

Rhythm Strips Analysis for Practice

Practice #1:



1. What is the Rate? (Look at the atrial rate: P-P or ventricular rate: R-R)

65 bpm (1500/23)

2. Is there a “P” wave with every “QRS” complex?

Yes

3. What is the width of the “QRS”?

0.08 seconds

4. What is the length of the “PR” interval?

0.16 seconds

5. What is the rhythm?

Normal Sinus Rhythm

6. Any complications with this rhythm?

If the patient is symptomatic then we would need to do interventions. Check pulses and ensure that they are present. If not present, we would know that the electrical system is working but the heart is not. In this case we would need to intervene.

7. What interventions are anticipated?

Check pulses, cap refill, BP, temp. If patient is symptomatic, we would give CPR, epinephrine, intubation. If patient is not symptomatic we would just monitor.

Rhythm Strips Analysis for Part I of Intro to EKG

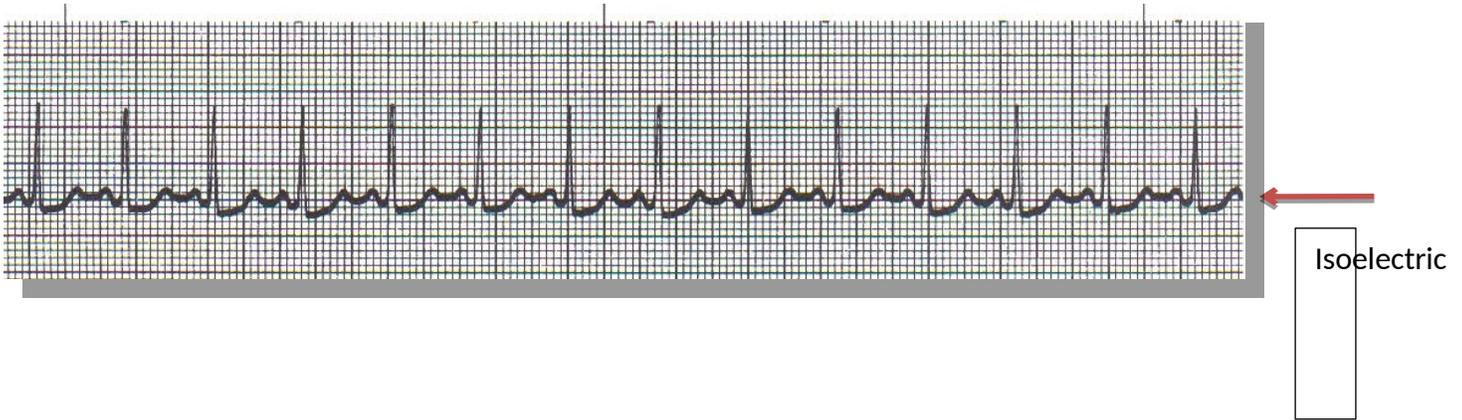
Practice #2



1. What is the Rate?
(Look at the atrial rate: P-P or ventricular rate: R-R)
71 bpm (1500/21)
2. Is there a “P” wave with every “QRS” complex?
Yes
3. What is the width of the “QRS”?
0.8
4. What is the length of the “PR” interval?
0.12
5. What is the rhythm?
Sinus rhythm with a T wave inversion
6. Any complications with this rhythm?
A T wave inversion indicates a sign of ischemia. There is a lack of O₂ getting to the tissues
7. What interventions are anticipated?
Focused cardiac assessment, draw labs, give O₂, lead EKG, notify HCP

