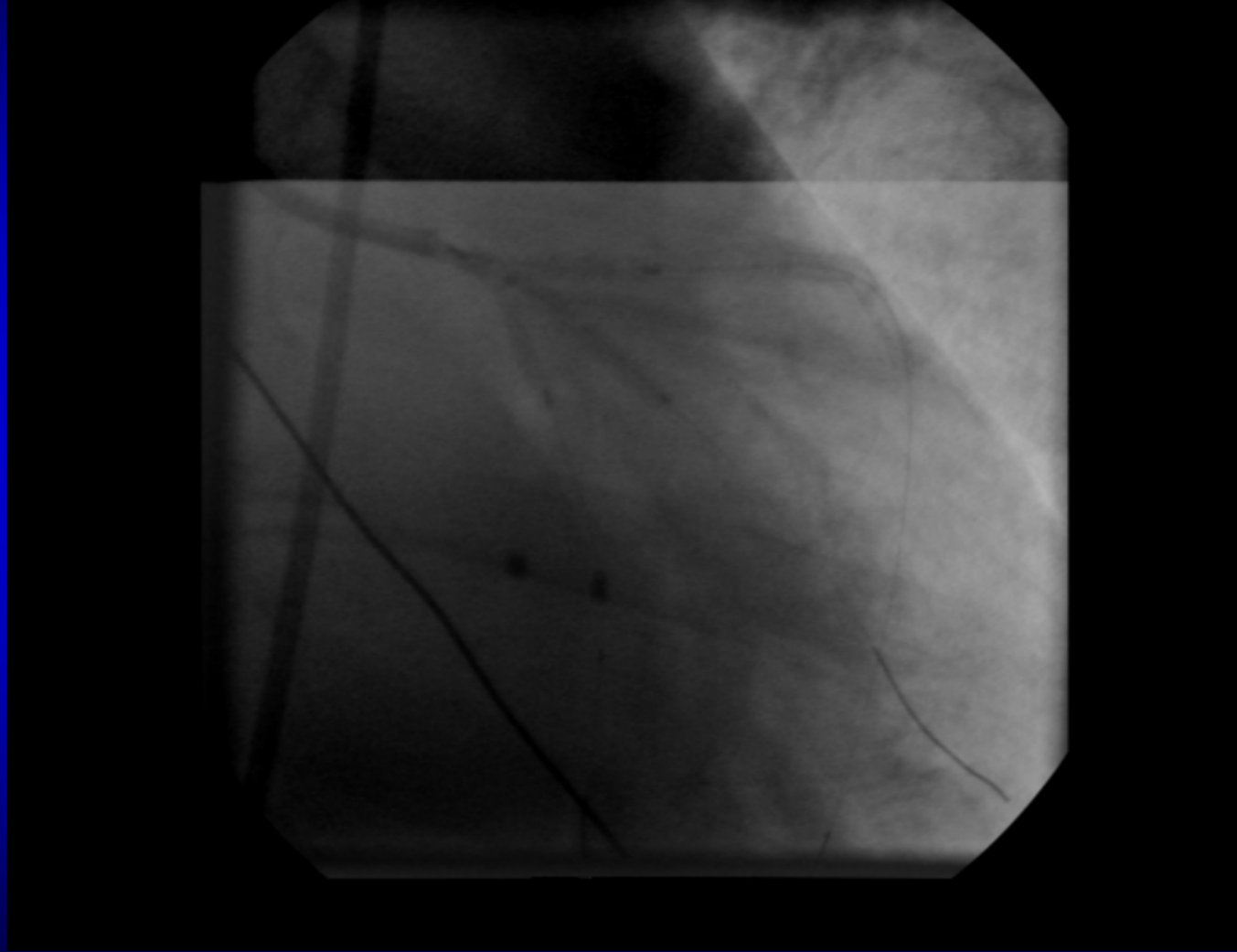




ECMO placed by surgeon after IABP removed









Hospital Course

HD # Events

- 1-2 Patient on inotropes, ECMO, and IABP; acute renal failure ensues requiring hemodialysis
- 3 Patient awakens, noted to be neurologically intact
- 5 Repeat ECHO shows no improvement in LVEF, listed for emergency heart transplant
- 9 Heart transplantation; ECMO and IABP removed
- 10 Extubated, inotropes weaned, and transferred out of the ICU
- 11-18 ECHO shows normal allograft function.
- 19 Patient is discharged

Follow-up Angiography

