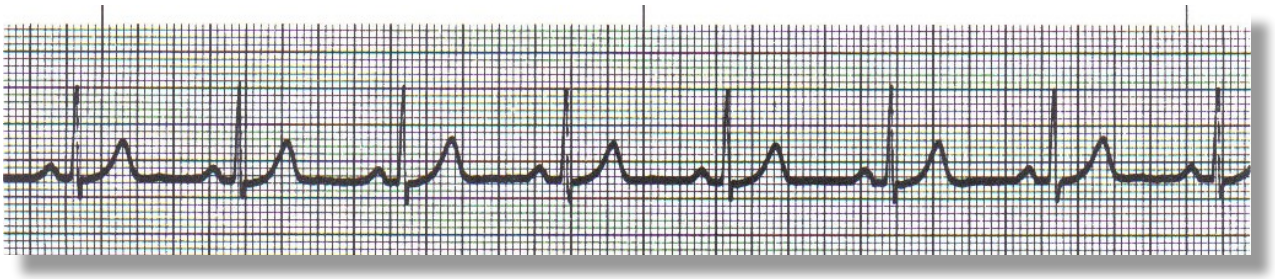
Rhythm Strips Analysis for Practice

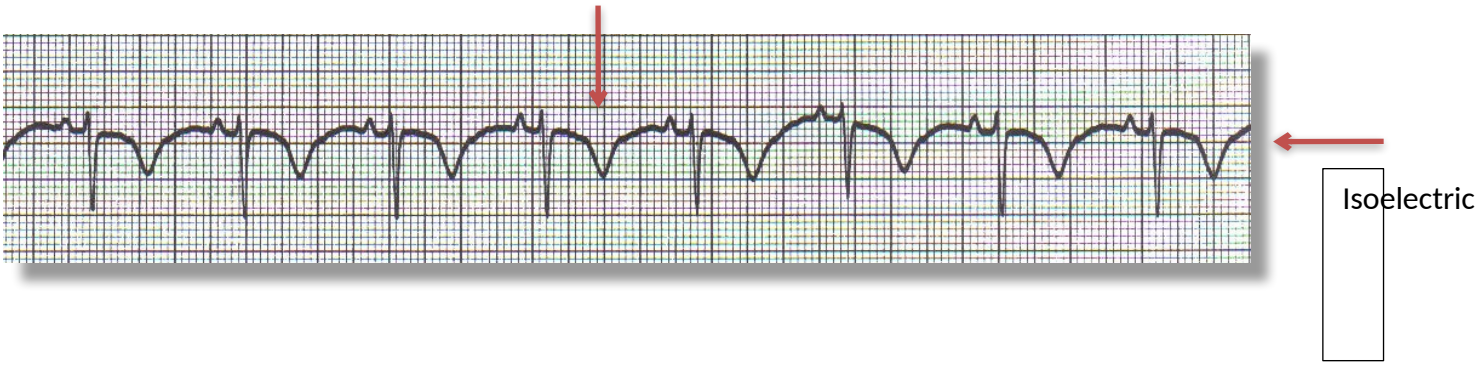
Practice #1:



1. What is the Rate? 70 bpm
   (R-R)
2. Is there a “P” wave with every “QRS” complex? yes
3. What is the width of the “QRS”? 2 boxes
4. What is the length of the “PR” interval? 4 boxes
5. What is the rhythm? 50 normal sinus rhythm
6. Any complications with this rhythm? **none**
7. What interventions are anticipated? I would want to ask the patient how they are feeling and let them relax. I would assess pulses, bp, temp, color because it could be pulseless electrical activity.

