

Rhythm Strips Analysis for Practice

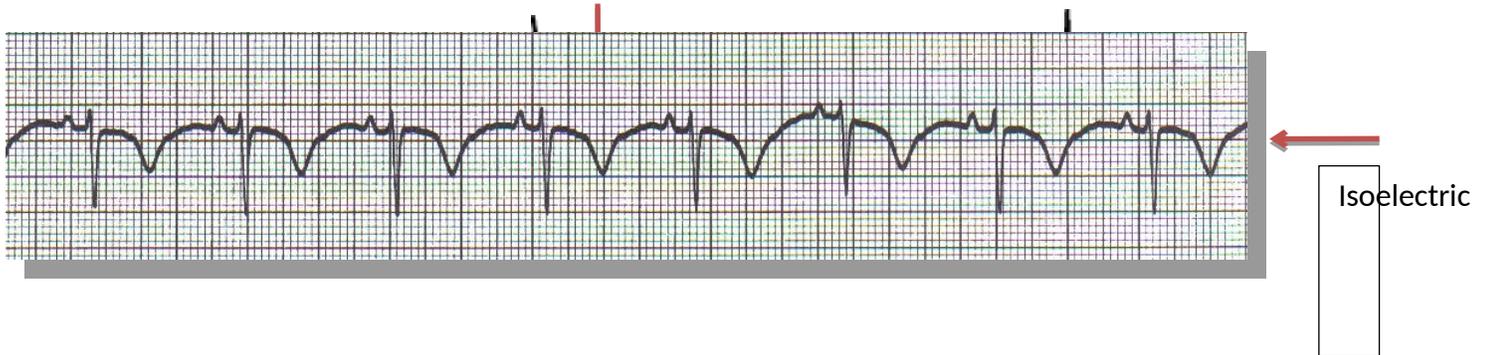
Practice #1:



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”? 3 boxes so .12 seconds
4. What is the length of the “PR” interval? 4 boxes so .16 seconds
5. What is the rhythm? Normal sinus rhythm
6. Any complications with this rhythm? **No complications**
7. What interventions are anticipated? Continue to monitor

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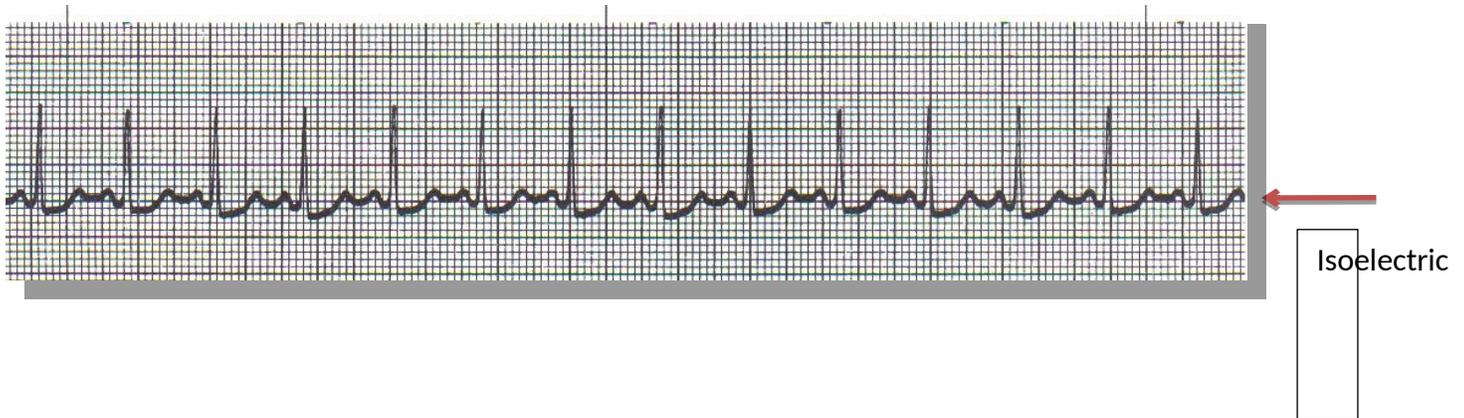
Practice #2



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"? 3 boxes so 0.12
4. What is the length of the "PR" interval? 4 boxes so 0.16
5. What is the rhythm? Myocardial Ischemia – t wave inversion
6. Any complications with this rhythm? Can lead to myocardial necrosis
7. What interventions are anticipated? O₂, meds, call doctor, and send to cath lab

