







# EKG Interpretation Cheat Sheet

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Arrhythmias	Description	Causes	Treatment
<b>Paroxysmal Supraventricular Tachycardia</b> 	<ul style="list-style-type: none"> <li>Atrial and ventricular rhythms are regular.</li> <li>Heart rate is 140 bpm; rarely exceeds 250 bpm.</li> <li>P waves regular but aberrant; difficult to differentiate from preceding T waves.</li> <li>P wave preceding each QRS complex.</li> <li>Sudden onset and termination of arrhythmia.</li> <li>When a normal P wave is present, it's called paroxysmal atrial tachycardia; when a normal P wave isn't present, it's called paroxysmal junctional tachycardia.</li> </ul>	<ul style="list-style-type: none"> <li>Physical exertion, emotion, stimulants, rheumatic heart disease.</li> <li>Intrinsic abnormality of the conduction system.</li> <li>Digoxin toxicity.</li> <li>Use of caffeine, marijuana, or central nervous system stimulants.</li> </ul>	<ul style="list-style-type: none"> <li>If the patient is unstable, prepare for immediate cardioversion.</li> <li>If the patient is stable, vagal stimulation, or Valsalva maneuver, carotid sinus massage.</li> <li>Adenosine by rapid I.V. bolus injection to rapidly convert arrhythmia.</li> <li>If a patient has normal ejection fraction, consider calcium channel blockers, beta-adrenergic blockers, or amiodarone.</li> <li>If a patient has an ejection fraction less than 40%, consider amiodarone.</li> </ul>
<b>Atrial Flutter</b> 	<ul style="list-style-type: none"> <li>Atrial rhythm regular, rate, 250 to 400 bpm.</li> <li>Ventricular rate variable, depending on degree of atrial block.</li> <li>Sawtooth shape P wave configuration.</li> <li>QRS complexes are uniform in shape but often irregular in rate.</li> </ul>	<ul style="list-style-type: none"> <li>Heart failure, mitral or aortic valve disease, pulmonary embolism, left pulmonary, inferior wall MI, cardiitis.</li> <li>Digoxin toxicity.</li> </ul>	<ul style="list-style-type: none"> <li>If a patient is unstable with ventricular rate &gt; 150bpm, prepare for immediate cardioversion.</li> <li>If the patient is stable, drug therapy may include calcium channel blockers, beta-adrenergic blockers, or antiarrhythmics.</li> <li>Anticoagulation therapy may be necessary.</li> </ul>
<b>Atrial Fibrillation</b> 	<ul style="list-style-type: none"> <li>Atrial rhythm grossly irregular; rate = 300 to 600 bpm.</li> <li>Ventricular rhythm grossly irregular; rate 160 to 180 bpm.</li> <li>PR interval indistinguishable.</li> <li>No P waves, or P waves that appear as erratic, irregular baseline fibrillatory waves.</li> </ul>	<ul style="list-style-type: none"> <li>Heart failure, COPD, thyrotoxicosis, congestive pericarditis, ischemic heart disease, valvular, pulmonary embolism, rheumatic heart disease, hypertension, mitral stenosis, atrial irritation, complication of coronary bypass or valve replacement surgery.</li> </ul>	<ul style="list-style-type: none"> <li>If a patient is unstable with ventricular rate &gt; 150bpm, prepare for immediate cardioversion.</li> <li>If stable, drug therapy may include calcium channel blockers, beta-adrenergic blockers, digoxin, procainamide, sotalol, flecainide, or amiodarone.</li> <li>Anticoagulation therapy to prevent emboli.</li> <li>Dual chamber atrial pacing, implantable atrial defibrillator, or surgical maze procedure may also be used.</li> </ul>
<b>Junctional Rhythm</b> 	<ul style="list-style-type: none"> <li>Atrial and ventricular rhythms are regular.</li> <li>Atrial rate 40 to 60 bpm.</li> <li>Ventricular rate is usually 40 to 60 bpm.</li> <li>P waves preceding, hidden within (absent), or after QRS complex; usually inverted if visible.</li> <li>PR interval (when present) &lt; 0.12 second.</li> <li>QRS complex configuration and duration normal, except in aberrant conduction.</li> </ul>	<ul style="list-style-type: none"> <li>Inferior wall MI, or ischemia, hypoxia, vagal stimulation, sick sinus syndrome.</li> <li>Acute rheumatic fever.</li> <li>Valve surgery.</li> <li>Digoxin toxicity.</li> </ul>	<ul style="list-style-type: none"> <li>Correction of underlying cause.</li> <li>Atropine for symptomatic slow rate.</li> <li>Procainamide insertion if patient is refractory to drugs.</li> <li>Discontinuation of digoxin if appropriate.</li> </ul>
<b>Premature Junctional Conjunctions</b> 	<ul style="list-style-type: none"> <li>Atrial and ventricular rhythms are irregular.</li> <li>P waves inverted; may precede, be hidden within, or follow QRS complex.</li> <li>QRS complex configuration and duration normal.</li> </ul>	<ul style="list-style-type: none"> <li>MI or ischemia.</li> <li>Digoxin toxicity and excessive caffeine or amphetamine use.</li> </ul>	<ul style="list-style-type: none"> <li>Correction of underlying cause.</li> <li>Discontinuation of digoxin if appropriate.</li> </ul>
<b>First-degree AV block</b> 	<ul style="list-style-type: none"> <li>Atrial and ventricular rhythms regular.</li> <li>PR interval &gt; 0.20 second.</li> <li>P wave preceding each QRS complex.</li> <li>QRS complex normal.</li> </ul>	<ul style="list-style-type: none"> <li>Inferior wall MI or ischemia or infarction, hypothyroidism, hypokalemia, hyperkalemia.</li> <li>Digoxin toxicity.</li> <li>Use of quinidine, procainamide, beta-adrenergic blockers, calcium</li> </ul>	<ul style="list-style-type: none"> <li>Correction of the underlying cause.</li> <li>Possibly atropine if PR interval exceeds 0.26 second or symptomatic bradycardia develops.</li> <li>Cautious use of digoxin, calcium channel blockers, and beta-adrenergic blockers.</li> </ul>

