

UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY
ADVANCED PHARMACY PRACTICE EXPERIENCES

Student: _____ Date: ___/___/___ Rotation Type: **ADULT MEDICINE** Rotation #

Preceptor: _____ Preceptor Signature: _____

APPE Adult Medicine PRCT 586 Cardiac Dysrhythmia Management

Directions: Identify one patient with a current or with a history of having a cardiac dysrhythmia. If for some reason such a patient cannot be identified at your site, role-play with another student, health professional, or your preceptor and complete the following:

What type of event has the patient experienced? What was the cause? How do such events occur, and what are the most common types of dysrhythmias? (Question 1 of 4 - Mandatory)

What type of therapy is the patient receiving or has received in the past for management of the event? List other treatment options for cardiac dysrhythmias. (Question 2 of 4 - Mandatory)

What therapeutic, adverse effect, labs, or other parameters are being monitored in the patient (if applicable)? Are there other concerns? (Question 3 of 4)

Are there any changes to the patient's medication regimen that should be made based on your assessment? If so, describe your recommendations below. (Question 4 of 4)

Review your answers in this evaluation. If you are satisfied with the evaluation, click the SUBMIT button below. Once submitted, evaluations are no longer available for you to make further changes.