Rhythm Strips Analysis for Part I of Intro to EKG

Practice #2



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"? 0.08 sec
4. What is the length of the "PR" interval? .12 sec
5. What is the rhythm? Sinus rhythm has inverted T wave so it's probably ischemia.
6. Any complications with this rhythm? Ischemia but could progress to injury or infarction
7. What interventions are anticipated? I would give the patient O2, conduct a focused cardiac assessment, and get a 12- lead EKG

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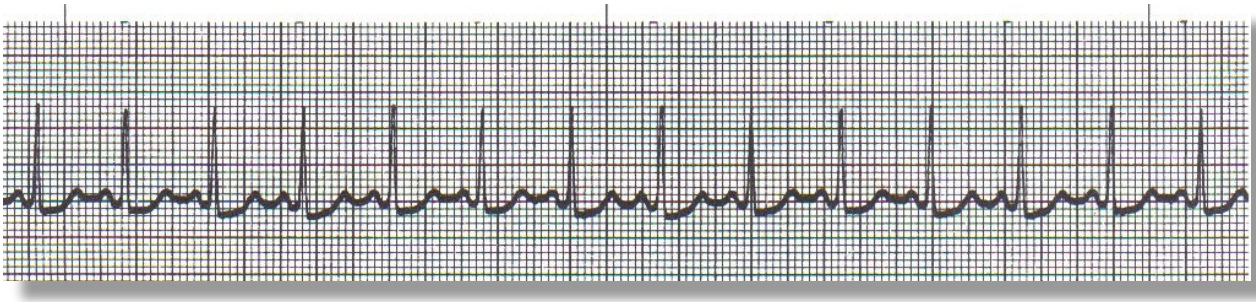
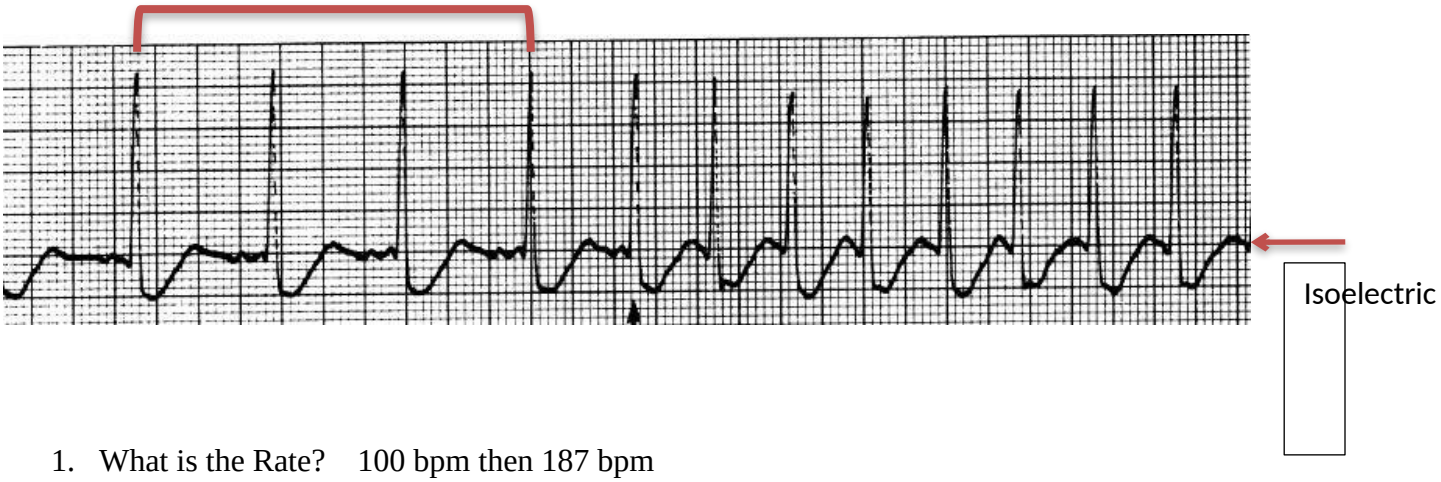
Practice #3



1. What is the Rate? 130 bpm
   (R-R)
2. Is there a “P” wave with every “QRS” complex? normal
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
6. Any complications with this rhythm? Loss of filling times
7. What interventions are anticipated? Treat the cause which could be multiple things.

