

Rhythm Strips Analysis for Practice

Practice #1:



1. What is the Rate?
(R-R) 70 bpm
2. Is there a "P" wave with every "QRS" complex? yes
3. What is the width of the "QRS"? 0.08s
4. What is the length of the "PR" interval? 0.16 or 4 small boxes
5. What is the rhythm?
Normal sinus rhythm
6. Any complications with this rhythm?
None
7. What interventions are anticipated?
Assess patient pulses, temperature, Bp, cap refill, and skin color to make sure it is not pulseless electrical activity.

Rhythm Strips Analysis for Part I of Intro to EKG

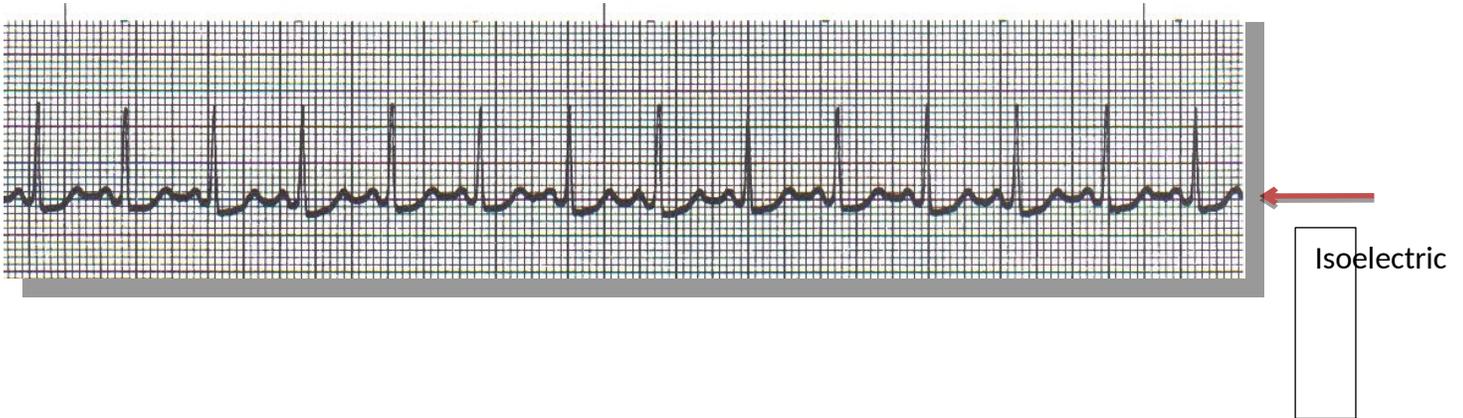
Practice #2



1. What is the Rate?
(R-R) 70 bpm
2. Is there a "P" wave with every "QRS" complex? Yes, every QRS complex has P-wave
3. What is the width of the "QRS"? 0.07-0.08s
4. What is the length of the "PR" interval? 0.12 s
5. What is the rhythm?
Sinus rhythm with inverted T wave
6. Any complications with this rhythm?
The rhythm shows complication of myocardial ischemia which may develop to infarction.
7. What interventions are anticipated?
Give oxygen, sit up, perform cardiac assessment, 12 lead EKG, and call doctor.

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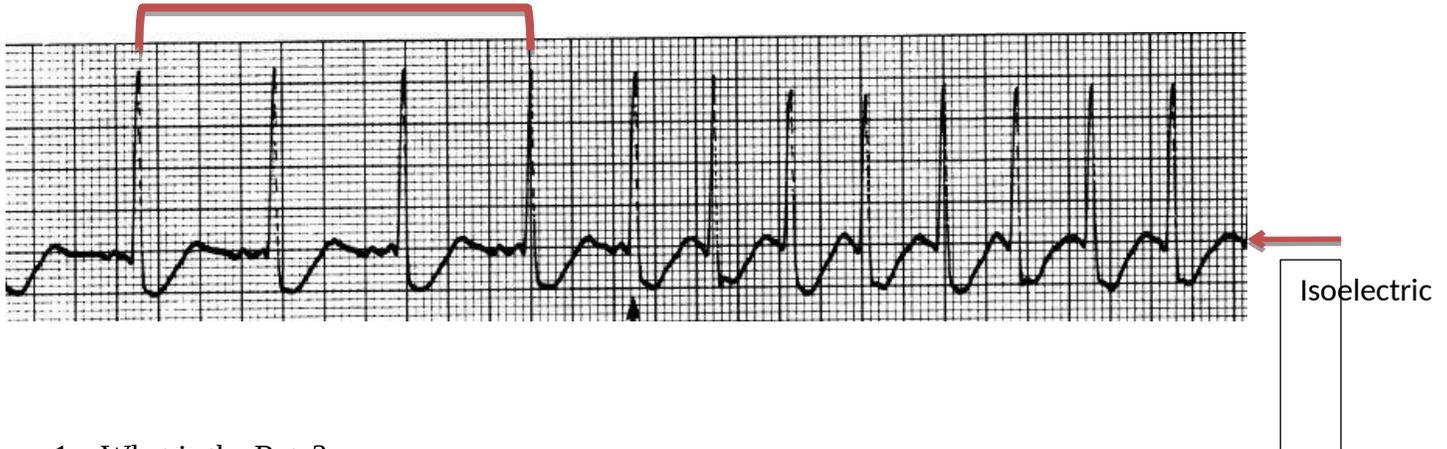
Practice #3



