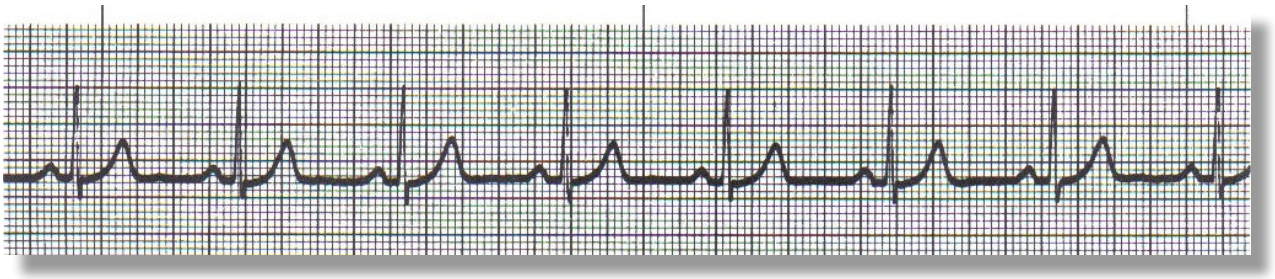
Rhythm Strips Analysis for Practice

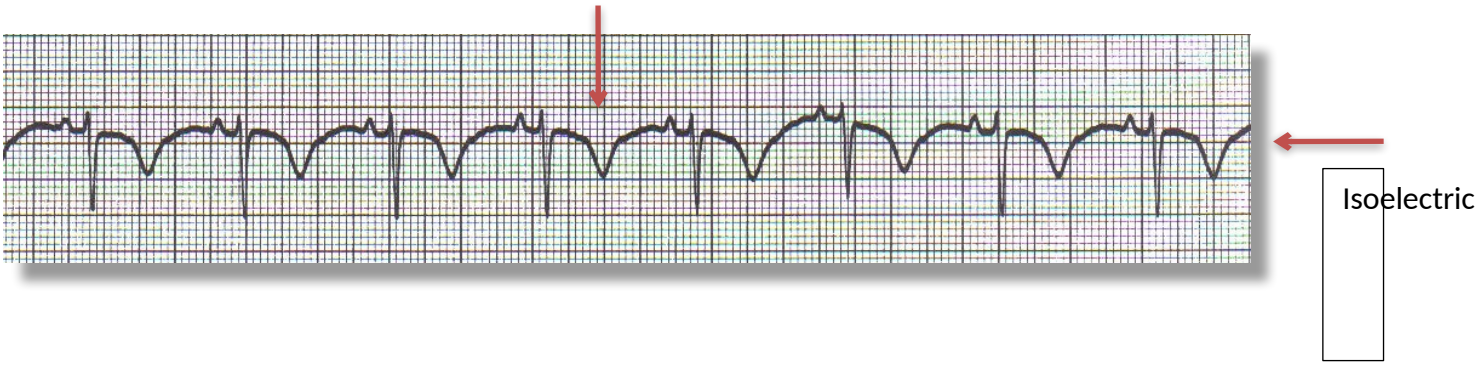
Practice #1:



1. What is the Rate? 70 bpm
   (R-R)
2. Is there a “P” wave with every “QRS” complex? Yes upright
3. What is the width of the “QRS”? 0.08s
4. What is the length of the “PR” interval? 0.16s
5. What is the rhythm? Normal Sinus Rhythm
6. Any complications with this rhythm? **No**
7. What interventions are anticipated? Assess pt pulse, cap refill, BP, skin temp. monitor for any changes that indicate 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, upright.
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 rhythm with inverted “T” wave
6. Any complications with this rhythm? Ischemia and could progress to injury or infarction
7. What interventions are anticipated? Focused cardiac Assessment, labs, admin Oxygen, get a 12-lead EKG, notify the physician.

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Practice #3

1. What is the Rate? 130 bpm
   (R-R)
2. Is there a “P” wave with every “QRS” complex? Yes upright
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 time
7. What interventions are anticipated? Treat the cause, such as fever, pain, fear, anxiety, and hypovolemia.

