

Rhythm Strips Analysis for Practice

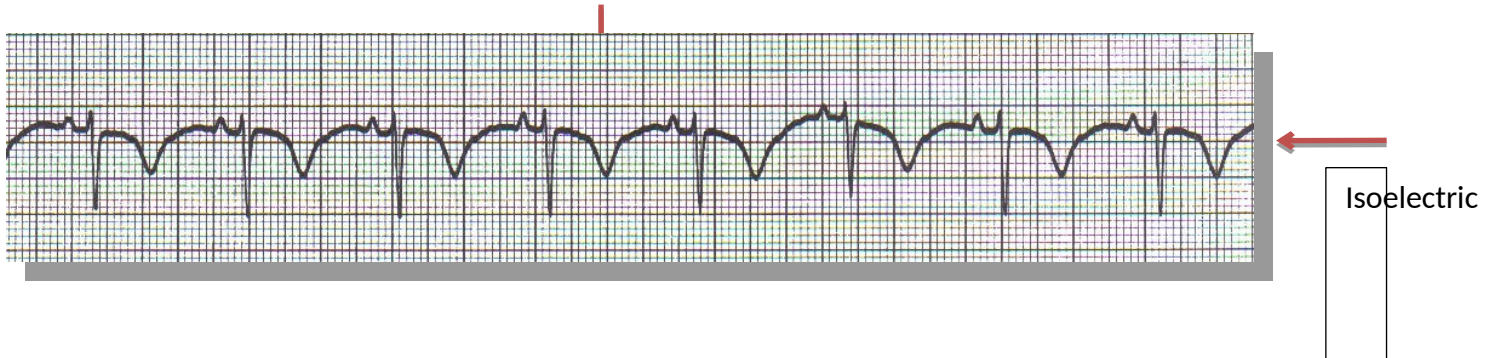
Practice #1:



1. What is the Rate? 70
(R-R)
2. Is there a "P" wave with every "QRS" complex? yes
3. What is the width of the "QRS"? 0.08
4. What is the length of the "PR" interval? no
5. What is the rhythm? Normal sinus rhythm
6. Any complications with this rhythm? **No**
7. What interventions are anticipated? Just assessing vitals and looking for signs of perfusion on the body

Rhythm Strips Analysis for Part I of Intro to EKG

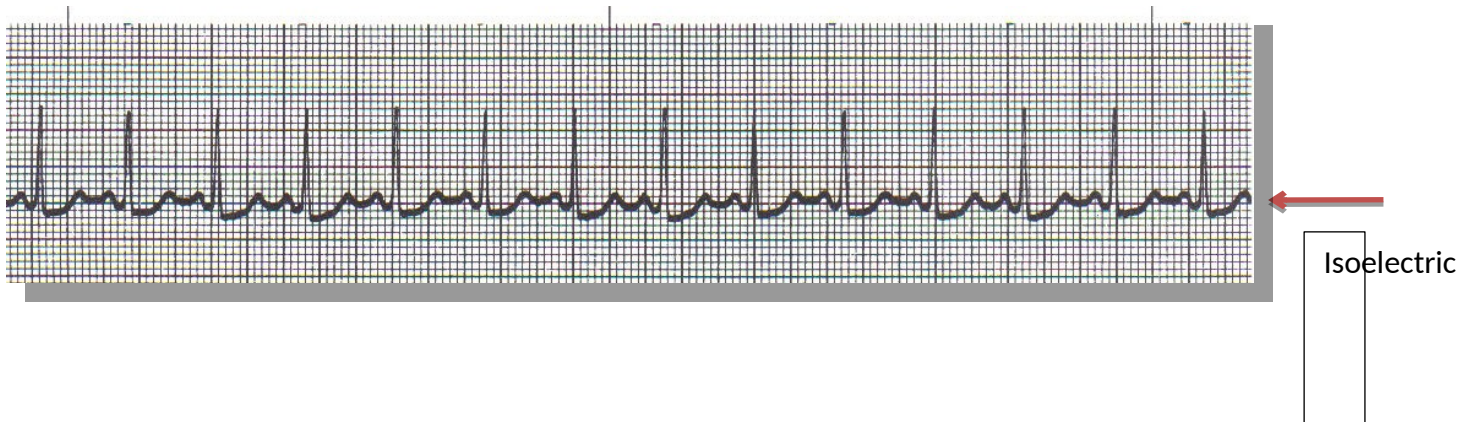
Practice #2



1. What is the Rate? 70
(R-R)
2. Is there a "P" wave with every "QRS" complex? yes
3. What is the width of the "QRS"? 0.08
4. What is the length of the "PR" interval? 0.12
5. What is the rhythm? Sinus rhythm with inverted T wave
6. Any complications with this rhythm? Yes, ischemia but could lead to a greater injury or even infarction.
7. What interventions are anticipated? Cardiac assessment, labs, oxygen, and call the Dr.

