

Rhythm Strips Analysis for Practice

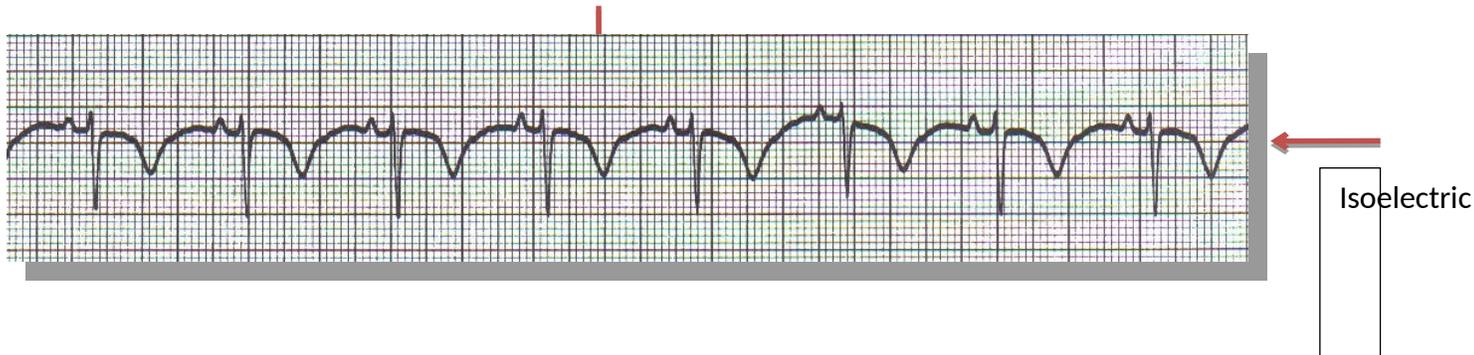
Practice #1:



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"? 0.1
4. What is the length of the "PR" interval? 0.12
5. What is the rhythm? SINUS RHYTHM
6. Any complications with this rhythm? **NO**
7. What interventions are anticipated? NONE

Rhythm Strips Analysis for Part I of Intro to EKG

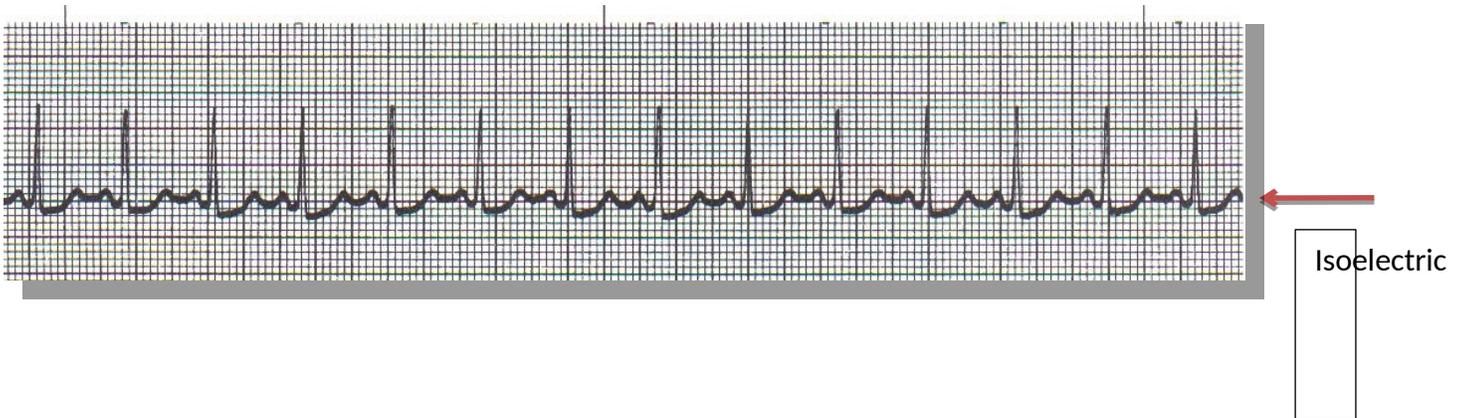
Practice #2



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"? 0.9
4. What is the length of the "PR" interval? 0.12
5. What is the rhythm? Sinus rhythm
6. Any complications with this rhythm? Previous injury is showed by inverted T waves
7. What interventions are anticipated? Continue to monitor for any new changes