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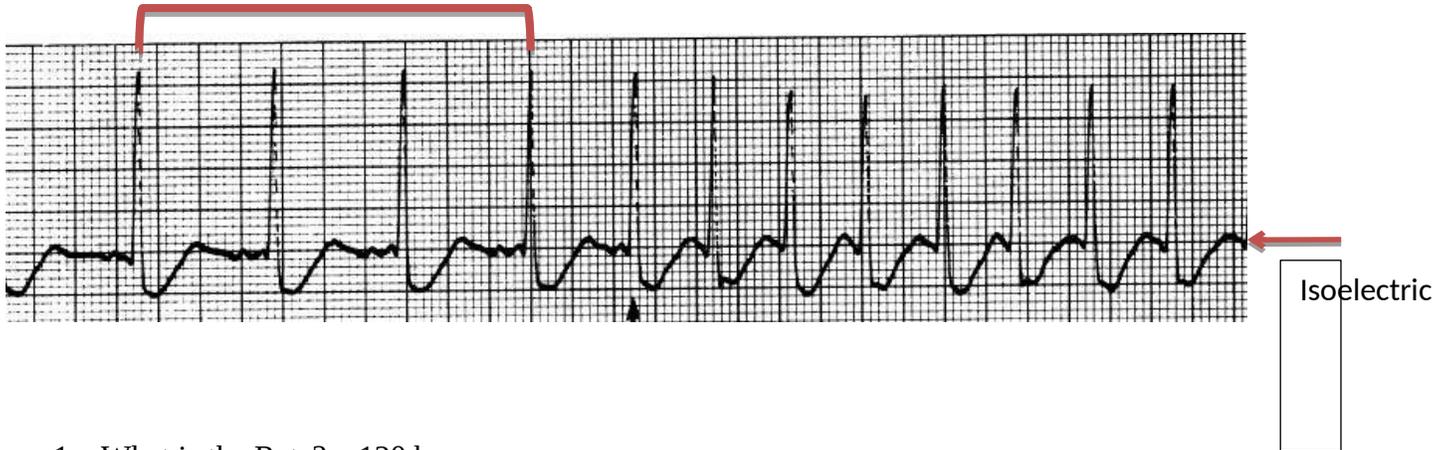
Practice #3



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"? 2 boxes so 0.08 seconds
4. What is the length of the "PR" interval? 3 boxes so 0.12 seconds
5. What is the rhythm? Sinus tachycardia
6. Any complications with this rhythm? Dizziness, dyspnea, hypotension, angina
7. What interventions are anticipated? Cardiac assessment, take pulse, blood pressure, health history ask what caused this and when, vagal maneuver, beta blockers, treat pain if needed

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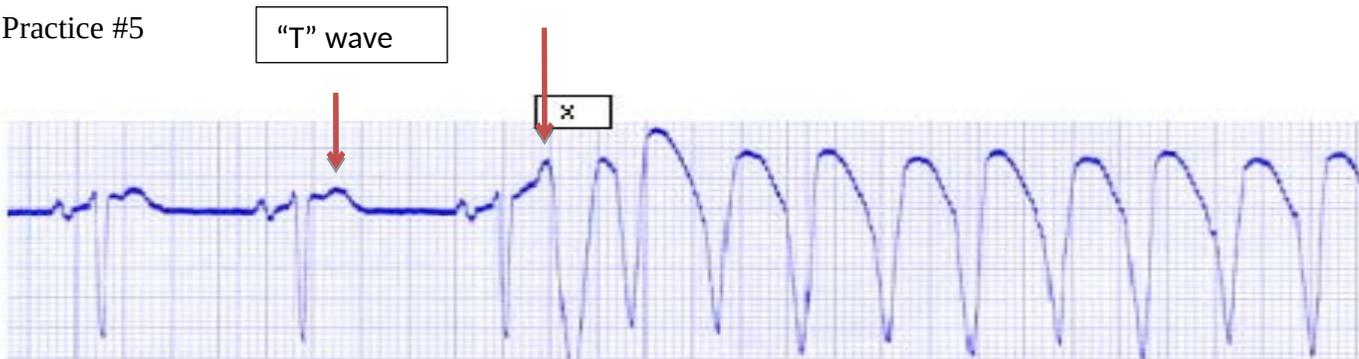
Practice #4



