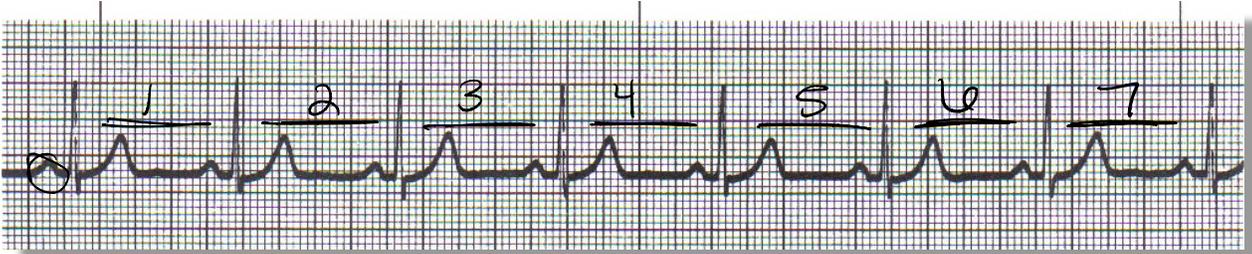


Rhythm Strips Analysis for Practice

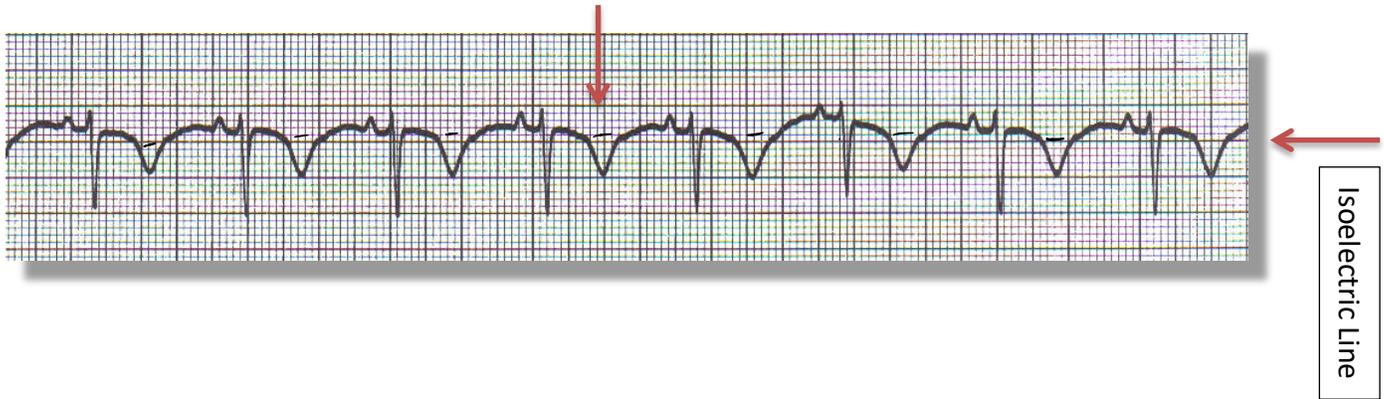
Practice #1:



1. What is the Rate? (R-R) 70bpm
2. Is there a "P" wave with every "QRS" complex? YES
3. What is the width of the "QRS"? 0.08secs
4. What is the length of the "PR" interval? 0.16secs
5. What is the rhythm? Normal Sinus Rhythm
6. Any complications with this rhythm? NO
7. What interventions are anticipated?
Assess patient pulses, B/p, cap refill,
skin temperature, and color.
Make sure it is not PEA.

Rhythm Strips Analysis for Part I of Intro to EKG

Practice #2



1. What is the Rate? 71 bpm
(R-R)
2. Is there a "P" wave with every "QRS" complex? Yes
3. What is the width of the "QRS"? 0.08 secs
4. What is the length of the "PR" interval? 0.12 secs
5. What is the rhythm? Sinus Rhythm with inverted T wave.
6. Any complications with this rhythm? Yes, Ischemia but could lead to heart attack.
7. What interventions are anticipated?
Give oxygen, do a focused heart assessment,
draw labs, get a 12-lead EKG, and notify physician.