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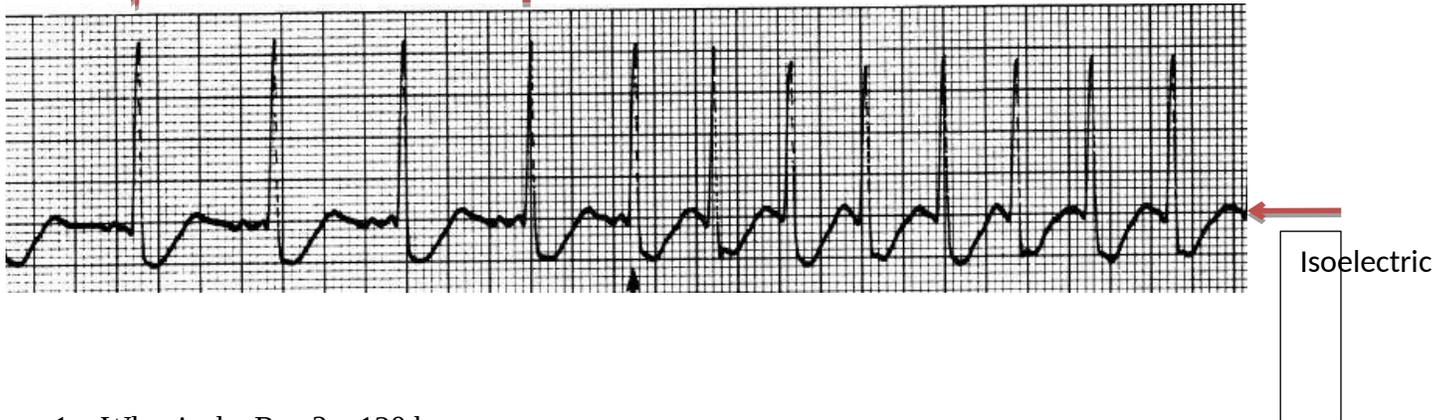
Practice #3



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"? 0.5
4. What is the length of the "PR" interval? 0.6
5. What is the rhythm? Sinus Tachycardia
6. Any complications with this rhythm? No but can cause dizziness, dyspnea, hypotension, Angina or increase in infarction size in those with CAD or acute MI
7. What interventions are anticipated? Treat the underlying cause, Beta blocker, calcium channel blockers, adenosine, and possible cardioversion. Continue to monitor patient.

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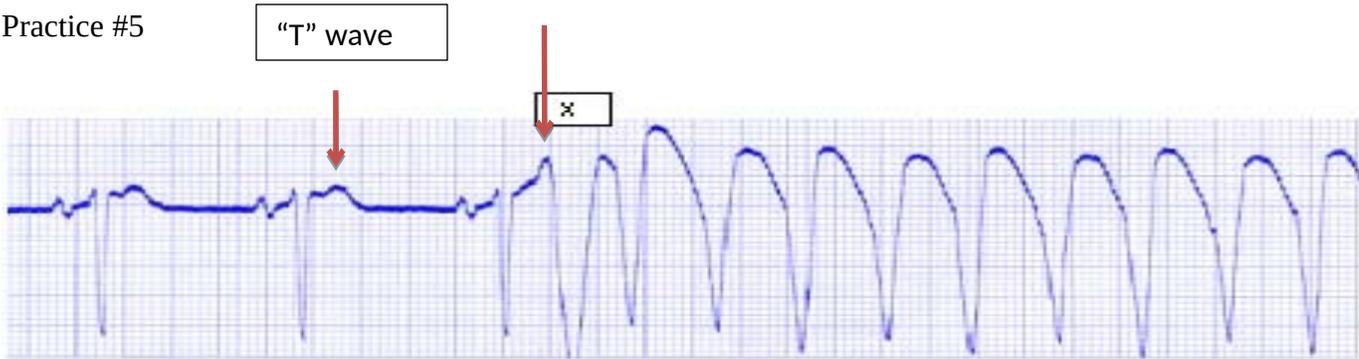
Practice #1



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, in the front half but is then lost for on the second half
3. What is the width of the "QRS"? 0.3
4. What is the length of the "PR" interval? 0.12 on the front half
5. What is the rhythm? Supraventricular Tachycardia
6. Any complications with this rhythm? Possible palpitation, diaphoresis, hypotension, and syncope
7. What interventions are anticipated? Vagal Stimulation, adenosine (drug of choice), Beta blockers and calcium channel blockers. If patient is unstable synchronized cardioversion is used.

