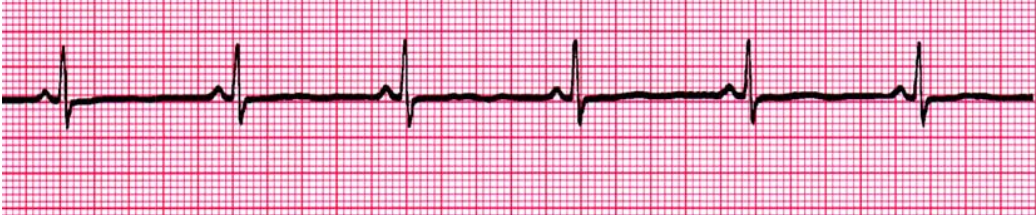



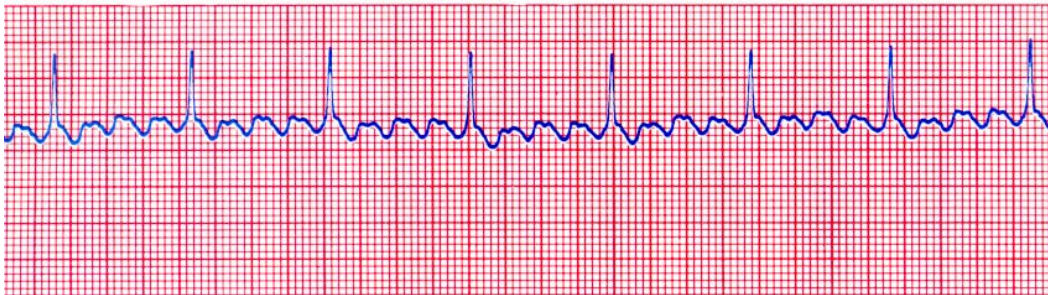



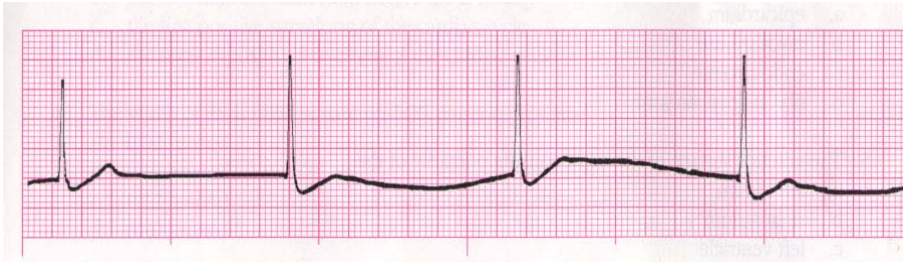

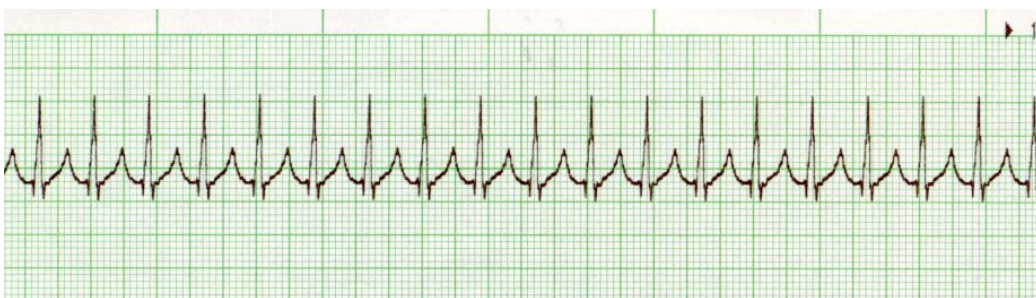



Rhythm	ECG Characteristics	Example
<b>Normal Sinus Rhythm (NSR)</b>	<b>Rate:</b> 60-100 per minute <b>Rhythm:</b> R- R = <b>P waves:</b> Upright, similar <b>P-R:</b> 0.12 -0 .20 second & consistent <b>qRs:</b> 0.04 – 0.10 second <b>P:qRs:</b> 1P:1qRs	
<b>Sinus Tachycardia</b> Causes: <input type="checkbox"/> Exercise <input type="checkbox"/> Hypovolemia <input type="checkbox"/> Medications <input type="checkbox"/> Fever <input type="checkbox"/> Hypoxia <input type="checkbox"/> Substances <input type="checkbox"/> Anxiety, Fear <input type="checkbox"/> Acute MI <input type="checkbox"/> Fight or Flight <input type="checkbox"/> Congestive Heart Failure	<b>Rate:</b> > 100 <b>Rhythm:</b> R- R = <b>P waves:</b> Upright, similar <b>P-R:</b> 0.12 -0 .20 second & consistent <b>qRs:</b> 0.04 – 0.10 second <b>P:qRs:</b> 1P:1qRs	
<b>Sinus Bradycardia</b> Causes: <input type="checkbox"/> intrinsic sinus node disease <input type="checkbox"/> increased parasympathetic tone <input type="checkbox"/> drug effect.	<b>Rate:</b> < 60 <b>Rhythm:</b> R- R = <b>P waves:</b> Upright; similar <b>P-R:</b> 0.12 -0 .20 second & consistent <b>qRs:</b> 0.04 – 0.10 second <b>P:qRs:</b> 1P:1qRs	

Rhythm	ECG Characteristics	Example