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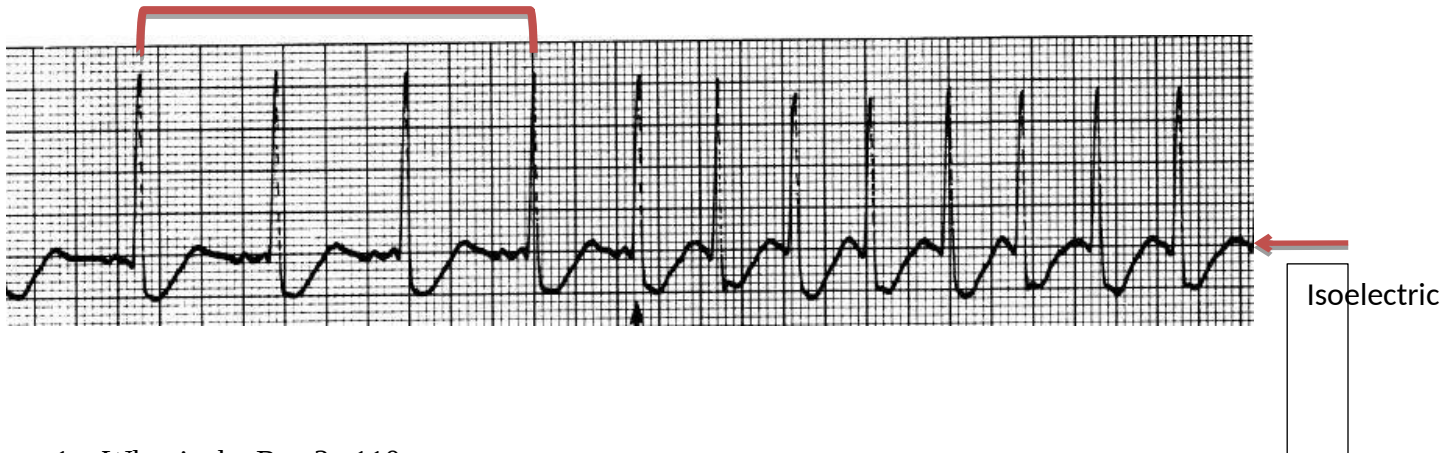
Practice #3



1. What is the Rate? 130
(R-R)
2. Is there a "P" wave with every "QRS" complex? YES
3. What is the width of the "QRS"? 0.08
4. What is the length of the "PR" interval? 0.13
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? Yes, we need to treat the cause. This could include pain, fear, anxiety, or hypovolemia.

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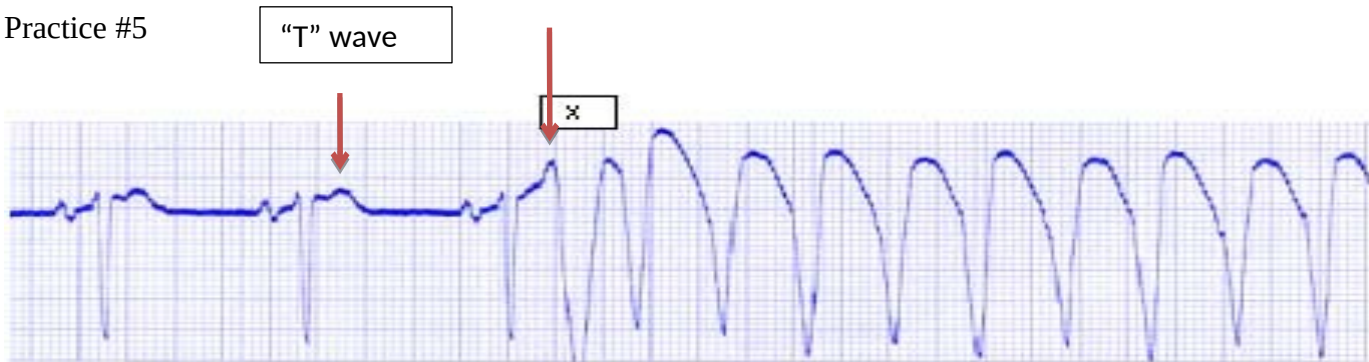
Practice #4