1. What is the Rate?
(R-R) 130 bpm
2. Is there a “P” wave with every “QRS” complex? yes
3. What is the width of the “QRS”? 0.08s
4. What is the length of the “PR” interval? 0.12s
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?
Perform interventions based on the cause. Treat fever, pain, fear, anxiety, and hypovolemia.

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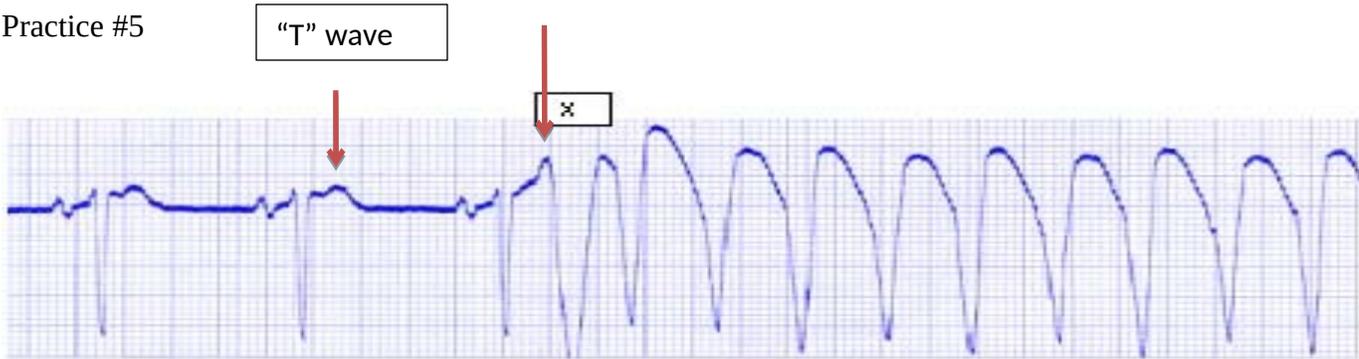
Practice #4



1. What is the Rate?
(R-R) 120 bpm
2. Is there a "P" wave with every "QRS" complex? P wave cannot be seen in every QRS complex
3. What is the width of the "QRS"? 0.08s
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?
Decreased cardiac output, low perfusion
7. What interventions are anticipated?
 - For stable patient, the physician will treat with an antiarrhythmic drug such as amiodarone, diltiazem, etc.
 - For unstable patient, the patient will need synchronized cardioversions.

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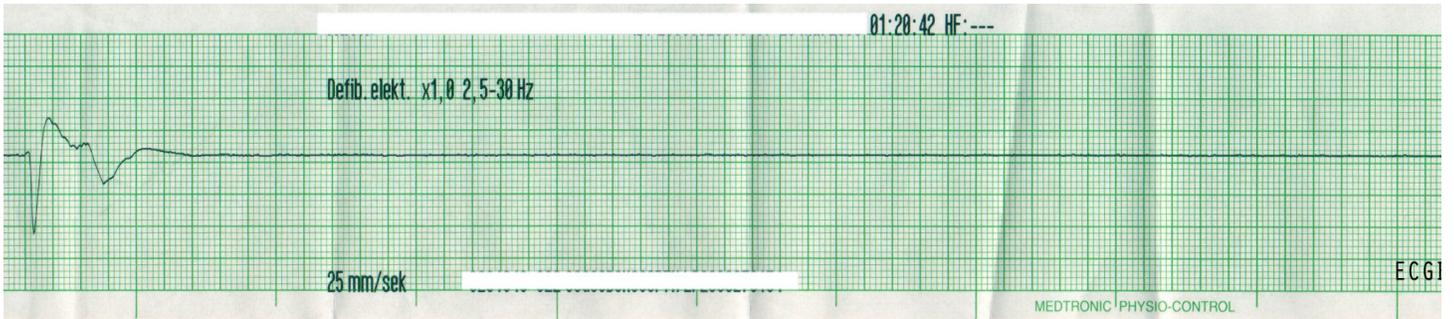
Practice #5



