

Rhythm Strips Analysis for Practice

Practice #1:



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"? 0.08 sec
4. What is the length of the "PR" interval? 0.16 sec
5. What is the rhythm? Normal sinus rhythm
6. Any complications with this rhythm? none
7. What interventions are anticipated? Assess the patient for a pulse.

Rhythm Strips Analysis for Part I of Intro to EKG

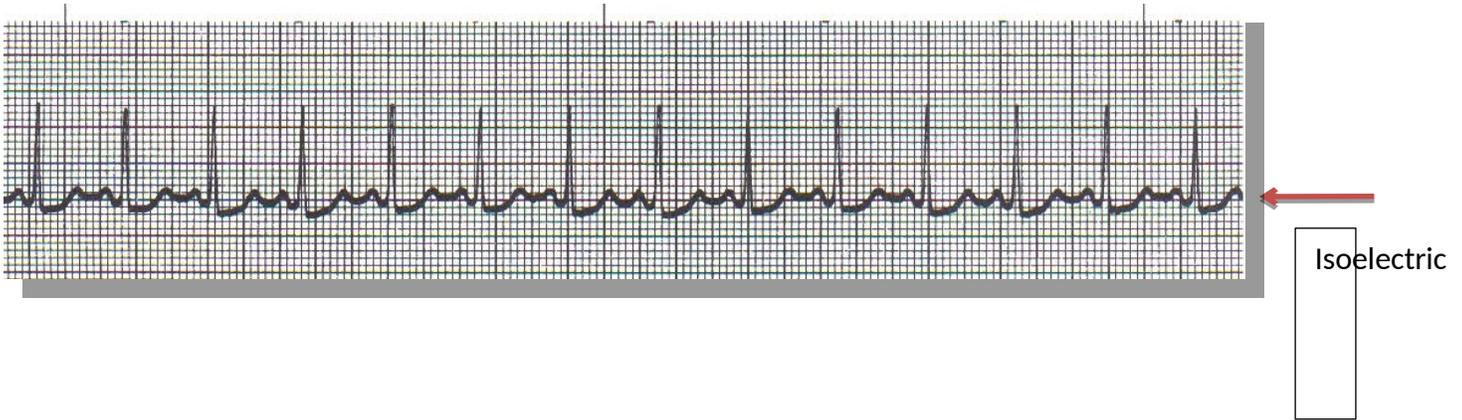
Practice #2



1. What is the Rate? 71
(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"? 0.08 sec
4. What is the length of the "PR" interval? 0.12 sec
5. What is the rhythm? Sinus rhythm with inverted T wave
6. Any complications with this rhythm? Ischemia
7. What interventions are anticipated? Give oxygen, draw labs, do a cardiac assessment, assess pulse, notify physician

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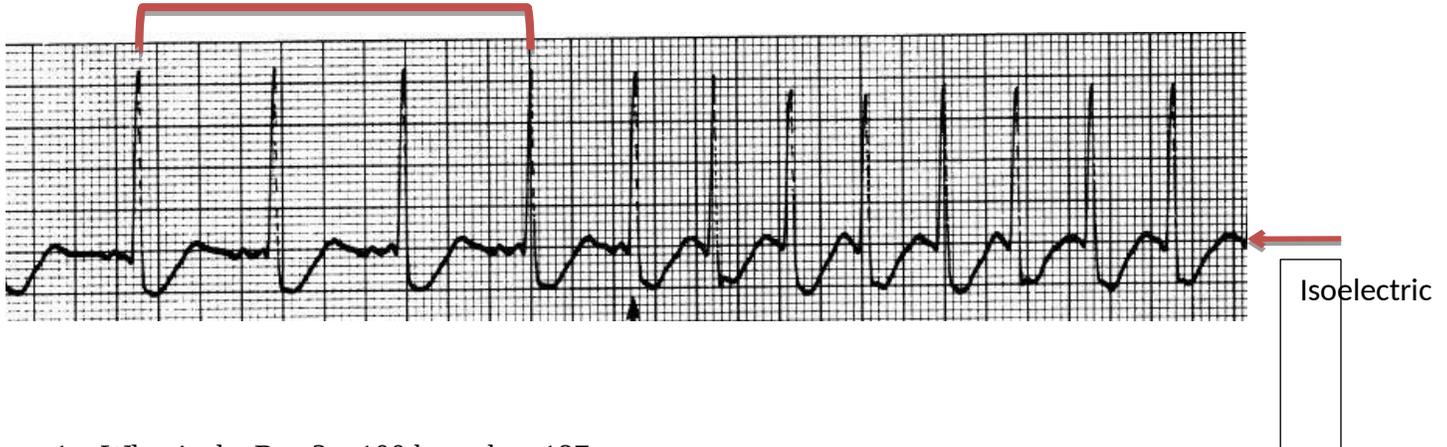
Practice #3



