

Rhythm Strips Analysis for Practice

Practice #1: TURN THIS IN TO DROPBOX



1. What is the Rate? 60 bpm
(Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a "P" wave with every "QRS" complex? YES
3. What is the width of the "QRS"? 0.04 seconds
4. What is the length of the "PR" interval? 0.2 seconds
5. What is the rhythm? Sinus Rhythm
6. Any complications with this rhythm? **NO**
7. What interventions are anticipated? Monitor patient accordingly

Rhythm Strips Analysis for Part I of Intro to EKG

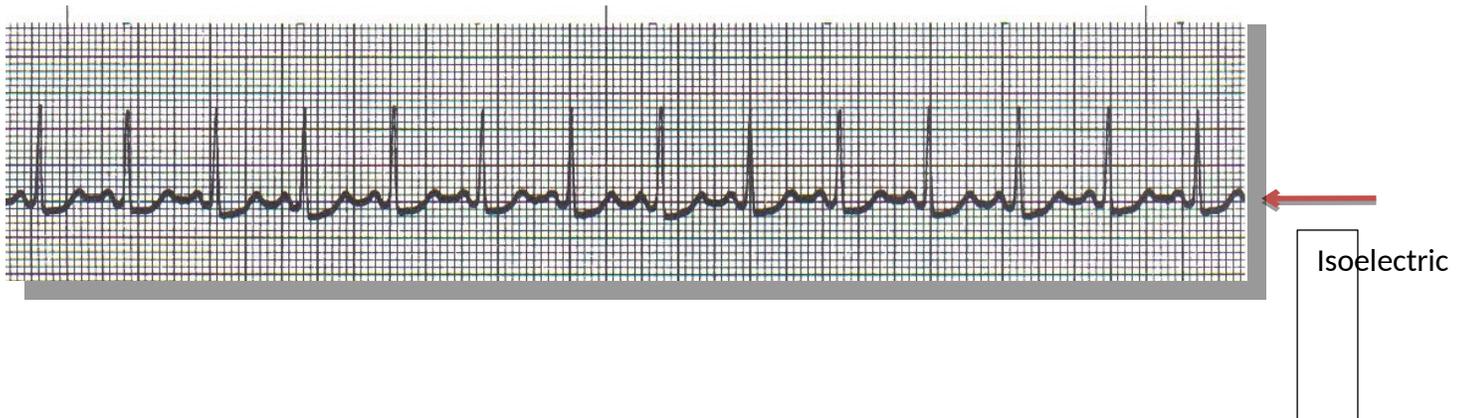
Practice #2



1. What is the Rate? 80 bpm
(Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a "P" wave with every "QRS" complex? YES
3. What is the width of the "QRS"? 0.06 seconds
4. What is the length of the "PR" interval? 0.16 seconds
5. What is the rhythm? Sinus rhythm with T wave inversion
6. Any complications with this rhythm? Ischemia with possible infarction
7. What interventions are anticipated? O₂, Beta blockers, CCBs

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Practice #3



1. What is the Rate? 120 bpm
(Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a "P" wave with every "QRS" complex? YES
3. What is the width of the "QRS"? 0.04 seconds
4. What is the length of the "PR" interval? 0.12 seconds
5. What is the rhythm? Sinus Tachycardia
6. Any complications with this rhythm? Dizziness, dyspnea, hypotension, ↓ CO, angina, possible infarction
7. What interventions are anticipated? Treat the cause. In stable patients, vagal maneuvers can be performed. IV Beta Blockers, ADENOSINE, CCBs.

In unstable patients, synchronized cardioversion is used.