<b>Premature Atrial Contractions (PAC)</b> Causes: <ul style="list-style-type: none"> <li>□ normal</li> <li>□ excessive use of caffeine, tobacco, or alcohol</li> <li>□ CHF</li> <li>□ Myocardial ischemia or injury</li> <li>□ Hypokalemia, Dig toxicity</li> <li>□ COPD</li> </ul>	<b>Rate:</b> usually < 100, dependant On underlying rhythm <b>Rhythm:</b> irregular <b>P waves:</b> Early & upright, different from Sinus <b>PR:</b> 0.12 – 0.20 second; different from Sinus <b>qRs:</b> 0.04 – 0.10 second <b>P:qRs</b> = 1:1	
<b>Atrial Flutter</b> Causes: <ul style="list-style-type: none"> <li>□ ischemic heart disease</li> <li>□ Hypoxia</li> <li>□ Acute MI</li> <li>□ Dig Toxicity</li> <li>□ Mitral or Tricuspid valve disease</li> <li>□ Pulmonary embolism</li> </ul>	<b>Rate:</b> Atrial rate 250-350 Vent 150 common <b>Rhythm:</b> Atrial = Regular Vent = Reg. or irreg <b>P waves:</b> Not identifiable <b>F waves:</b> Uniform (sawtooth or picket fence ) <b>PRI:</b> not measurable <b>qRs:</b> 0.04 – 0.10 second	
<b>Atrial Fibrillation</b> <ul style="list-style-type: none"> <li>□ Ischemic heart disease</li> <li>□ Hypoxia</li> <li>□ Acute MI</li> <li>□ Digitalis toxicity</li> <li>□ Mitral or tricuspid disease</li> </ul>	<b>Rate:</b> Atrial: 400-700 Vent. 160-180/minute <b>Rhythm:</b> Atrial: irregular; Vent.: irregular <b>P waves:</b> No identifiable Ps <b>f waves:</b> may be seen. <b>PRI:</b> unable to measure (No identifiable P) <b>qRs:</b> usually normal	

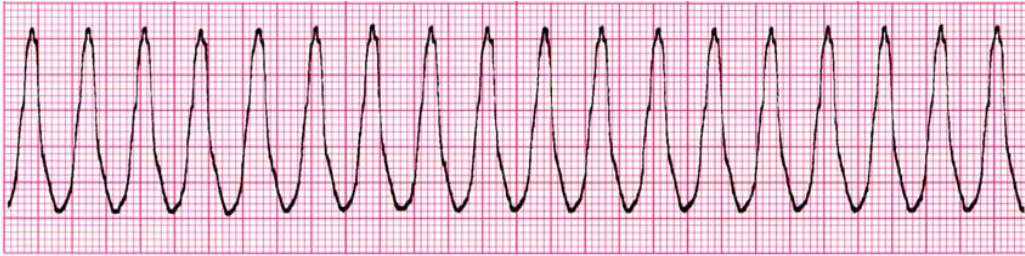
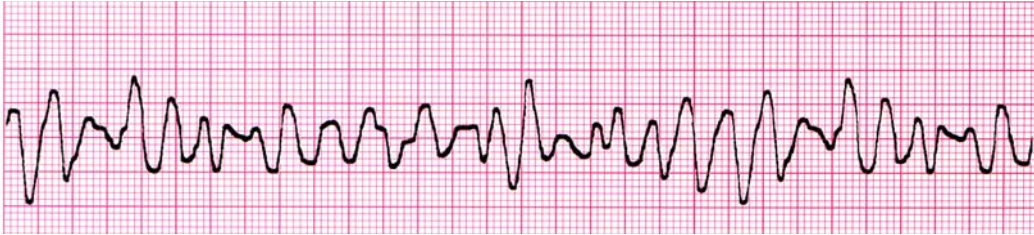


