

Rhythm Strips Analysis for Practice

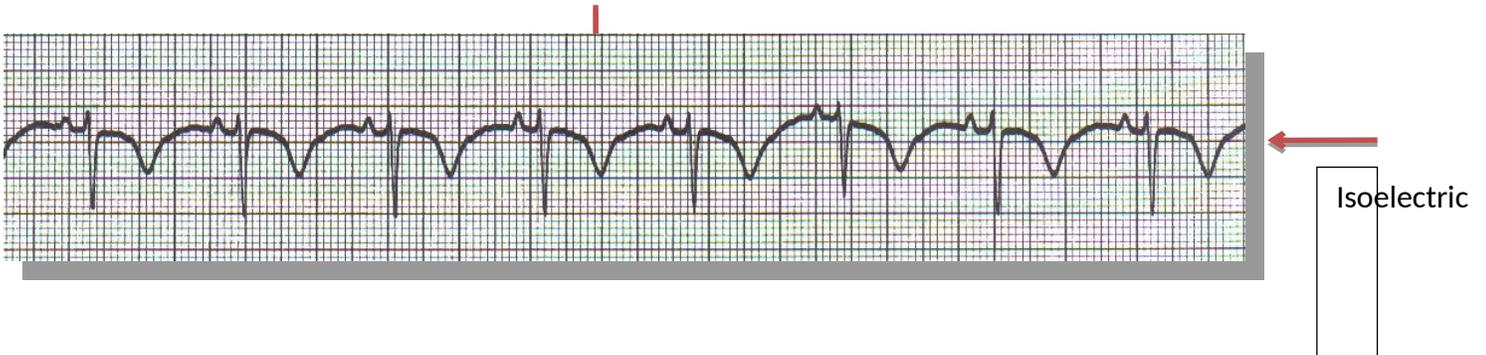
Practice #1:



1. What is the Rate?
(Look at the atrial rate: P-P or ventricular rate: R-R)
70 bpm
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?
No complications
7. What interventions are anticipated?
Assess patient. Continue to monitor.

Rhythm Strips Analysis for Part I of Intro to EKG

Practice #2

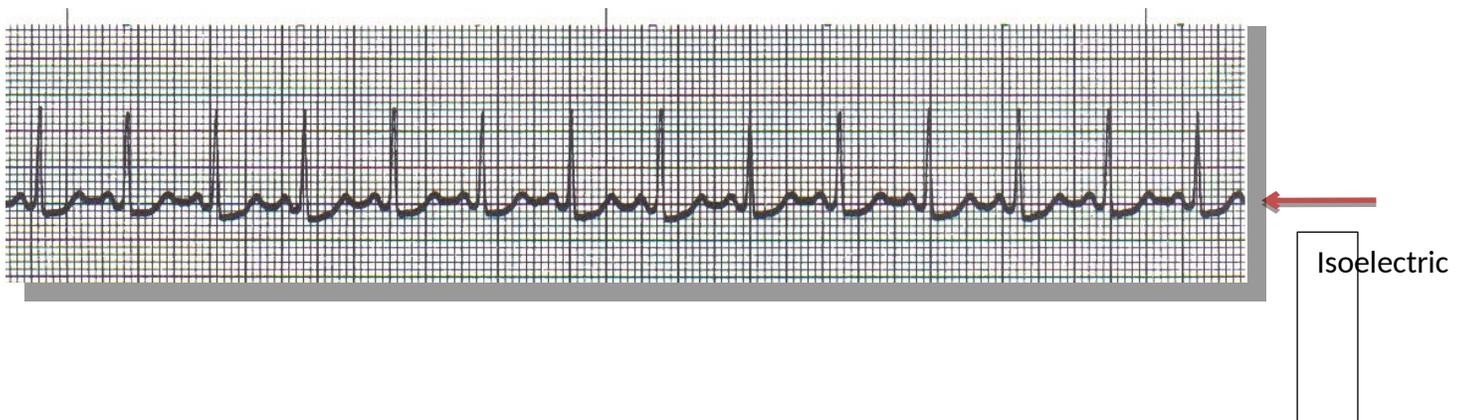


1. What is the Rate?
(Look at the atrial rate: P-P or ventricular rate: R-R)
70 bpm
2. Is there a "P" wave with every "QRS" complex?
yes
3. What is the width of the "QRS"?
0.08 sec.
4. What is the length of the "PR" interval?
0.12 sec.
5. What is the rhythm?
Sinus rhythm with inverted T waves
6. Any complications with this rhythm?
Ischemia (could become injury of infarction)
7. What interventions are anticipated?