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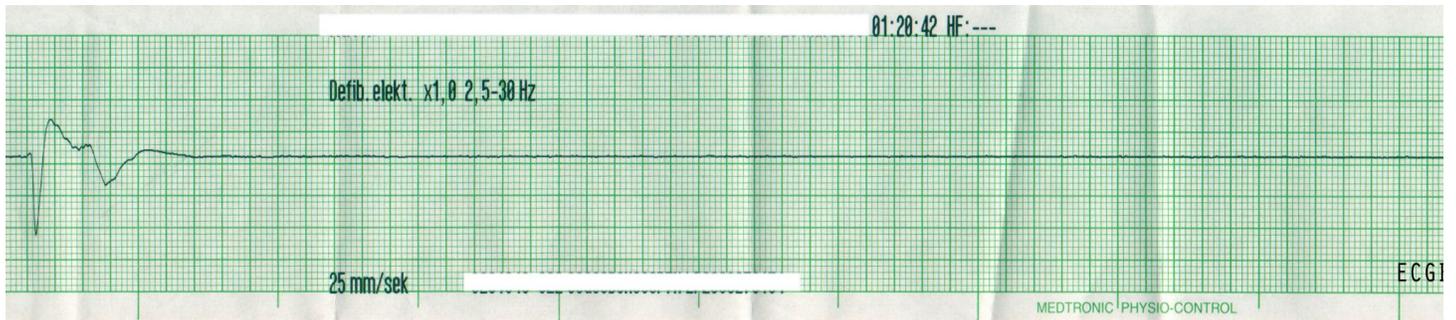
Practice #5



1. What is the Rate? NONE
(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"? cannot be measured
4. What is the length of the "PR" interval? NONE
5. What is the rhythm? Ventricular Tachycardia
6. Any complications with this rhythm? Life threatening. VTach with a pulse pt. will go to cath lab. VTach without a pulse pt. is in cardiac arrest.
7. What interventions are anticipated? VTach with a pulse- cath lab
VTach without a pulse- CPR, epinephrine, amiodarone, and defibrillate

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Practice #6



1. What is the Rate? None
(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"? none
4. What is the length of the "PR" interval? none
5. What is the rhythm? asystole
6. Any complications with this rhythm? Cardiac arrest
7. What interventions are anticipated? Check leads and pulse, then proceed with CPR, epinephrine, vasopressin, and intubation

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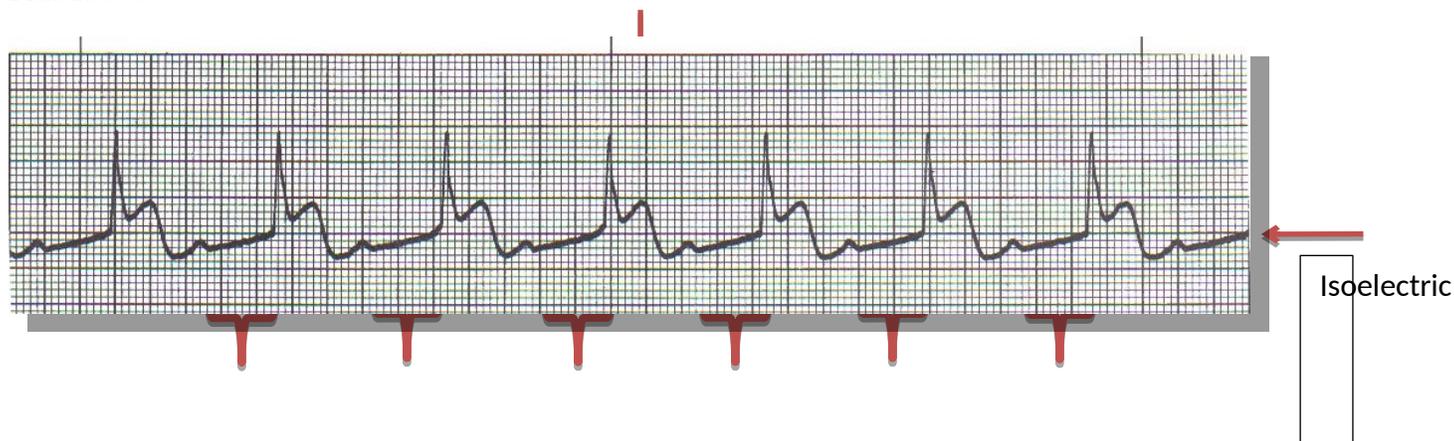
Practice #7



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? No
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? HF (pts w/ underlying heart disease), risk of stroke
7. What interventions are anticipated? Warfarin (to prevent stroke), calcium channel blockers, and beta blockers, and cardioversion in emergent situations

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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? No
3. What is the width of the "QRS"? 3.75
4. What is the length of the "PR" interval? None
5. What is the rhythm? ST elevation
6. Any complications with this rhythm? ST elevation is indicative of an MI
7. What interventions are anticipated? Cath lab



You can do this!