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? No
3. What is the width of the "QRS"? 2 boxes so 0.08
4. What is the length of the "PR" interval? No P wave
5. What is the rhythm? Paroxysmal Supraventricular Tachycardia
6. Any complications with this rhythm? Sweaty, vibrating, short of breath, hypotension, associated with stress
7. What interventions are anticipated? Vagal stimulation, IV adenosine, IV beta blockers, calcium channel blockers, amiodarone, direct current cardio version

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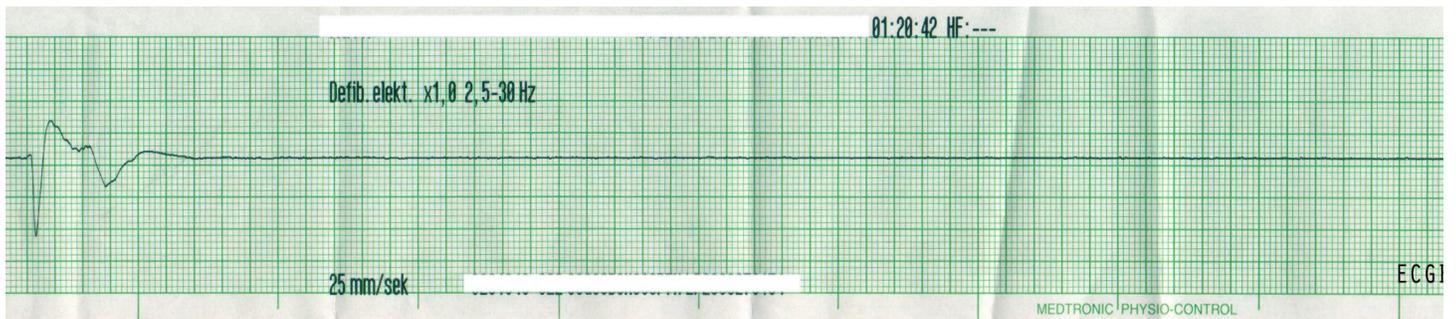
Practice #5



1. What is the Rate? 110 bpm
(Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a "P" wave with every "QRS" complex? At the beginning of the strip
3. What is the width of the "QRS"? 5-7 boxes
4. What is the length of the "PR" interval? Not measurable
5. What is the rhythm? Ventricular tachycardia
6. Any complications with this rhythm? Heart disease, dizziness, electrolyte imbalance
7. What interventions are anticipated? Vagal, CPR, death if no intervention

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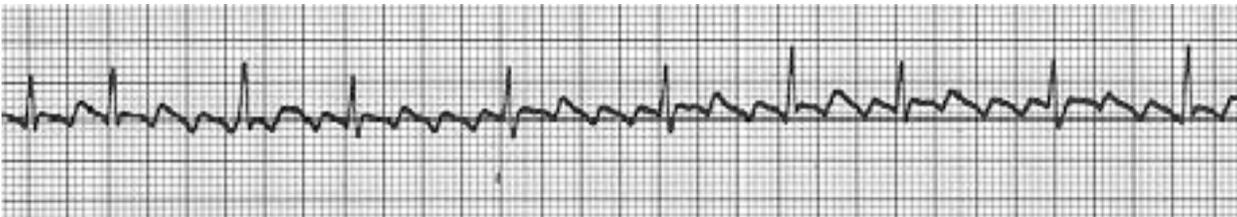
Practice #6



1. What is the Rate? 1 beat but asystole after
(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"? None
4. What is the length of the "PR" interval? None
5. What is the rhythm? Asystole
6. Any complications with this rhythm? End stage heart failure, death
7. What interventions are anticipated? Cardiac assessment, check leads, pulse, do not shock, CPR,

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Practice #7



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"? 2-3 boxes so 0.8-0.12 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? Increased risk for stroke, heart disease
7. What interventions are anticipated? Electrical cardio version, calcium channel blockers, warfarin, radio frequency, cath lab

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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"? 3-4 boxes 0.12-0.16
4. What is the length of the "PR" interval? 12-13 boxes
5. What is the rhythm? STEMI 1st degree heart block
6. Any complications with this rhythm? Hypoxemia, drugs
7. What interventions are anticipated? Monitor, cath lab

Alyson Chauncey



You can do this!