

EKG Interpretation Cheat Sheet

Arrhythmias

- Irregular atrial and ventricular rhythms.
- Normal P wave preceding each QRS complex.

- Normal variation of normal sinus rhythm in athletes, children, and the elderly.
- Can be seen in digoxin toxicity and inferior wall MI.

- Acroping if rate decreases below 40bpm.

- Atrial and ventricular rhythms are regular.
- Rate > 100 bpm.
- Normal P wave preceding each QRS complex.

- Normal physiologic response to fever, exercise, anxiety, dehydration, or pain.
- May accompany shock, left-sided heart failure, cardiac tamponade, hyperthyroidism, and anemia.
- Atropine, epinephrine, quinine, caffeine, nicotine, and alcohol use.

- Correction of underlying cause.
- Beta-adrenergic blockers or calcium channel blockers for symptomatic patients.

- Regular atrial and ventricular rhythms.
- Rate ≈ 60 bpm.
- Normal P wave preceding each QRS complex.

- Normal in a well-conditioned heart (e.g., athletes).
- Increased intracranial pressure: increased vagal tone due to straining during defecation, vomiting, intubation, mechanical ventilation.

- Follow ACLS protocol for administration of atropine for symptoms of low cardiac output, dizziness, weakness, altered LOC, or low blood pressure.
- *Remember*

- Atrial and ventricular rhythms are normal except for missing complexes.
- Normal P wave preceding each QRS complex.
- Pause not equal to multiple of the previous rhythm.

- Infection
- Coronary artery disease, degenerative heart disease, acute inferior wall MI
- Vagal stimulation, Valsalva's maneuver, carotid sinus massage

- Temporary pacemaker or permanent pacemaker if considered for repeated episodes.

- Irregular PR interval.
- P waves irregular with changing configurations indicating that they aren't all from SA node or single atrial focus; may appear after the QRS complex.
- QRS complexes are uniform in shape but irregular in rhythm.

- Rheumatic carditis due to inflammation involving the SA node.
- Digoxin toxicity
- Sick sinus syndrome

- No treatment if patient is asymptomatic
- Treatment of underlying cause if patient is symptomatic

- Premature, abnormal-looking P waves that differ in configuration from normal P waves.
- QRS complexes after P waves except in very early or blocked PACs.
- P wave often buried in the preceding T wave or identified in the preceding T wave.

- May precede supraventricular tachycardia.
- Sinusitis, hyperthyroidism, COPD, infection and other heart diseases.

- Usually no treatment is needed.
- Treatment of underlying causes if the patient is symptomatic.
- Carotid sinus massage.

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Cheat Sheet

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Case

- ...question, erosion
and, therefore, lower
the quality of air
system

Trends

- if the patient is unstable prepare for intubation (airway device)
- if the patient is stable right arm:
 - movement, rapid pain response
 - assessed by rapid eye blink
- if patient:
 - has lost normal eye blink
 - cannot follow command
 - has no response to painful stimuli, no neurologic focus or awareness
- if a patient has an episode from less than 48h, consider encephalitis

- if a patient is unstable with ventricular tachycardia → lidocaine, procainamide for prophylaxis
- if the patient is stable, drug therapy may include calcium channel blockers, beta-adrenergic blockers, or antiarrhythmics. And usually after an ECG is necessary.

- [illegible]