Perform patient cardiac assessment, labs, apply oxygen, 12-lead EKG, call physician

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Practice #3



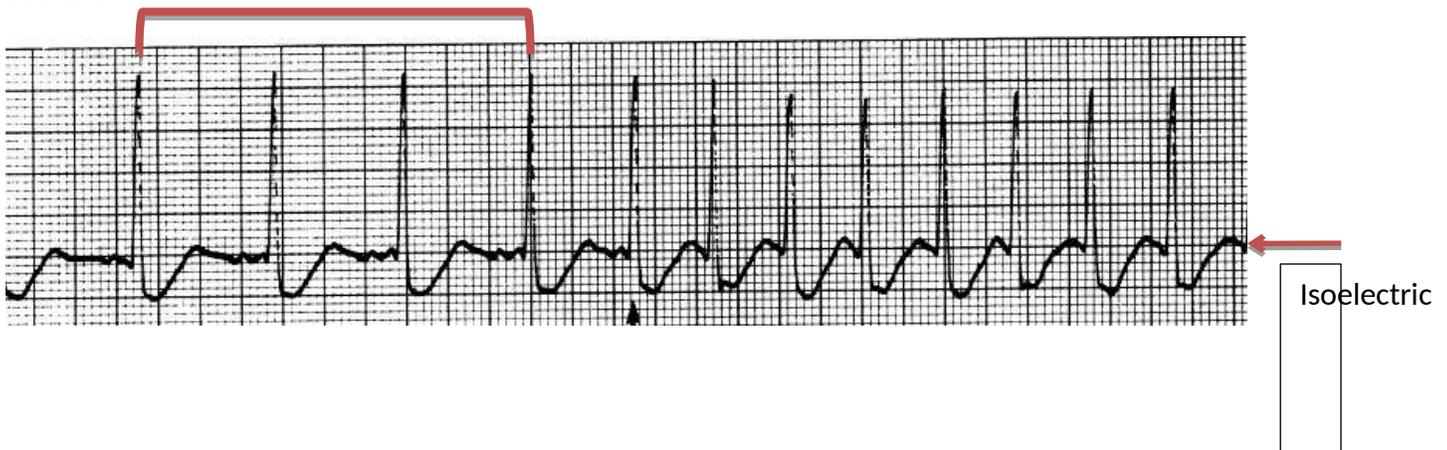
1. What is the Rate?
(Look at the atrial rate: P-P or ventricular rate: R-R)
120 bpm
2. Is there a “P” wave with every “QRS” complex?
Yes
3. What is the width of the “QRS”?
0.08 sec
4. What is the length of the “PR” interval?

0.12 sec

5. What is the rhythm?
Sinus tachycardia with depressed ST
6. Any complications with this rhythm?
Loss of atrial kick and filling times, could become worse
7. What interventions are anticipated?
Treat cause (fever, pain, fear, anxiety)

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Practice #4



1. What is the Rate?
(Look at the atrial rate: P-P or ventricular rate: R-R)
HR increased from 100 bpm to 190 bpm

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?

