

Pt Management & Problems of the CV System - Part 4 Cheat Sheet by Maria K (mkravatz) via cheatography.com/71404/cs/18115/

Valvular Heart Disease

Mitral Stenosis Aortic Stenosis

Mitral Regurgitation Aortic Regurgitation

Mitral Prolapse

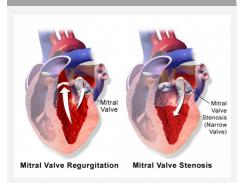
* Hear murmurs!

Stenosis: valve doesn't open all the way, not enough blood passes through

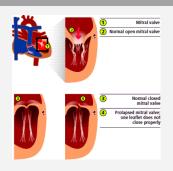
Regurgitation: valve dosn't close all the way

so blood leaks backward

Mitral Valve Disease



Mitral Valve Prolapse



First Symptom: pts often SOB

Aortic Stenosis



Aortic Regurgitation



Pharmacological Interventions

Cardiac Glygosides

Beta-Blockers

Calcium Channel Blockers

Anti-Coagulants

Antibiotics

Surgical Management

Baloon Valvuloplasty: repair of cardiac valve; open heart; no long-term anti-coagulation therapy

Direct or Open Commissurotomy: cut leaflets apart if fused together

Mitral Annuloplasty: fix valve (e.g. regurgitation) so blood moving in the right direction

Replacement Procedures

Valve Types



Pt must be aware of the type!

Ball valve: more durable than tissue valve
Mechanical valve: inc. clot risk → lifelong
Coumadin; used w/ younger pts b/c it lasts
longer

Tissue valve: inc. infection risk → prophylactic antibiotics for invasive procedures

Porcine = pig / Bovine = cow

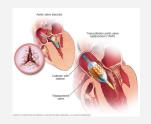
Homographs = cadaver/organ donor

Analysis

Activity Intolerance (original intent is r/t cardiac issues (CV))

Dec. CO

Transaortic Valve Replacement (TAVR)



Layers of the Heart Wall



Inflammatory Diseases

Myocarditis Rheumatic Carditis

Endocarditis Pericarditis

Cardiomyopathy

Myocarditis

Myocarditis: *inflammation of the heart muscle*

Usually also have pericarditis

Symptoms: fever, tachycardic (out of proportion for fever), c/o HA, fatigue, flu-like symptoms

HF w/ severe myocarditis

Treatment: *largely supportive, treat symptoms*

Rheumatic Carditis

Endocarditis, myocarditis, pericarditis, pancarditis

Associated w/ upper resp. *Strep*. infection - 40% of people w/ Strep = rheumatic carditis

Most of damage done to endocardium - damages valves

Assessment: tachypnea, cardiomegaly (CXR), murmurs, pericardial friction rub, prolonged PR interval

Treatment: + Strep. = rheumatic heart disease → treat infecton & control symptoms



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Endocarditis

Infective Endocarditis: microbial infection of endocardium

Common in IV drug abusers, valve replacement, DM, immunosuppressed, burns

Vegetative lesions form

Assessment: sunconjunctival hemorrhages, varying murmurs, conduction disorders, hematuria, Osler's nodes, petechial rash, cerebral emboli, Roth's spots in fundi, petechial hemorrhages on mucus membranes & fundi, poor dentition, splenomegaly, systemic emboli, digital clubbing, splinter hemorrheages, loss of (distal) pulses

Treatment

Usually caused by viruses (also bacteria, MI, radiation)

Acute: fever, leukocytosis, ST segment change

Chronic: signs & symptoms of R-sided HF

Assessment: leaning on table (taking pressure off sac removes pain

Treatment: NSAIDs (dec. inflammation), steroids (if NSAIDs don't work), antibiotics (if caused by bacteria)

Cardiomyopathy

Heart muscle disease (usually unknown

Classified in 3 Categories:

- Dilated
- Restrictive
- Hypertrophic

Treatment:

- Medical: diuresis, digoxin
- Surgical: ventricular septal myomectomy (remove septum = 1 ventricle), heart transplant (palliative treatment until then)

Dilated Cardiomyopathy



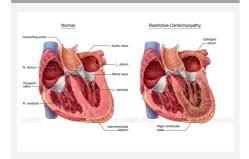
Symptoms: dyspnea, fatigues, signs & symptoms of HF

Expanded damage to fibers

Expanded ventricles

EF < 49%

Restrictive Cardiomyopathy



Less common

Something restricts filling of ventricles, walls become stiff but not necessarily

thickened

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Hypertrophic Cardiomyopathy



Symptoms: palpitations, dyspnea on exertion

Massive hypertrophy of ventricle

Heart Transplantation

1967 in South Afica by Dr. Chrisitan Barnard

Completed heart transplants

Survival rates

Cause of death

Criteria

Procedure

Ventricular assist devices

→ L. VAD?

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