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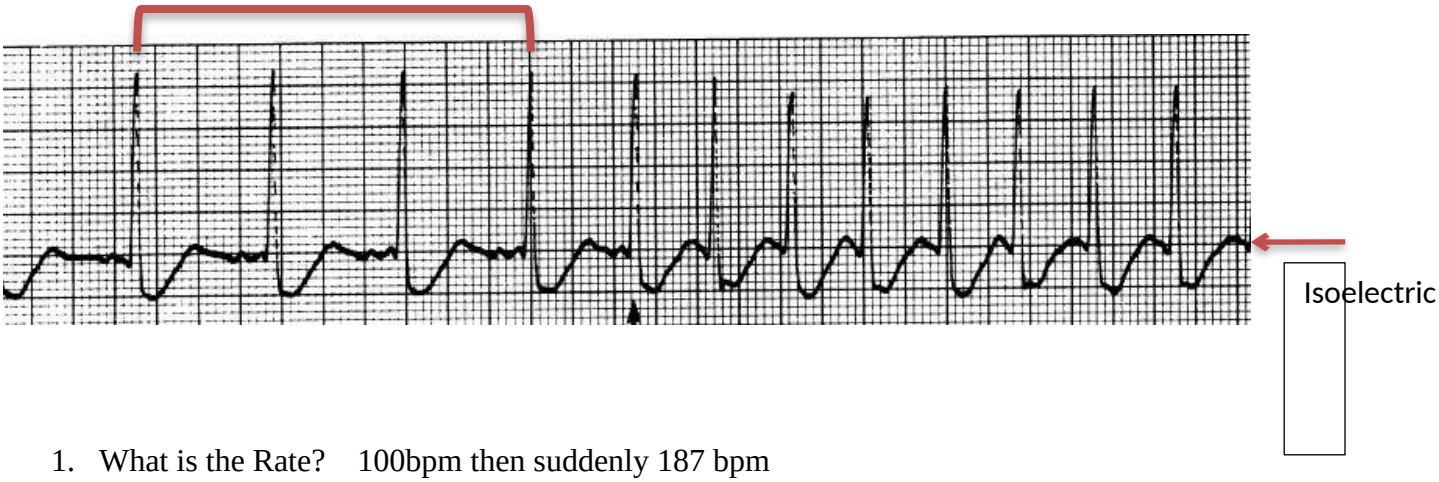
Practice #4



1. What is the Rate? 100bpm then suddenly 187 bpm (R-R)
2. Is there a "P" wave with every "QRS" complex? Previous no "P" the electrical activity comes from above the ventricles in the atrium not the SA node.
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 (RVR)
6. Any complications with this rhythm? Decreased cardiac output low perfusion
7. What interventions are anticipated? If the pt is hemodynamically stable possibly an antiarrythmic drug like amiodarone. If the pt is hemodynamically unstable then synchronized cardioversion.

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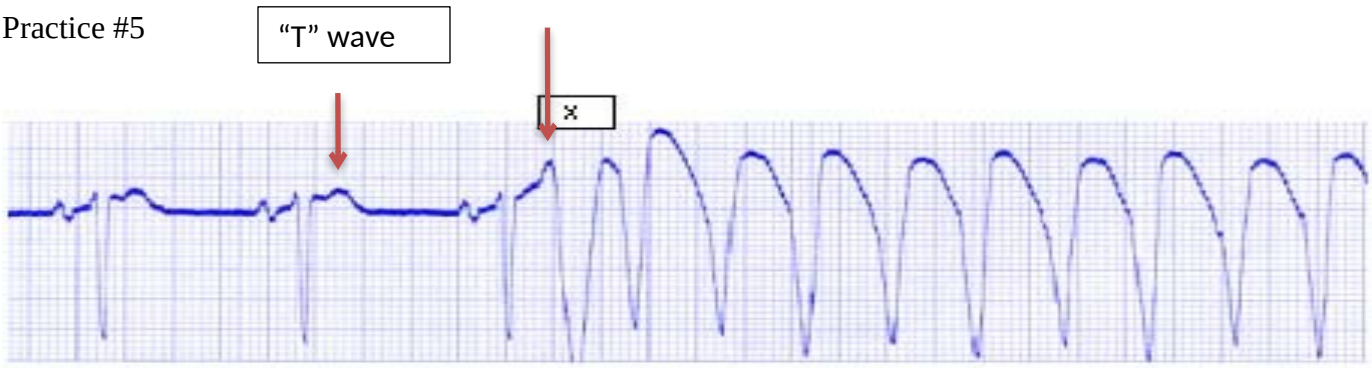
Practice #5



1. What is the Rate? Previous HR 75 bpm then "R" on "T" phenomenon causing v tach (R-R)
2. Is there a "P" wave with every "QRS" complex? Previously yes
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 0.20s normal
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? If pt is hemodynamically unstable initiate BLS/ACLS protocol. If pt stable have pt cough, bear down (vagal maneuver).