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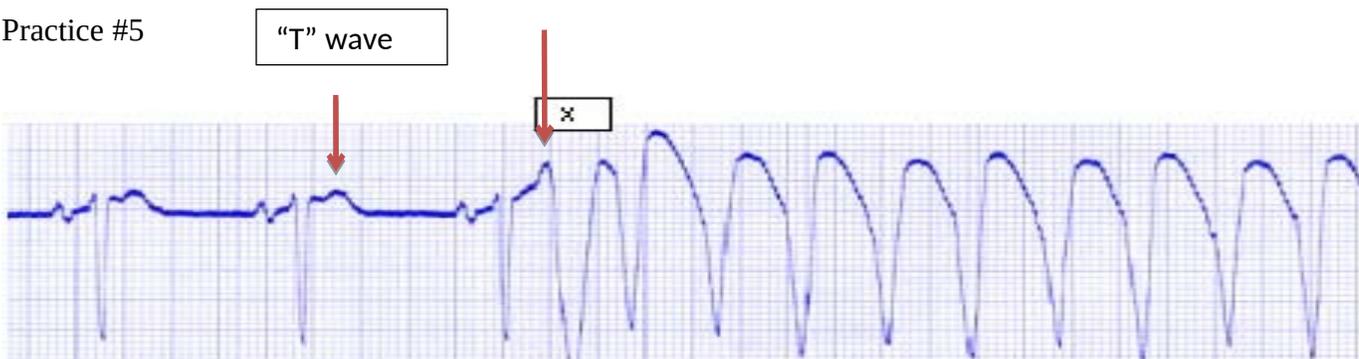
Practice #4



1. What is the Rate? 120 bpm
(Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a “P” wave with every “QRS” complex? NOT OBSERVABLE
3. What is the width of the “QRS”? 0.1 seconds
4. What is the length of the “PR” interval? NOT MEASURABLE
5. What is the rhythm? Atrial Fibrillation with RVR
6. Any complications with this rhythm? Dizziness or light-headedness, fainting, confusion, fatigue, SOB, sensation of chest tightness
7. What interventions are anticipated? If too fast, slow the rate down to 80-100 bpm, **antithrombotic therapy**, correct the rhythm by means of chemicals or electrical cardioversion. Patient must have a **transesophageal echo**cardiogram to rule out clots prior to cardioversion.

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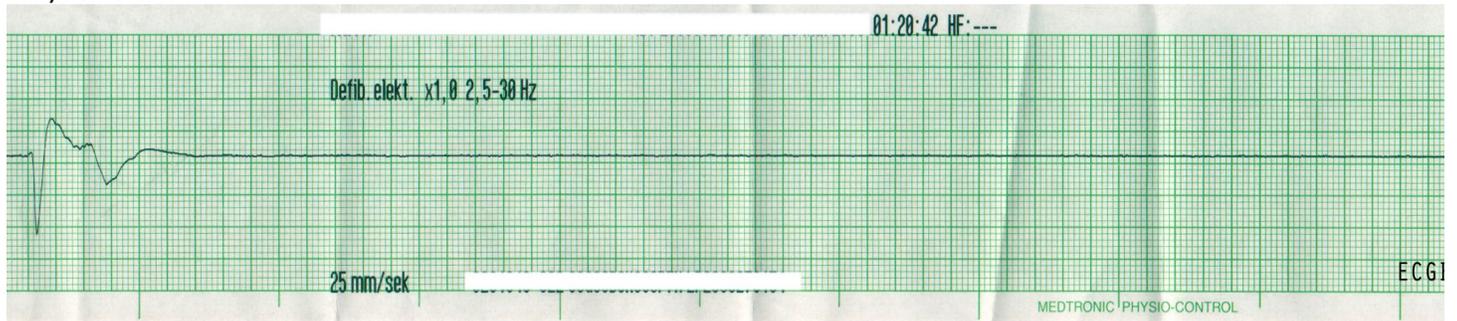
Practice #5



1. What is the Rate? 130 bpm
(Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a "P" wave with every "QRS" complex? NO
3. What is the width of the "QRS"? 0.22 seconds
4. What is the length of the "PR" interval? NOT MEASURABLE
5. What is the rhythm? V-TACH
6. Any complications with this rhythm? Angina, syncope, light-headedness, dizziness, SOB, Absent or rapid pulse, loss of consciousness, hypotension, DEATH
7. What interventions are anticipated? Vagal maneuvers, CPR, ACLS