1. What is the Rate? 125 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"? 0.08 sec
4. What is the length of the "PR" interval? 0.12 sec
5. What is the rhythm? Sinus tachycardia with slightly depressed ST
6. Any complications with this rhythm? Loss of atrial kick, loss of filling times, could progress to worse.
7. What interventions are anticipated? Treat the cause which include fever, pain, fear, anxiety, hypovolemia

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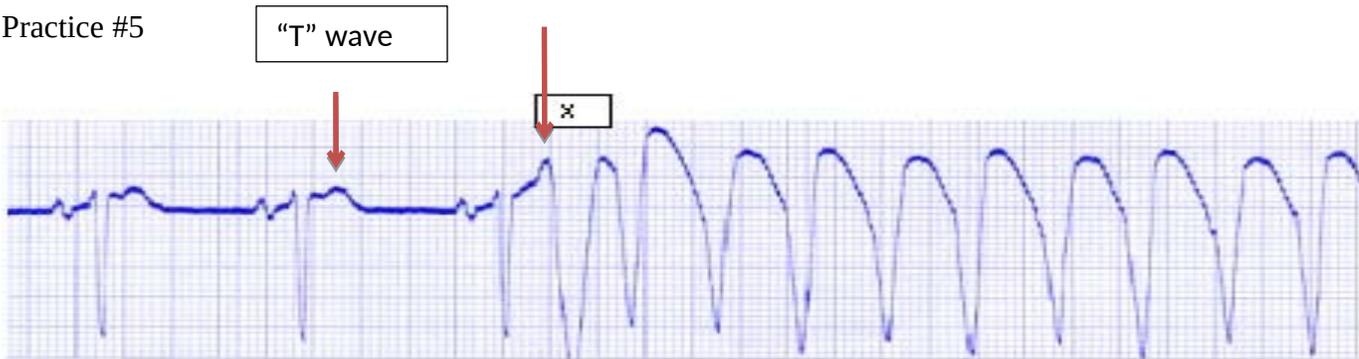
Practice #4



1. What is the Rate? 100 bpm then 187
(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"? 0.08 sec
4. What is the length of the "PR" interval? There is none
5. What is the rhythm? Paroxysmal atrial ventillation with rapid ventricular response
6. Any complications with this rhythm? Loss of atrial kick, decreased cardiac output and low perfusion
7. What interventions are anticipated? Give amiodarone, but if the patient is hemodynamically unstable they will need cardioversion

