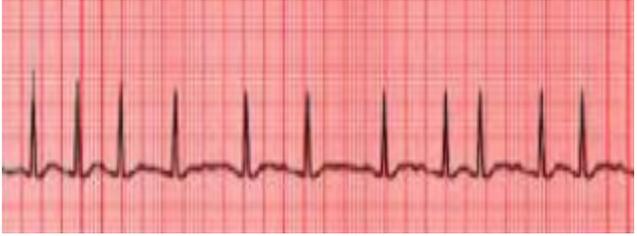
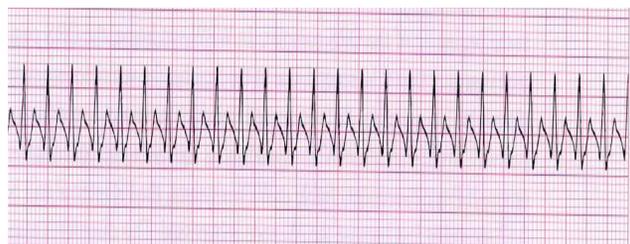
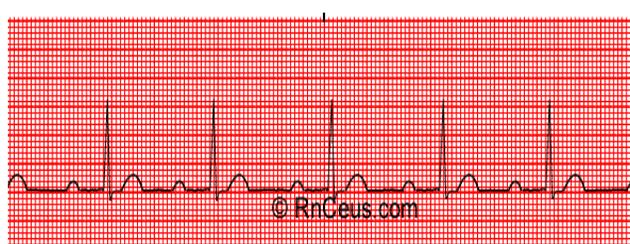
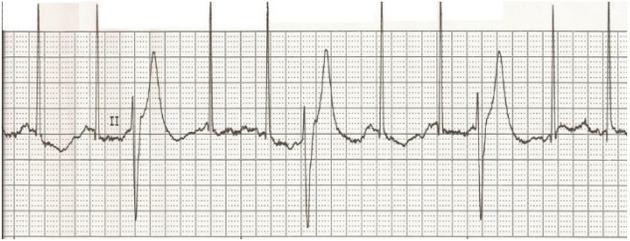
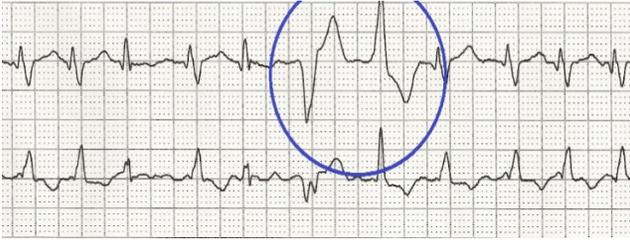
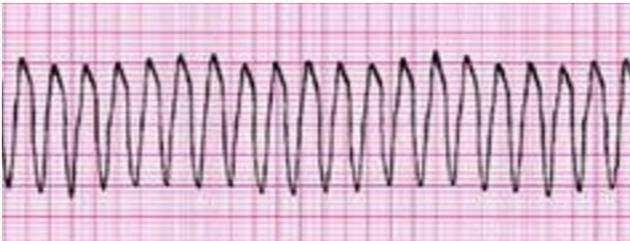
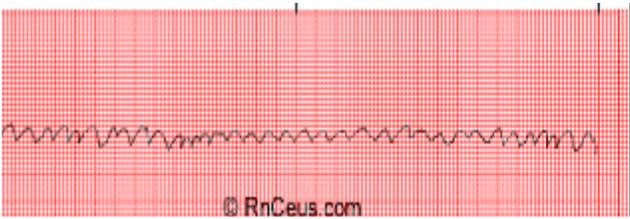
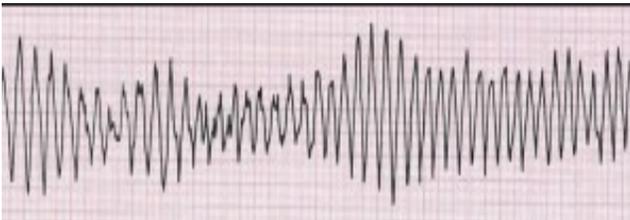
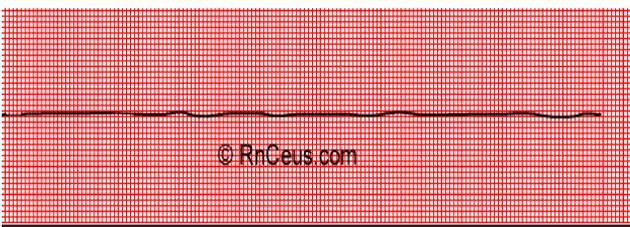