Rhythm Strips Analysis for Part I of Intro to EKG

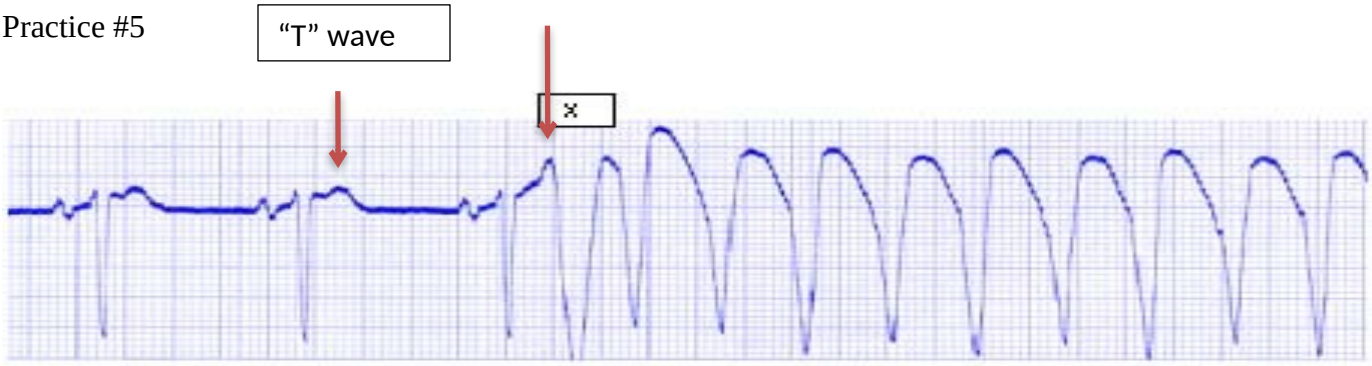
Practice #4



1. What is the Rate? 100 bpm then 187 bpm
   (R-R)
2. Is there a “P” wave with every “QRS” complex? There is no p wave it starts from the ventricles
3. What is the width of the “QRS”? 0.08 sec
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 because the heart is pumping so fast so it causes low perfusion
7. What interventions are anticipated? Maybe amiodarone or dilitiazem if they are stable, but if not the patient needs synchronized cardioversion

Rhythm Strips Analysis for Part I of Intro to EKG

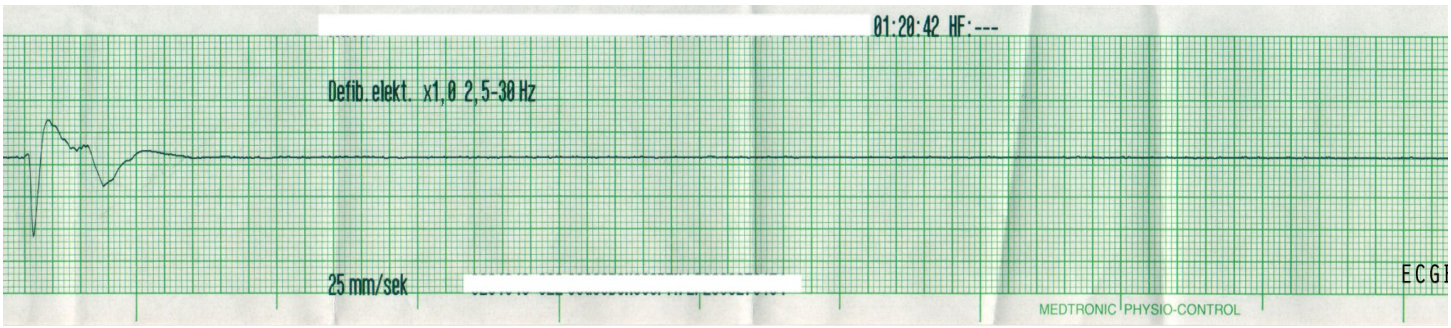
Practice #5



1. What is the Rate? 75 bpm before then strip goes into V tach
   (R-R)
2. Is there a "P" wave with every "QRS" complex? Yes at the beginning of the strip
3. What is the width of the "QRS"? normal at 0.08 then abnormal at 0.32
4. What is the length of the "PR" interval? .20 sec normal
5. What is the rhythm? V Tach
6. Any complications with this rhythm? Loss of Cardiac output, perfusion, and low SBP
7. What interventions are anticipated? Quality CPR if unstable, if they are stable you would have them try to vagal down by performing a big cough, or bearing down.