1. What is the Rate? 110 (R-R)
2. Is there a "P" wave with every "QRS" complex? The p wave was not noticeable and the electrical activity is coming from above the ventricles in the atrium not the SA node.
3. What is the width of the "QRS"? 0.08
4. What is the length of the "PR" interval? There is none
5. What is the rhythm? Paroxysmal Atrial fibrillation with rapid ventricular response
6. Any complications with this rhythm? Yes, a decrease cardiac output which leads to low perfusion.
7. What interventions are anticipated? If the patient is stable the physician can choose to treat the issues with antiarrhythmic drugs. If the patient is not hemodynamically stable then they will need synchronized cardioversion.

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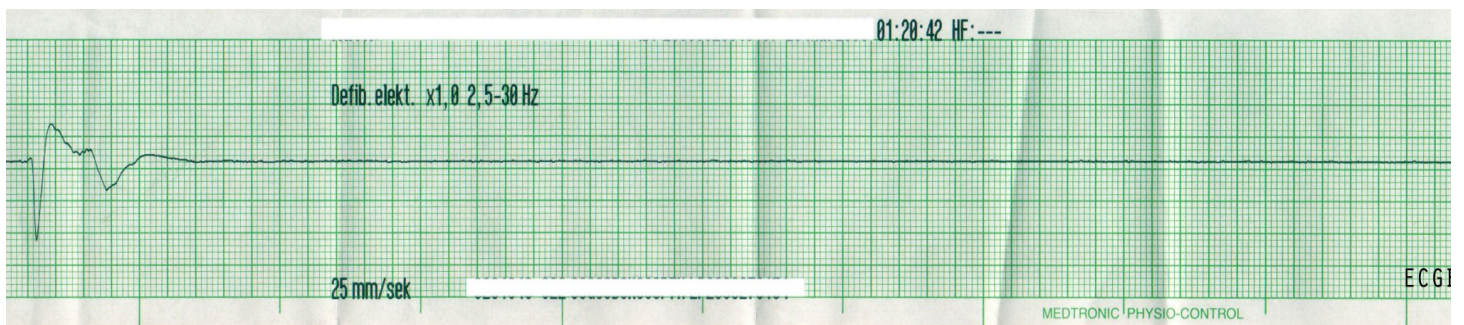
Practice #5



1. What is the Rate? 120
(R-R)
2. Is there a "P" wave with every "QRS" complex? Previously yes
3. What is the width of the "QRS"? previously 0.08 and then 0.32
4. What is the length of the "PR" interval? 0.20
5. What is the rhythm? R on T phenomenon v tach
6. Any complications with this rhythm? Yes, loss of cardiac output which leads to low perfusion (low BP)
7. What interventions are anticipated? If the patient is not stable this will call for BLS/ACLS protocol. If the patient is hemodynamically stable then have them do a vagal maneuver.

Rhythm Strips Analysis for Part I of Intro to EKG

Practice #6



1. What is the Rate? I do not know. I would need to visually assess my patient. If my patient is actively talking then this would not be asystole.
(R-R)
2. Is there a "P" wave with every "QRS" complex? No
3. What is the width of the "QRS"? Previously 1-0.16 then asystole
4. What is the length of the "PR" interval? There is none
5. What is the rhythm? asystole
6. Any complications with this rhythm? death
7. What interventions are anticipated? BLS/ACLS asap! CPR and we do not defibrillate.

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Practice #7



1. What is the Rate? 90 (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? There is not, it is just flutters
5. What is the rhythm? Atrial flutter
6. Any complications with this rhythm? Yes, decreased cardiac output, thrombus, CVA, pulmonary embolism
7. What interventions are anticipated? If patient has been in this rhythm shorter than 48hr or hemodynamically unstable. Synchronized cardioversion. And if greater than 48hr and stable = anticoagulation therapy to prevent clot.

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Practice #8



1. What is the Rate? 60
(R-R)
2. Is there a "P" wave with every "QRS" complex? Yes
3. What is the width of the "QRS"? 0.16
4. What is the length of the "PR" interval? 0.48
5. What is the rhythm? Sinus rhythm with 1st degree AV block and ST elevation (MI)
6. Any complications with this rhythm? An MI or can result in death
7. What interventions are anticipated? MONA protocol, they need to go to cath lab, and get treatment for the MI



You can do this!