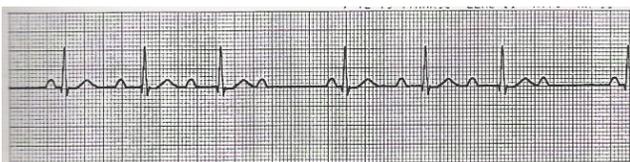
Rhythm	Identification & Characteristics	Causes / Treatment	Nursing Responsibility	Important Notes
	Sinus Rhythm	N/A	Cont. to Watch Rhythm	P wave PR interval QRS - Depolarization T wave - Repolarization
	Sinus Bradycardia	Typically non patho Causes: vagal stimulation Sick sinus syndrome Tx:	Watch for S/S of bradycardia: dizzy, light headed. Atropine if too low. Monitor EKG	Narrow QRS ↑ upright P waves in lead II
	Atrial Fibrillation	Causes: CAD, HTN, lung disease Tx: Antiarrhythmic & Anti coag.	Watch for S/S for clot	Chaotic Rhythm ↑ recognizable QRS
	Atrial Flutter	Causes: CAD, heart valve disorder. Tx: Beta blockers, Blood thinners, cardio version or ablation	Monitor for S/S of clots, give anti-coags. Monitor cardiac monitor & EKG's.	Atria is beating too fast. consistent QRS.

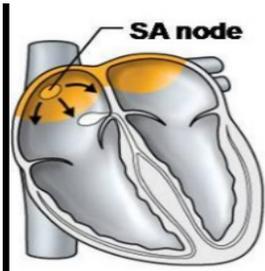
Rhythm	Identification & Characteristics	Causes / Treatment	Nursing Responsibility	Important Notes
	Sinus Tachycardia	Causes: Pain, fever, ↑ O ₂ demand &/or hypovolemia Tx: Beta blockers, Ca channel blockers	Monitor EKG Pain meds if needed Fluid if needed	Narrow QRS
	SVT	Causes: CHF, lung disease, caffeine, too much Eton, drug use Tx: Cardioversion, ablation, meds, pacer	Monitor EKG, Give O ₂	Sawtooth pattern.
	NSR $\bar{\tau}$ 1st° AV Block	Causes: Myocarditis, AMI Tx: N/A	Monitor Changes in EKG.	Prolonged PR interval of more than .20 seconds
	Bigeminy PVC	Causes: CAD, CHF, Eton, tobacco use, Anxiety. Tx: Lidocaine, beta blockers, Ca channel blockers, ablation	Monitor VS, PVC's, & EKG	PVC $\bar{\tau}$ every heartbeat

Rhythm	Identification & Characteristics	Causes / Treatment	Nursing Responsibility	Important Notes
	Trigeminy	Causes: CHF, COPD Tx: Beta blockers & Ca ⁺ channel blockers	Watch VS EKG & PVCs. ↓ anxiety	PVC \bar{c} every 3 rd HR
	Multifocal Couple PVC	Causes: Etoh or drug use, Caffeine & tobacco, Tx: Beta Blocker & Ablation	Monitor EKG, VS & give prescribed meds.	2 PVC's occurring in opposite direction.
	Unifocal Couple PVC	Causes: Etoh, tobacco, certain meds, injury to heart muscle Tx: Beta blockers & Ablation	Monitor EKG, VS & give prescribed meds.	2 PVC's occurring in the same direction.
	Ventricular Tachycardia	Causes: prior MI, Poor blood flow, congenital heart disease Tx: Defib, & Amioderone	ACLS	lower chamber of heart beats to fast