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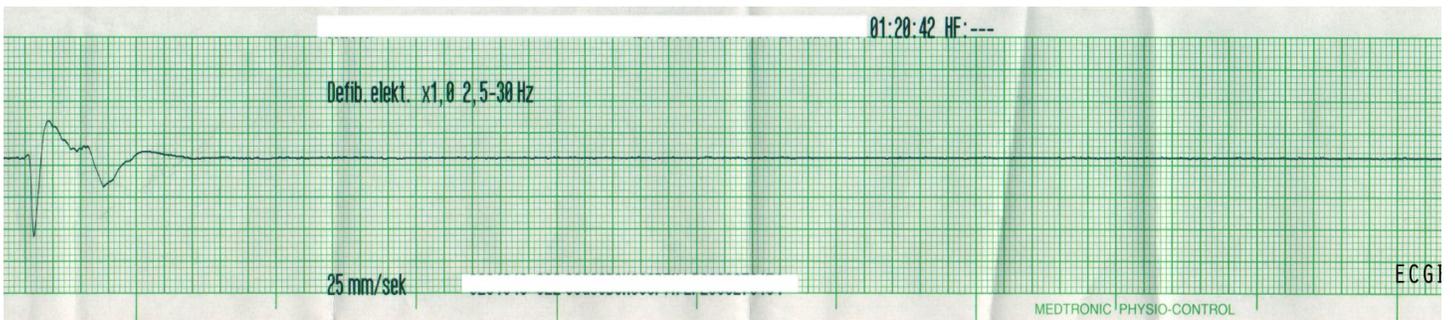
Practice #5



1. What is the Rate? At first 75 and then it went into v-tach (Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a "P" wave with every "QRS" complex? In the first section, yes
3. What is the width of the "QRS"? 0.08 and then 0.32
4. What is the length of the "PR" interval? 0.20 sec
5. What is the rhythm? vtach
6. Any complications with this rhythm? Loss of cardiac output, loss of perfusion
7. What interventions are anticipated? If patient is hemodynamically unstable initiate CPR, if pt is stable have them to vagal maneuver, cough, bare down

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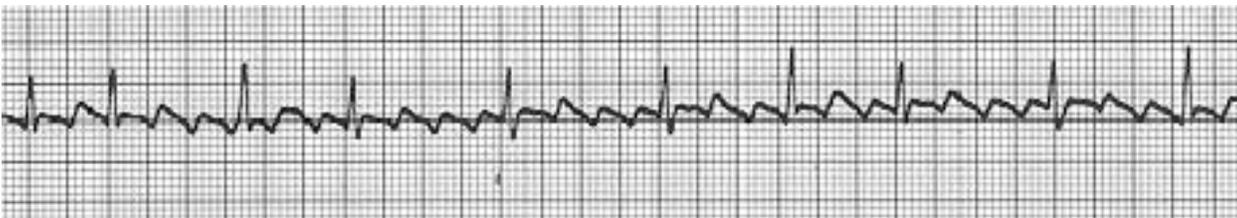
Practice #6



1. What is the Rate? Check for patient's pulse
(Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a "P" wave with every "QRS" complex? none
3. What is the width of the "QRS"? 0.16 sec
4. What is the length of the "PR" interval? None
5. What is the rhythm? Asystole
6. Any complications with this rhythm?
death
7. What interventions are anticipated? Initiate CPR, do not defibrillate

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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) p waves are morphed
2. Is there a "P" wave with every "QRS" complex there isn't normal P waves
3. What is the width of the "QRS"? 0.08
4. What is the length of the "PR" interval? None
5. What is the rhythm? Atrial flutter
6. Any complications with this rhythm? Decreased cardiac output, thrombus emboli, CVA, PE
7. What interventions are anticipated? If the pt has been in this rhythm for less than 48 hrs or is unstable we would do cardioversion. If it is greater than 48 hrs and stable we can do anticoagulation therapy due to clot development risk for stroke and pulmonary embolism

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Practice #8



1. What is the Rate? 68 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"? 0.16 sec
4. What is the length of the "PR" interval? 0.48 sec
5. What is the rhythm? Sinus rhythm with 1st degree AV block & and ST elevation
6. Any complications with this rhythm? Most 1st degree AV blocks are benign, but this patient has ST elevation which means an MI.
7. What interventions are anticipated? MONA, go to cath lab



You can do this!