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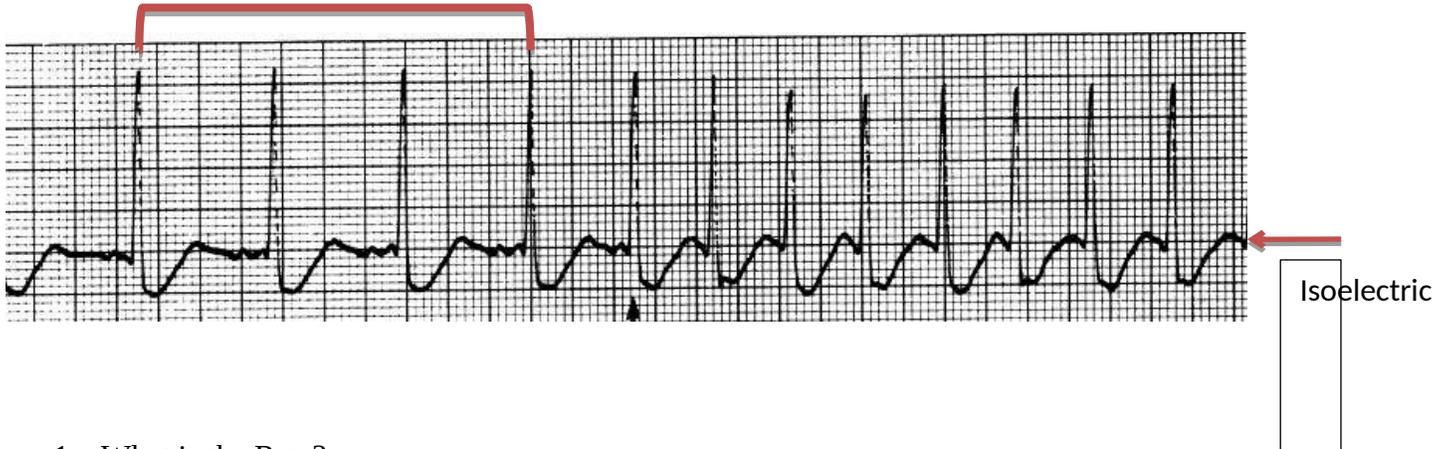
Practice #3



1. What is the Rate?
(Look at the atrial rate: P-P or ventricular rate: R-R)
125 bpm
2. Is there a “P” wave with every “QRS” complex?
Yes
3. What is the width of the “QRS”?
0.8 seconds
4. What is the length of the “PR” interval?
0.12
5. What is the rhythm?
Sinus Tachycardia with depressed ST
6. Any complications with this rhythm?
Depends on patient’s tolerance of increased HR. There’s a loss of atrial kick and filling time and it could worsen.
7. What interventions are anticipated?
Treat underlying cause. If patient is in pain, give pain meds. If they’re stable, vagal maneuvers. Give beta blockers, adenosine, calcium channel blockers.

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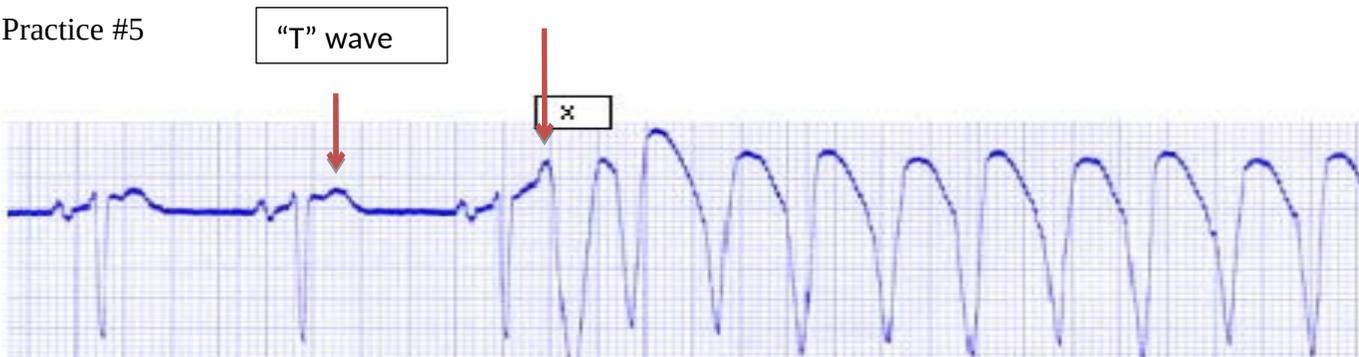
Practice #4



1. What is the Rate?
(Look at the atrial rate: P-P or ventricular rate: R-R)
95 bpm then it changes to 167
2. Is there a “P” wave with every “QRS” complex?
It doesn't really show a clear P wave.
3. What is the width of the “QRS”?
0.08
4. What is the length of the “PR” interval?
No PR interval
5. What is the rhythm?
Atrial Fibrillation with rapid ventricular response (RVR)
6. Any complications with this rhythm?
There is a disorientation of atrial electrical activity, loss of effective atrial contraction and the regularity is abnormal. There is a decrease in cardiac output because the heart cant pump effectively (no atrial “kick”). Clots can form in the atria because of blood stasis.
7. What interventions are anticipated?
If patient is hemodynamically stable the HCP may want to treat with antiarrhythmic drugs (amiodarone, diltiazem) If patient is hemodynamically unstable, patient needs synchronized cardioversion.