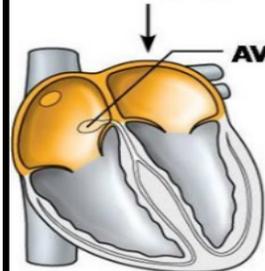
Rhythm	Identification & Characteristics	Causes / Treatment	Nursing Responsibility	Important Notes
	Ventricular Tachy- Cardia \bar{c} SR	Causes: High BP, Cardiomyopathy & CAD Tx: Cardioversion, beta- blocker. ACLS	CPR, IV access, O ₂	NSR → V Tach.
	Ventricular Fibrillation	Causes: MI, Heart disease Tx ICD, ablation, CPR CPACI	ACLS	arrhythmia
	Torsades de pointes	Causes: low mag, low K ⁺ , long QT syndrome Tx: Cardiac pacing, atropine, IV mag	Give meds as prescribed, watch vs.	Polymorphic V Tach
	Asystole	Causes: Blood loss, hypoxia, MI, PE, Trauma Tx: CPR & Epi	ACLS	Flat line

Rhythm	Causes / Treatment	Important Notes
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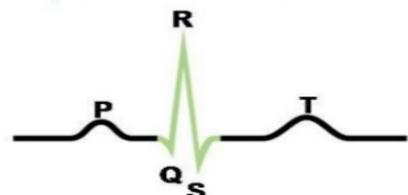
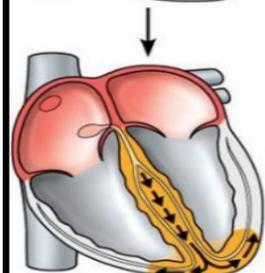
	Identification & Characteristics		Nursing Responsibility	
	2 nd degree HB Wenckebach	Causes: ischemia, myocarditis, meds Tx: if symptomatic, atropine	Monitor changes in EKG & VS.	Some P waves may not follow QRS.
	2 nd degree HB Mobitz Type II	Causes: MI & cardio myopathies. Tx: Paced	Initiate pacing, monitor EKG & VS	intermittent, non- conducted P wave w/o progressive prolongation of the PR interval
	Complete heart block	Causes: ischemia, electrolyte abnormalities Tx: pacemaker	Initiate pacing, monitor EKG & VS	electrical signal from atria to ventricles is completely blocked



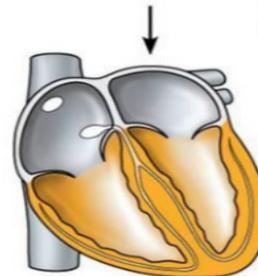
① Atrial depolarization, initiated by the SA node, causes the P wave.



② With atrial depolarization complete, the impulse is delayed at the AV node.



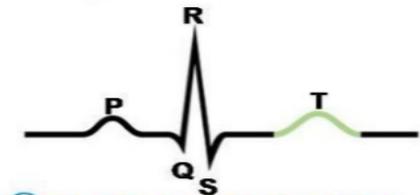
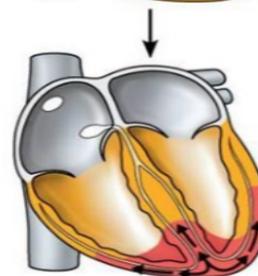
③ Ventricular depolarization begins at apex, causing the QRS complex. Atrial repolarization occurs.



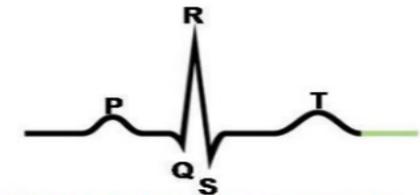
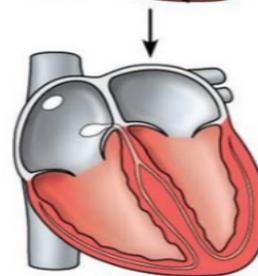
■ Depolarization ■ Repolarization



④ Ventricular depolarization is complete.



⑤ Ventricular repolarization begins at apex, causing the T wave.



⑥ Ventricular repolarization is complete.