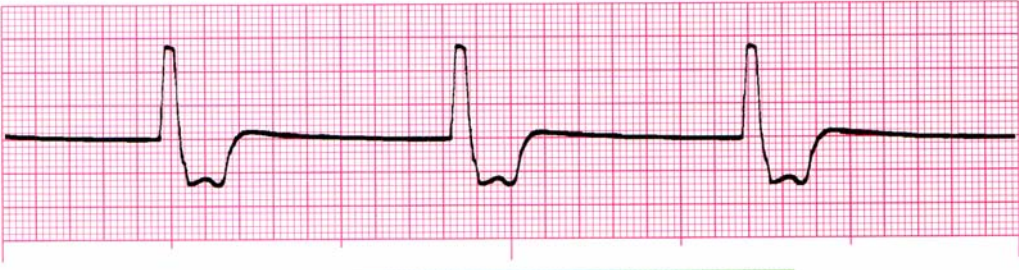

Rhythm	ECG Characteristics	Example
<p><b>Paroxysmal Atrial Tachycardia</b></p> <p>Causes:</p> <ul style="list-style-type: none"> <li>□ Same as PACs</li> </ul>	<p><b>Rate:</b> usually 160-220</p> <p><b>Rhythm:</b> Regular</p> <p><b>P waves:</b> differ in shape from Sinus Ps; usually difficult to identify (rate related)</p> <p><b>PR Interval:</b> Normal when the Ps can be identified; short if WPW present</p> <p><b>qRs:</b> usually normal</p> <p><b>Other:</b> Onset sudden, often initiated by a PAC</p>	
<p><b>Premature Junctional Contraction (PJC)</b></p> <p>Causes:</p> <ul style="list-style-type: none"> <li>□ Same as PACs</li> </ul>	<p><b>Rate:</b> usually &lt; 100, dependant on the underlying rhythm</p> <p><b>Rhythm:</b> irregular</p> <p><b>P waves:</b> Inverted before or after qRs or not visible</p> <p><b>PR interval:</b> &lt; 0.12 second when inverted P is before qRs</p> <p><b>qRs:</b> 0.04 – 0.10 second</p> <p><b>P:qRs</b> = 1:1 if Ps are visible</p>	

Rhythm	ECG Characteristics	Example
<b>Junctional escape Rhythm</b> Causes: <ul style="list-style-type: none"> <li>□ healthy athlete at rest</li> <li>□ related to medications- Beta Blockers, Calcium Channel Blockers, Dig Toxicity</li> <li>□ or increased parasympathetic tone</li> <li>□ Acute Inferior Wall MI</li> <li>□ Rheumatic Heart Disease</li> <li>□ Post-Cardiac Surgery</li> <li>□ Valvular Disease</li> <li>□ SA Node Disease</li> <li>□ Hypoxia</li> </ul>	<b>Rate:</b> 40-60 61 – 100 (accelerated) <b>Rhythm:</b> Regular <b>P waves:</b> Inverted before or after qRs or not visible <b>PR interval:</b> < 0.12 second when inverted P is before qRs <b>qRs:</b> 0.04 – 0.10 second <b>P:qRs</b> 1:1 if Ps are visible	
<b>Junctional Tachycardia</b> Causes: <ul style="list-style-type: none"> <li>□ Same as Paroxysmal Atrial Tachycardia (PAT)</li> </ul>	<b>Rate:</b> 101-200  Same as Junctional Escape Rhythms.	
<b>Supraventricular Tachycardia (SVT)</b> An umbrella term used when unable to distinguish which rhythm is present. Causes: Same as Sinus, Atrial, and Junctional Tachycardia, and Atrial Flutter	<b>Rhythm:</b> Absolutely regular <b>Rate:</b> > 150 per minute <b>P Waves:</b> Not visible (PRI not measurable) <b>qRs:</b> normal 0.04 – 0.10 sec	