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Practice #5

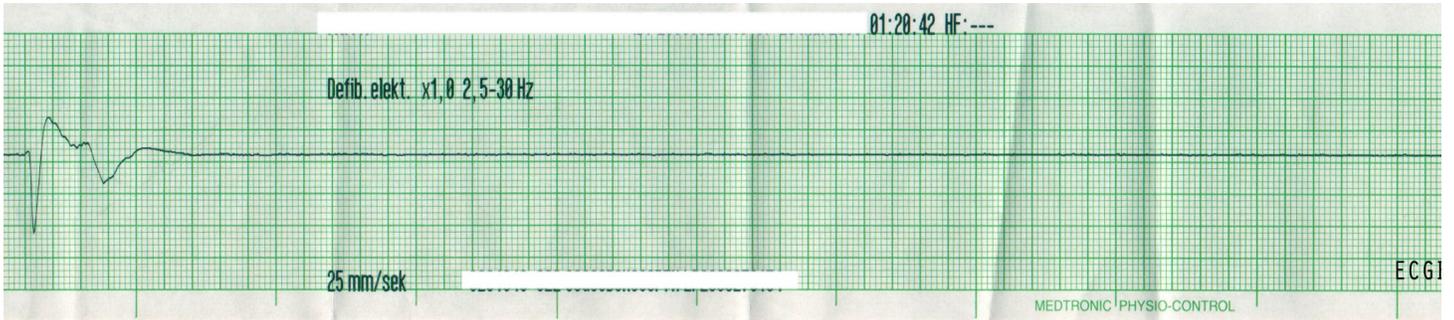


1. What is the Rate?
(Look at the atrial rate: P-P or ventricular rate: R-R)
75 bpm then it jumps really fast
2. Is there a "P" wave with every "QRS" complex?
At the beginning, yes
3. What is the width of the "QRS"?
0.06 then 0.32
4. What is the length of the "PR" interval?
5. What is the rhythm? Ventricular Tachycardia with an "R on T phenomenon"
6. Any complications with this rhythm? Decreased CO, decreased perfusion, low systolic BP
7. What interventions are anticipated?

If the patient is hemodynamically unstable then we would do BLS/ ACLS protocol. If the patient was stable because it just occurred, have the patient do the vagal maneuver.

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Practice #6



1. What is the Rate?
(Look at the atrial rate: P-P or ventricular rate: R-R)
Asystole unless patient is alert then maybe the leads are not on correctly
2. Is there a "P" wave with every "QRS" complex? No
3. What is the width of the "QRS"? 0.16 before asystole
4. What is the length of the "PR" interval? None present
5. What is the rhythm? Asystole
6. Any complications with this rhythm? Death
7. What interventions are anticipated? We want to do BLS/ACLS CPR and we would not defibrillate on this rhythm.

Rhythm Strips Analysis for Part I of Intro to EKG

Practice #7



1. What is the Rate?
(Look at the atrial rate: P-P or ventricular rate: R-R)
About 100 bpm
2. Is there a “P” wave with every “QRS” complex? There’s not a normal “P” wave. The waves have a sawtooth appearance.
3. What is the width of the “QRS”? 0.08
4. What is the length of the “PR” interval? None because of the flutters
5. What is the rhythm? Atrial flutter
6. Any complications with this rhythm? Decreased CO, thrombus, emboli, CVA, PE
7. What interventions are anticipated? If the patient has had this rhythm for under 48 hours and are unstable, we would do a synchronized cardioversion. If the patient has had this rhythm and it’s been over 48 hours and they are stable, we would do anticoagulation therapy because they are at an increased risk for stroke and pulmonary embolus.

Rhythm Strips Analysis for Part I of Intro to EKG

Practice #8



1. What is the Rate?
(Look at the atrial rate: P-P or ventricular rate: R-R) 67 bpm
2. Is there a "P" wave with every "QRS" complex? Yes
3. What is the width of the "QRS"? 0.16
4. What is the length of the "PR" interval? 0.48
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 just need to be monitored but this patient has an ST elevation which means MI which can lead to death... so we need to intervene ASAP
7. What interventions are anticipated? MONA, cath lab



You can do this!