Rhythm Strips Analysis for Part I of Intro to EKG

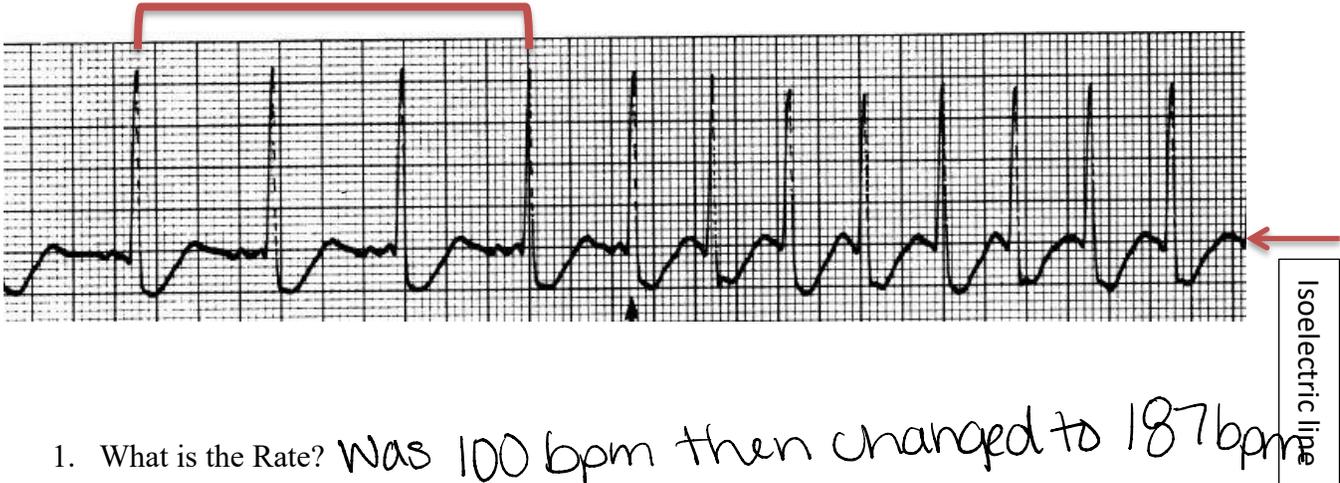
Practice #3



1. What is the Rate? 130 bpm
(R-R)
2. Is there a "P" wave with every "QRS" complex? Yes
3. What is the width of the "QRS"? 0.08secs
4. What is the length of the "PR" interval? 0.12secs
5. What is the rhythm? Sinus Tachycardia with slightly depressed ST.
6. Any complications with this rhythm? Loss of filling times
7. What interventions are anticipated?
Treat what could be causing this
such as anxiety, fear, fever, hypovolemia, or pain.

Rhythm Strips Analysis for Part I of Intro to EKG

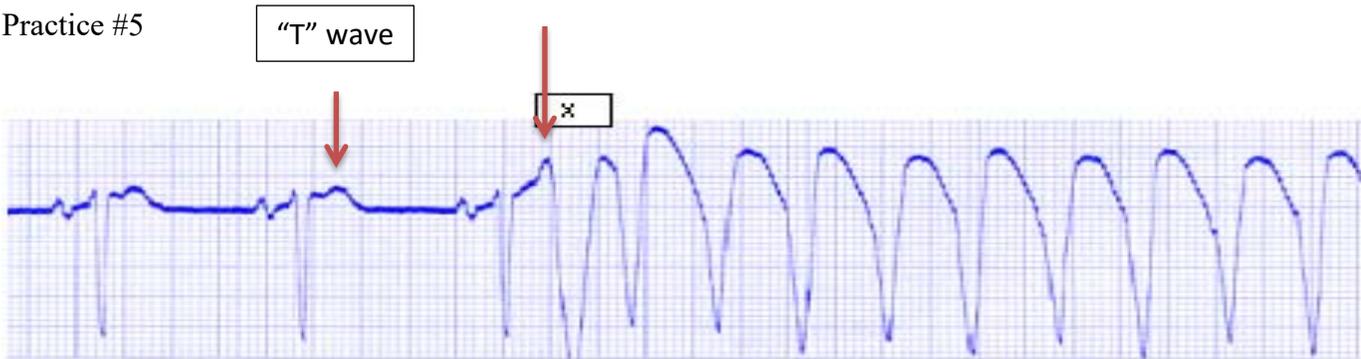
Practice #4



1. What is the Rate? Was 100 bpm then changed to 187 bpm (R-R)
2. Is there a "P" wave with every "QRS" complex? P wave was previously not visible.
3. What is the width of the "QRS"? 0.08 secs
4. What is the length of the "PR" interval? No PR interval
5. What is the rhythm? Paroxysmal Atrial fibrillation with Rapid Ventricular Response
6. Any complications with this rhythm? Yes, decreased cardiac output which means low perfusion.
7. What interventions are anticipated?
If patient is hemodynamically stable
treat with antiarrhythmic drug.
If patient is hemodynamically unstable
treat with synchronized cardioversion.