1. What is the Rate?
(R-R) Previous HR 75 bpm, then "R" on "T" causing V-Tach
2. Is there a "P" wave with every "QRS" complex? Yes, early in the strip
3. What is the width of the "QRS"? Previous 0.08s normal, then 0.32s abnormal
4. What is the length of the "PR" interval? Previous 0.20 s normal
5. What is the rhythm?
V-tach
6. Any complications with this rhythm?
Loss of cardiac output, loss of perfusion, Low SBP
7. What interventions are anticipated?
 - For stable patient, have the patient do cough and bare down (vagal maneuver)
 - For unstable patient, start BLS/ACLS protocol.

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Practice #6



1. What is the Rate?
(R-R) Assess patient first, make sure the leads are attached, if the patient is talking to you it is not asystole.
2. Is there a "P" wave with every "QRS" complex? No
3. What is the width of the "QRS"? previously 1-0.16s abnormal then asystole
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?
 - Initiates BLS/ACLS protocol-CPR (chest compression), do not defibrillate.

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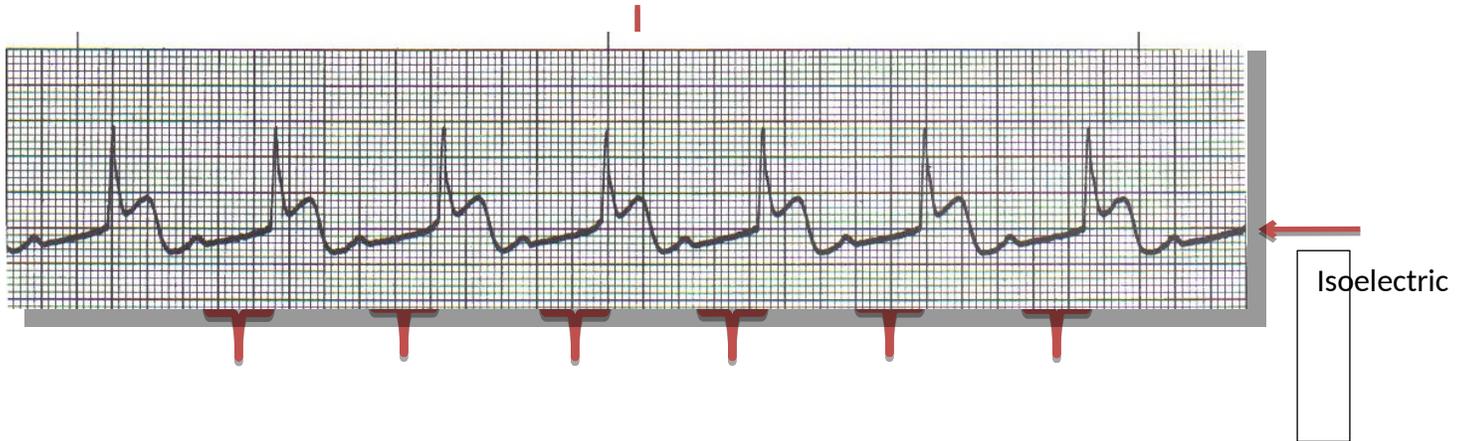
Practice #7



1. What is the Rate?
(R-R) 90 bpm
2. Is there a "P" wave with every "QRS" complex? Abnormal "P" waves, sawtooth like
3. What is the width of the "QRS"? 0.08s
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, emboli, CVA, PE
7. What interventions are anticipated?
 - For stable patient, start anticoagulation therapy to prevent clot development which can increase the development of stroke and pulmonary embolus.
 - For unstable patient, start synchronized cardioversion.

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Practice #8



1. What is the Rate?
(R-R) 60 bpm
2. Is there a “P” wave with every “QRS” complex? Yes
3. What is the width of the “QRS”? 0.16s abnormal
4. What is the length of the “PR” interval? 0.48s normal
5. What is the rhythm?
1st degree AV block and “ST” elevation myocardial infarction
6. Any complications with this rhythm?
Most are benign but with “ST” elevation and MI, this can result in death.
7. What interventions are anticipated?
 - Initiate MONA protocol, the patient needs to go to Cath lab, settling the MI will probably resolve the 1st degree AV block.



You can do this!