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Practice #6



1. What is the Rate? 0 bpm
(Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a "P" wave with every "QRS" complex? NO
3. What is the width of the "QRS"? NOT PRESENT
4. What is the length of the "PR" interval? NOT PRESENT
5. What is the rhythm? Asystole
6. Any complications with this rhythm? DEATH
7. What interventions are anticipated? CPR, ACLS, MEDS

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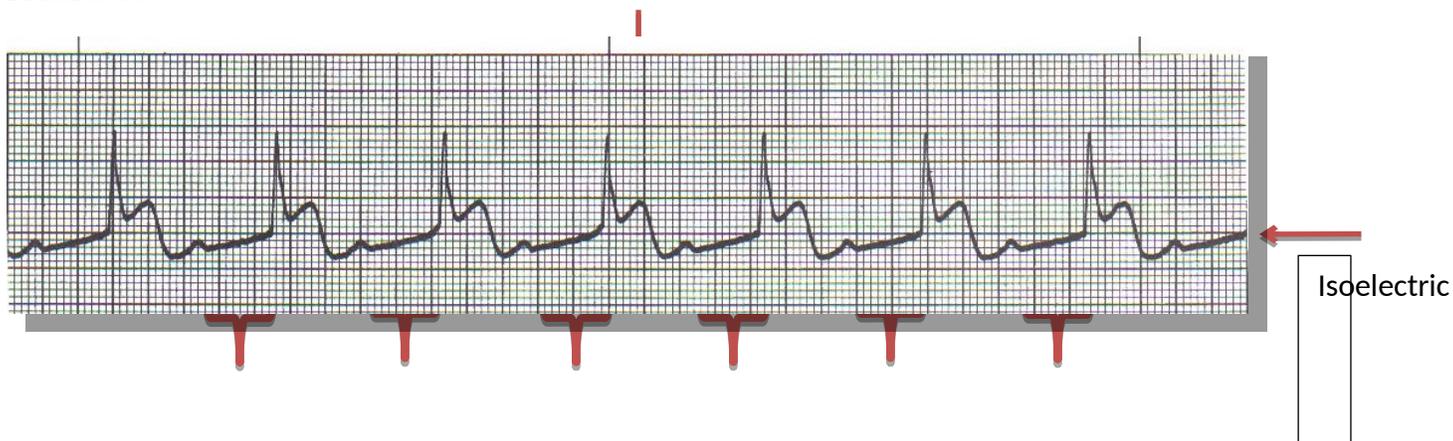
Practice #7



1. What is the Rate? 100 bpm
(Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a "P" wave with every "QRS" complex? YES
3. What is the width of the "QRS"? 0.06 seconds
4. What is the length of the "PR" interval? NOT MEASURABLE
5. What is the rhythm? Atrial Flutter
6. Any complications with this rhythm? SOB, anxiety, weakness, angina, syncope, clots, stroke, PE, decreased CO
7. What interventions are anticipated? Cardioversion-Tx of choice, antiarrhythmics: procainamide, diltiazem, verapamil, digitalis, beta blocker, anticoagulants: heparin, warfarin.

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Practice #8



1. What is the Rate? 70 bpm
(Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a "P" wave with every "QRS" complex? YES
3. What is the width of the "QRS"? 0.1 seconds
4. What is the length of the "PR" interval? 0.96 seconds
5. What is the rhythm? First-degree AV Block with ST elevation
6. Any complications with this rhythm? Monitor for potential progressions of MI
7. What interventions are anticipated? There is no Tx for first-degree AV block. Changes to potentially causative situations may be considered. Monitor patients for any new changes in heart rhythm (e.g., more serious AV block).

MONA: Morphine, O2, Nitrate, ASA. CATH LAB.



You can do this!