No PR interval present

5. What is the rhythm?

Paroxysmal atrial fibrillation with rapid ventricular response

6. Any complications with this rhythm?

Loss of atrial kick, decreased cardiac output, low perfusion

7. What interventions are anticipated?

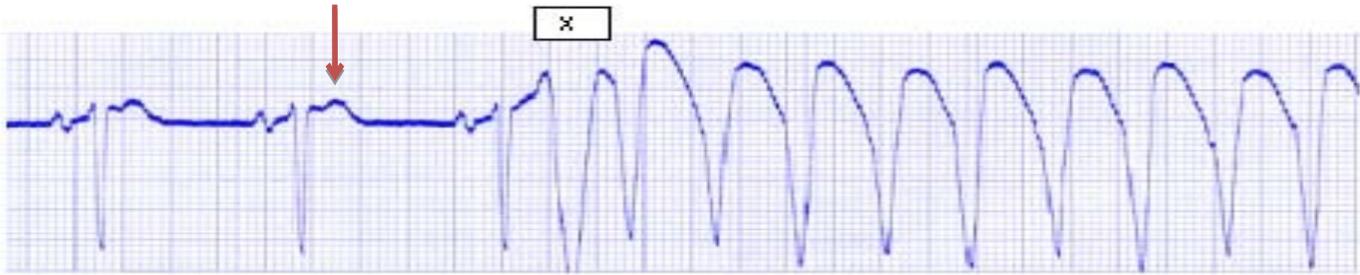
Antiarrhythmic drugs may be needed or synchronized cardioversion if patient is hemodynamically unstable

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Practice #5

“T” wave

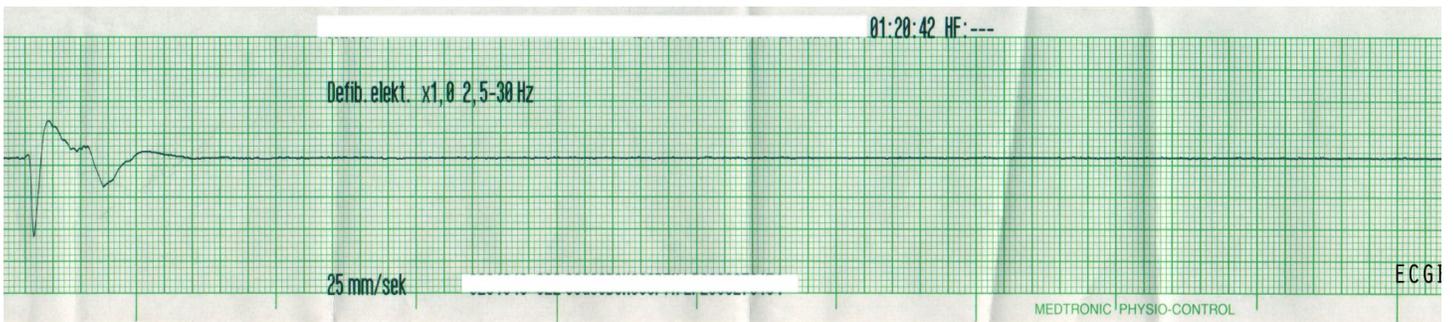




1. What is the Rate?
(Look at the atrial rate: P-P or ventricular rate: R-R)
75 bpm then "R" on "T" phenomenon causing V-tach
2. Is there a "P" wave with every "QRS" complex?
Yes, before Vtach
3. What is the width of the "QRS"?
0.08 sec then 0.32 sec
4. What is the length of the "PR" interval?
0.20 sec (previously)
5. What is the rhythm?
"R" on "T" phenomenon Vtach
6. Any complications with this rhythm?
Loss of cardiac output, loss of perfusion, low SBP
7. What interventions are anticipated?
BLS/ACLS protocol if patient is hemodynamically unstable. If it just occurred at patient is stable have them cough, bare down (vagal maneuver)

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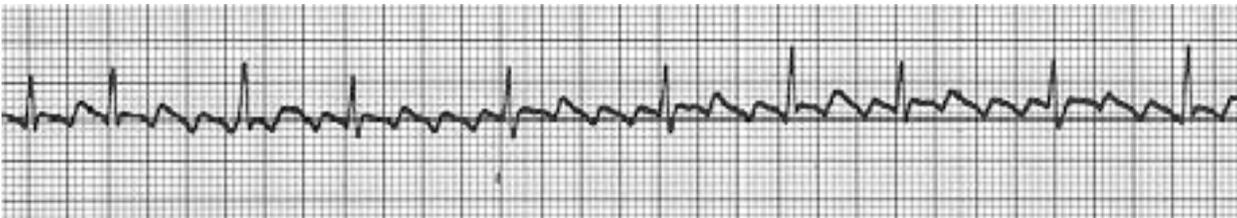
Practice #6