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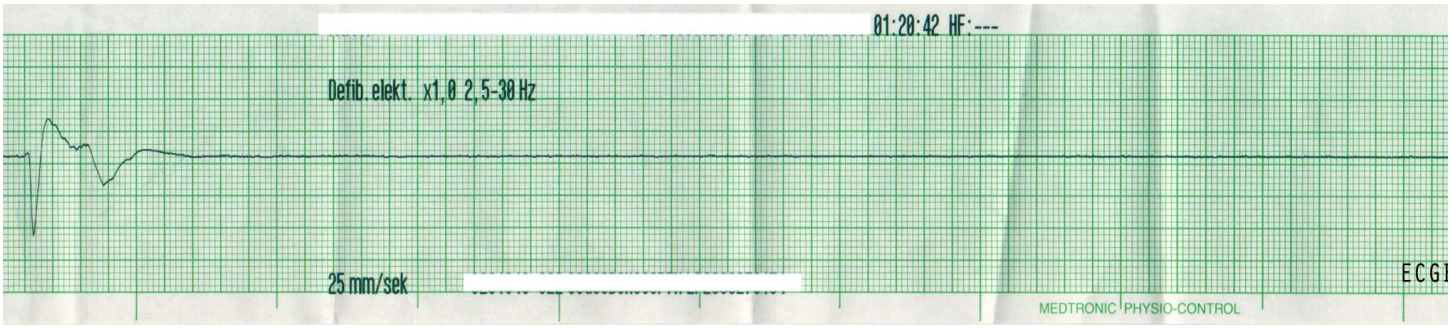
Practice #6



1. What is the Rate? Assess pt first, check if leads are attached.
   (R-R)
2. Is there a “P” wave with every “QRS” complex? NO
3. What is the width of the “QRS”? Previous 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? Initial BLS/ACLS protocol – CPR (chest compressions), NO DEFIBRILLATION

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Practice #7

1. What is the Rate? About 90 bpm
   (R-R)
2. Is there a “P” wave with every “QRS” complex? No normal “P” waves, sawtooth like, f-waves.
3. What is the width of the “QRS”? 0.08s normal
4. What is the length of the “PR” interval? None, flutters 3:1, 4:1 variation
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? If pt has been in this rhythm <48h or hemodynamically unstable – synchronized cardioaversion. If > 48h and stable – anticoagulant therapy to prevent clots and reduce risk of stroke and pulmonary embolism

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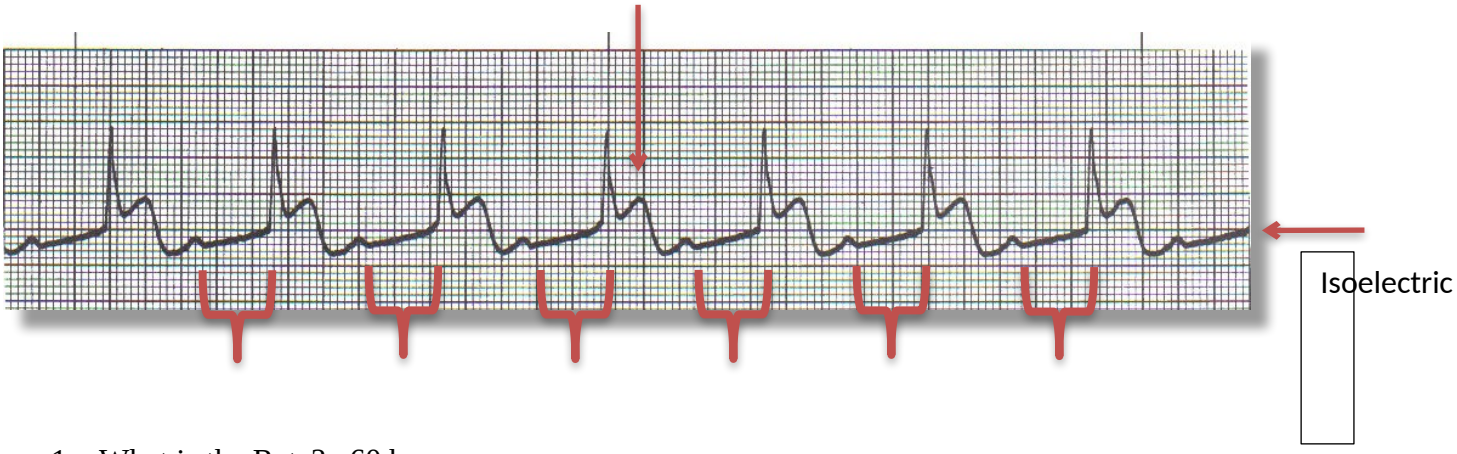
Practice #8



1. What is the Rate? 60 bpm
   (R-R)
2. Is there a “P” wave with every “QRS” complex? Yes upright
3. What is the width of the “QRS”? 0.16s abnormal
4. What is the length of the “PR” interval? 0.48s abnormal
5. What is the rhythm? Sinus rhythm with 1st degree AV block and ST elevation – MI
6. Any complications with this rhythm? Most 1st degree AV blocks are benign but with ST elevation > MI this can lead to death, intervene fast and call dr.
7. What interventions are anticipated? Initiate MONA protocol pt needs to go to cath lab, resolving MI will most likely resolve AV block.

You can do this!