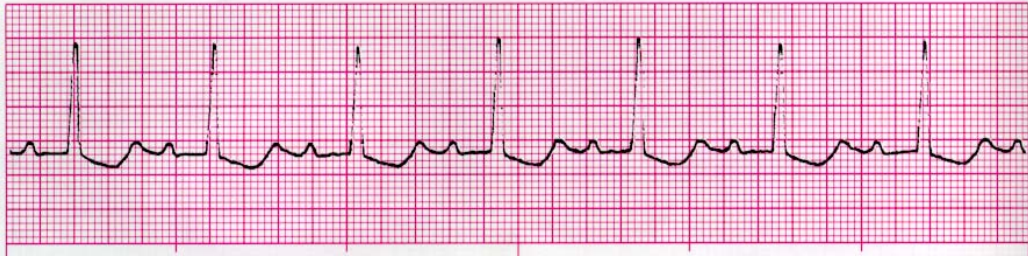
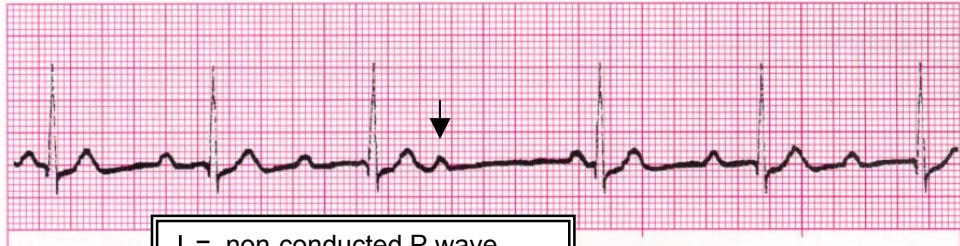
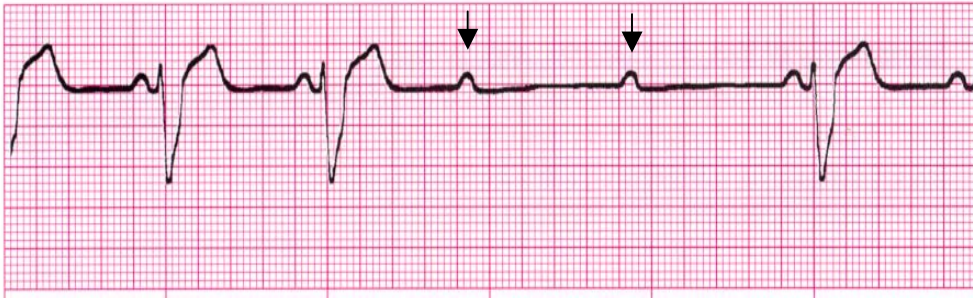
Rhythm	ECG Characteristics	Example
<p><b>Premature Ventricular Complex (PVC)</b></p> <p>Causes:</p> <ul style="list-style-type: none"> <li>❑ Gastric overload</li> <li>❑ Stress</li> <li>❑ Caffeine, Alcohol, Nicotine</li> <li>❑ Heart Disease</li> <li>❑ Acid-Base Imbalance</li> <li>❑ Electrolyte Imbalance</li> <li>❑ Cyclic Antidepressants</li> <li>❑ Hypoxia</li> <li>❑ Acidosis</li> <li>❑ Acute MI</li> </ul>	<p><b>Rate:</b> Dependent upon underlying rhythm</p> <p><b>Rhythm:</b> R – R ≠</p> <p><b>P waves:</b> Usually absent, if present, not associated with PVC</p> <p><b>qRs:</b> 0.12 second or greater; bizarre and notched</p> <p><b>ST &amp; T:</b> Often opposite in direction to the qRs.</p> <p><b>Timing</b></p> <p>One on a strip = Rare</p> <p>One in a row = Isolated</p> <p>Two in a row = Pair, couplet</p> <p>Three in a row = V Tachycardia</p> <p><b>Pattern</b></p> <p>Every other = Bigeminy</p> <p>Every third = Trigeminy</p> <p><b>Morphology</b></p> <p>Similar shape = Uniformed</p> <p>Different shape = Multifomed</p> <p><b>Location</b></p> <p>R – on – T = PVC falls on the T wave of the complex before the PVC</p>	 <p>The image shows a 12-lead ECG strip on pink grid paper. Two premature, wide, and bizarre QRS complexes are identified with black arrows and labeled 'PVC'. The first PVC occurs early in the strip, and the second occurs later. Both PVCs have a different morphology than the regular sinus beats. The regular beats show a normal sinus rhythm with visible P waves preceding the QRS complexes.</p>