1. What is the Rate?
(Look at the atrial rate: P-P or ventricular rate: R-R)
Asystole if patient unstable
2. Is there a “P” wave with every “QRS” complex?
No
3. What is the width of the “QRS”?
From 0.16 sec to asystole
4. What is the length of the “PR” interval?
No PR interval present
5. What is the rhythm?
Asystole
6. Any complications with this rhythm?
DEATH
7. What interventions are anticipated?
Begin BLS/ACLS protocol—CPR – DO NOT defibrillate

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Practice #7



1. What is the Rate?
(Look at the atrial rate: P-P or ventricular rate: R-R)
100 bpm
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?
None, flutters
5. What is the rhythm?
Atrial Flutter

6. Any complications with this rhythm?

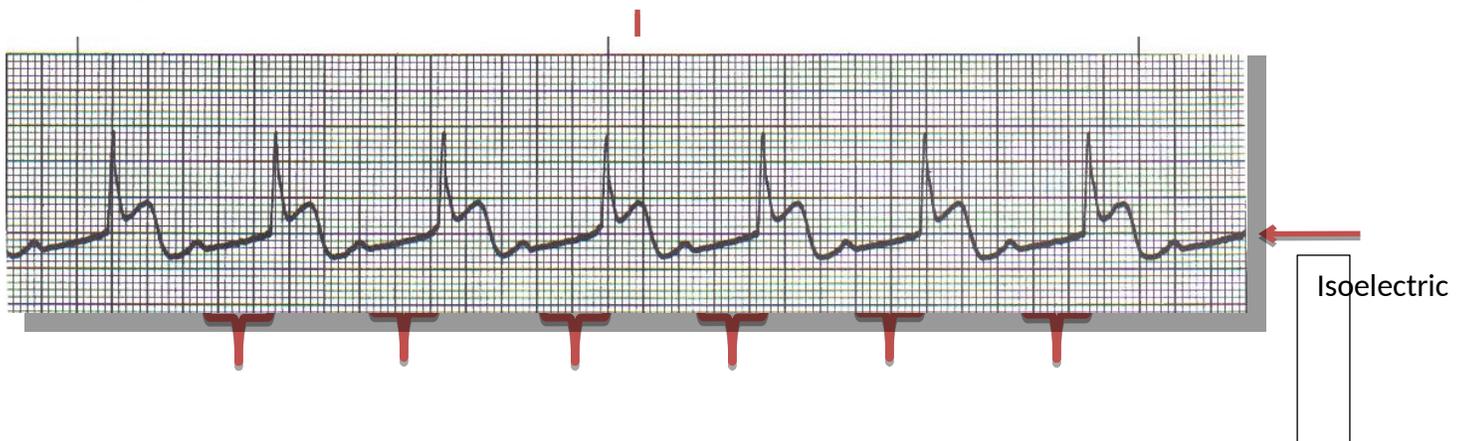
Decreased cardiac output, thrombus and emboli, CVA, PE

7. What interventions are anticipated?

If rhythm has been present <48 hours or hemodynamically unstable patient perform synchronized cardioversion. If >48 hours and stable—anticoagulation therapy due to clot development risk for stroke and pulmonary embolus (PE)

Rhythm Strips Analysis for Part I of Intro to EKG

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”?

0.16 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—myocardial infarction

6. Any complications with this rhythm?

Most 1st degree AV blocks are benign, but the patient has “ST” elevation (MI), this can result in death, quick intervention necessary, notify physician

7. What interventions are anticipated?

Initiate MONA protocol, this patient needs to go to the cath lab, resolving the MI will probably resolve the 1st degree AV block



You can do this!