Rhythm Strips Analysis for Part I of Intro to EKG

Practice #6



1. What is the Rate? N/A
   (R-R)
2. Is there a “P” wave with every “QRS” complex? No
3. What is the width of the “QRS”? At beginning 0.16 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? Check and make sure leads are connected. Start CPR do not defibrilate

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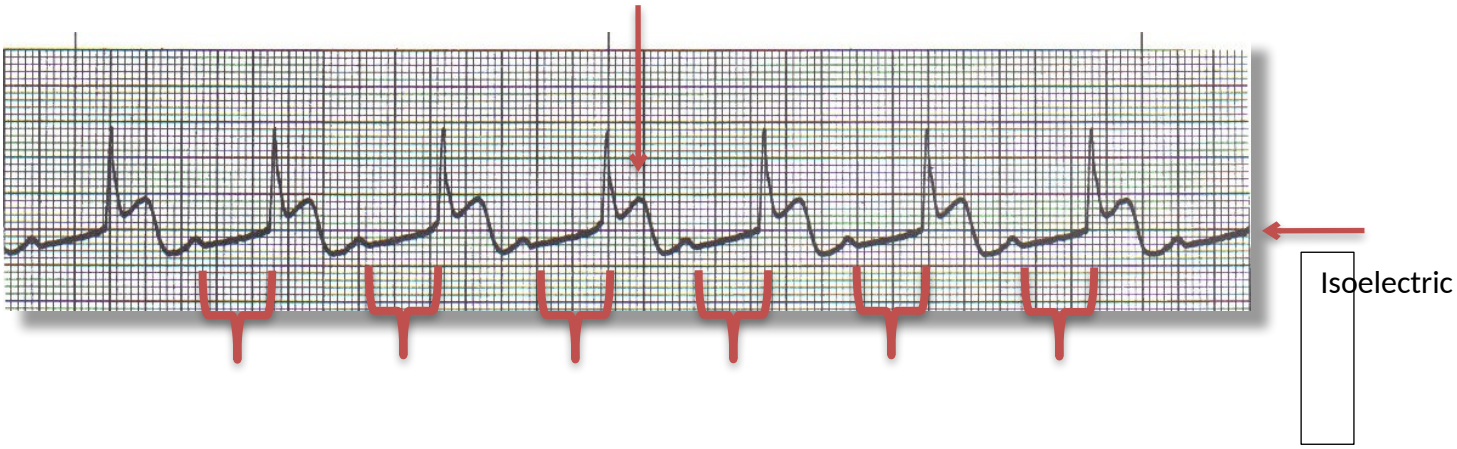
Practice #7

1. What is the Rate? 90 bpm
   (R-R)
2. Is there a “P” wave with every “QRS” complex? They’re abnormal flutter waves
3. What is the width of the “QRS”? 0.08 sec
4. What is the length of the “PR” interval? None, flutters are 3:1 and 4:1
5. What is the rhythm? Atrial Flutter
6. Any complications with this rhythm? Decreased cardiac output, PE, CVA
7. What interventions are anticipated? If the patient has been in this rhythm for <48 hours use cardioversion. If its >48 hours use anticoagulation therapy due to clot development risk for stroke and pulmonary embolus

Rhythm Strips Analysis for Part I of Intro to EKG

Practice #8



1. What is the Rate? 60 bpm
   (R-R)
2. Is there a "P" wave with every "QRS" complex? Yes
3. What is the width of the "QRS"? 0.16 abnormal
4. What is the length of the "PR" interval? 0.48 abnormal
5. What is the rhythm? Sinus rhythm with 1st degree AV Block and ST elevation myocardial infarction
6. Any complications with this rhythm? 1st degree AV blocks are not harmful but since this patient has st elevation= MI so we would need to intervene and notify physician
7. What interventions are anticipated? Initiate MONA, and patient needs to go to the cath lab. Resoving the MI will resolve the AV block

You can do this!