

Valarie Perry

ECG strip interpretation

59.

HR: 70

Assess: 1st degree AV block, The electrical signal through the av node is moving slower than normal creating a longer pr interval.

Symptomatic –vs- asymptomatic, usually asymptomatic

Causes: Myocardial infarction, meds (calcium channel blockers, beta blockers, Digoxin)

Treatment: Continue to monitor activity on monitor, change medications

Perfusion? There is perfusion

HR: 50

Assess: 2nd degree block Type 1, Wenkebach; bradycardia.

The pr interval gets longer and longer then drops the QRS complex

Symptomatic –vs- asymptomatic: Symptomatic

Causes: Low thyroid levels, electrolyte abnormalities, inflammatory infections, infectious heart conditions,

damage from surgery, some medications (Beta blockers, calcium channel blockers, digoxin).

Treatment: Reduce or stop Beta blockers, calcium channel blockers, digoxin. Treat w/ Atropine if symptomatic (bradycardia, hypotensive)

Perfusion? There is low perfusion

60.

HR: 40

Assess: 2nd degree AV block Type II: bradycardia. There are too many p waves, irregular r waves, missing QRS complex

Symptomatic –vs- asymptomatic

Causes: Low thyroid levels, electrolyte abnormalities, inflammatory infections, infectious heart conditions, damage from surgery, some medications.

Treatment: PM, Dobutamine/ Atropine, medications

Perfusion? There's low perfusion

HR: 30

Assess: 3rd degree AV Block/ complete block; P and R waves regular, but the QRS are not insync, the twave is inverted so there is some ischemia

Symptomatic –vs- asymptomatic: Symptomatic

Causes: Congenital, Myocardial infarction, heart valve disease, damage to the heart from surgery, rheumatic fever, sarcoidosis, some medications.

Treatment: Activate rapid response team, PM, take medications that increase HR (Atropine, Dobutamine)

Perfusion? There's very low to no perfusion occurring.