Rhythm	ECG Characteristics	Example
<p><b>Ventricular Tachycardia</b></p> <p>Causes:</p> <ul style="list-style-type: none"> <li>❑ Same as PVCs</li> <li>❑ R on T Phenomenon</li> </ul>	<p><b>Rate:</b> &gt; 100 per minute and usually not &gt; 220</p> <p><b>Rhythm:</b> Usually regular</p> <p><b>P Waves:</b> Ø P waves or if present, not associated with qRs</p> <p><b>qRs:</b> Wide (<math>\geq 0.12</math> sec), bizarre</p> <p><b>ST/T wave:</b> Opposite direction of qRs</p> <p>A group of three PVCs in a row or more at a rate greater than 100/minute or more constitutes Ventricular Tachycardia.</p>	
<p><b>Ventricular Fibrillation</b></p> <p>Causes:</p> <ul style="list-style-type: none"> <li>❑ Acute Myocardial Infarction</li> <li>❑ Untreated Ventricular Tachycardia</li> <li>❑ Hypothermia</li> <li>❑ R-on-T PVCs</li> <li>❑ Electrolyte imbalance</li> <li>❑ Electrical shock</li> </ul>	<p><b>Rate:</b> Ø</p> <p><b>Rhythm:</b> Ø regularity, chaotic undulating waves</p> <p><b>P Waves:</b> Ø</p> <p><b>qRs:</b> Ø</p> <p><b>ST/T Wave:</b> Ø</p> <p><b>Organized activity:</b> Ø</p> <p>No Cardiac Output or Pulse</p>	

Rhythm	ECG Characteristics	Example
<p><b>Idioventricular Rhythm</b></p> <p>Causes:</p> <ul style="list-style-type: none"> <li>❑ Myocardial Infarction</li> <li>❑ Digitalis toxicity</li> <li>❑ Metabolic imbalances</li> <li>❑ Post resuscitation rhythm</li> </ul>	<p><b>Rate:</b> 20-40 per minute</p> <p><b>Rhythm:</b> R – R =</p> <p><b>P waves:</b> No P waves associated to qRs</p> <p><b>qRs:</b> &gt; 0.12 sec, notched, bizarre appearance</p> <p><b>ST/T :</b> Opposite direction of qRs</p> <p>Rate &gt; 40 to 100 = Accelerated</p>	
<p><b>Asystole</b></p> <p>Causes:</p> <ul style="list-style-type: none"> <li>❑ Extensive myocardial damage</li> <li>❑ Acute respiratory failure</li> <li>❑ Ischemia or Infarction</li> <li>❑ Traumatic cardiac arrest</li> <li>❑ Ventricular aneurysm</li> <li>❑ Countershock</li> <li>❑ Hypoxia, Hypothermia</li> <li>❑ Hyperkalemia, Hypokalemia</li> <li>❑ Preexisting acidosis</li> <li>❑ Drug overdose</li> </ul>	<p><b>Rate:</b> Ventricular rate = 0</p> <p><b>Rhythm:</b> Ø unless Ps are present, then regular or irregular</p> <p><b>P waves:</b> may be present</p> <p><b>qRs:</b> Ø</p> <p><b>P:qRs</b> Ø</p>	



Rhythm	ECG Characteristics	Example
<b>1<sup>st</sup> degree AV Block</b>	<ul style="list-style-type: none"> <li>◆ 1P : 1 qRs</li> <li>◆ Prolonged PRI (&gt; 0.20 sec not &gt; 0.40 sec)</li> </ul>	
<b>2<sup>nd</sup> degree AV Block, Type I</b>	<ul style="list-style-type: none"> <li>◆ More P waves than qRs</li> <li>◆ PRI progressively increases in a cycle until P appears w/o qRs.</li> <li>◆ Cyclic pattern reoccurs</li> <li>◆ R – R ≠</li> </ul>	 <p>↓ = non-conducted P wave</p>
<b>2<sup>nd</sup> degree AV Block, Type II</b>	<ul style="list-style-type: none"> <li>◆ More P waves than qRs</li> <li>◆ PRI consistent</li> <li>◆ qRs normal or wide (bundle branch block)</li> <li>◆ R – R ≠ or R – R =</li> </ul>	 <p>↓ = non-conducted P wave</p>



**Rhythm****ECG Characteristics****Example****3<sup>rd</sup> degree AV Block**

- ◆ More P waves than qRs
- ◆ P not r/t qRs  
(P too close, P too far)
- ◆ PRI varies greatly
- ◆ qRs normal or wide
- ◆ R – R =