Rhythm Strips Analysis for Part I of Intro to EKG

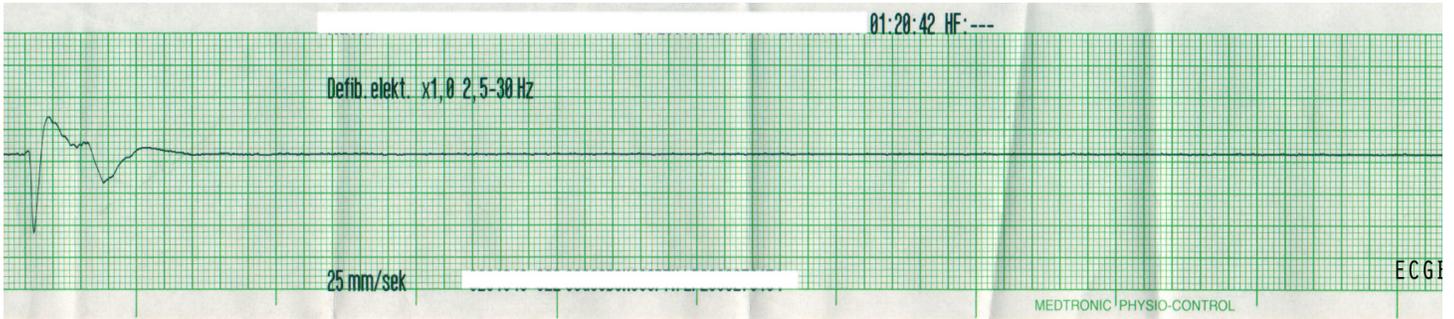
Practice #5



1. What is the Rate? 75 bpm previous HR, then R on T phenomenon causing V-tach. (R-R)
2. Is there a "P" wave with every "QRS" complex? Yes, previously
3. What is the width of the "QRS"? Was 0.08secs then 0.32secs
4. What is the length of the "PR" interval? Previous 0.20secs
5. What is the rhythm? R on T phenomenon V-tach
6. Any complications with this rhythm? Yes, there is loss of cardiac output, loss of perfusion, and low SBP
7. What interventions are anticipated?
For hemodynamically unstable patient start BLS/ACLS protocol.
For hemodynamically stable patient have them cough and bare down.

Rhythm Strips Analysis for Part I of Intro to EKG

Practice #6



1. What is the Rate? (R-R) *Assess patient and leads. If patient is responsive it is not asystole*
2. Is there a "P" wave with every "QRS" complex? *NO*
3. What is the width of the "QRS"? *Was 1-0.16 Secs*
4. What is the length of the "PR" interval? *NO*
5. What is the rhythm? *Asystole*
6. Any complications with this rhythm? *Death*
7. What interventions are anticipated?
Start BLS/ACLS protocol.

Rhythm Strips Analysis for Part I of Intro to EKG

Practice #7



1. What is the Rate? 90 bpm
(R-R)
2. Is there a "P" wave with every "QRS" complex? There's no normal P-waves.
3. What is the width of the "QRS"? 0.08 secs
4. What is the length of the "PR" interval? flutters
5. What is the rhythm? Atrial Flutter
6. Any complications with this rhythm? Yes, decreased cardiac output, PE, CVA, thrombus, emboli
7. What interventions are anticipated?
If patient is hemodynamically unstable
Synchronized cardioversion.
If patient is hemodynamically stable
Anticoagulation therapy.

Rhythm Strips Analysis for Part I of Intro to EKG

Practice #8



1. What is the Rate? *100 bpm*
(R-R)
2. Is there a "P" wave with every "QRS" complex? *Yes*
3. What is the width of the "QRS"? *0.11 Secs*
4. What is the length of the "PR" interval? *0.48 Secs*
5. What is the rhythm? *Sinus rhythm with 1st degree AV block and ST elevation*
6. Any complications with this rhythm? *Yes, Myocardial infarction can lead to death*
7. What interventions are anticipated?
Send patient to cath lab,



You can do this!