# Pocket To Ecg Interpretation

**Karen C. Comerford**



## **Pocket To Ecg Interpretation:**

**Pocket Tutor ECG Interpretation** Simon James, Simon Alexander James, Katharine Nelson, 2011-07-31 Titles in the Pocket Tutor series give practical guidance on subjects that medical students and foundation doctors need help with on the go at a highly affordable price that puts them within reach of those rotating through modular courses or working on attachment Topics reflect information needs stemming from today's integrated undergraduate foundation courses Common investigations ECG Chest X Ray etc Clinical skills procedures patient examination etc Professional development ethics statistics etc Clinical specialties that students perceive as too small to merit a textbook psychiatry renal medicine Highly structured bite size content helps novices combat the fear factor associated with day to day clinical training and provides just enough for a new rotation Key Points Highly affordable price and convenient pocket size format fits in back pocket Logical sequential content relevant basic science then a guide to understanding a normal ECG and the building blocks of an abnormal ECG before describing clinical disorders Clinical disorders illustrated by a full page 12 lead ECG with brief accompanying text on facing page that clearly identifies the defining feature of the ECG in other words what is it that makes this atrial fibrillation ECG Interpretation Lippincott Williams & Wilkins, 2005-06-22 ECG Interpretation An Incredibly Easy Pocket Guide provides time starved nurses with the essentials of electrocardiography in a streamlined bulleted and highly visual format The book fits into a pocket for quick reference anytime and anywhere and uses charts illustrations logos and other Incredibly Easy features to help nurses spot key points at a glance Topics include ECG basics such as obtaining and interpreting rhythm strips arrhythmia interpretation pacemakers and ICDs and 12 lead ECGs For each arrhythmia causes signs and symptoms and pharmacologic and nonpharmacologic treatment are presented Test Zone questions and answers evaluate the reader's mastery of the subject **ECG Interpretation**, 2006 Tarascon ECG Pocketbook Timothy Wm. Smith DPhil MD FACC FHRS, 2012-02-23 *Pathophysiology Made Incredibly Easy!* Elizabeth Rost, 2009 Expanded updated and now in full color throughout this Fourth Edition presents vital pathophysiology information in an easy to understand easy to remember entertaining and practical manner Chapters cover cancer infection immune disorders genetics blood and disorders of each body system highlighting pathophysiologic processes signs and symptoms diagnostic test findings and current treatments Illustrations memory joggers and other special features help readers understand and remember key points This edition's expanded cancer chapter covers more types of cancer The Practice Makes Perfect self test includes more NCLEX style questions with rationales for correct and incorrect answers A companion website on thePoint will offer additional information illustrations memory joggers and study cards **Pocket Tutor Emergency Imaging** Mandip K Heir, Ram Vaidhyanath, 2013-02-28 First principles of emergency imaging Understanding normal results Recognising abnormalities Gastrointestinal system Genitourinary system Chest and vascular disease Head and neck Neurological imaging Musculoskeletal system Paediatric emergency imaging *Critical Care Nursing Made Incredibly*

*Easy!* Lippincott Williams & Wilkins, 2008 This is a handy reference book in the award winning Incredibly Easy style perfect for those entering or needing a refresher in critical care nursing Critical care nursing is one of the most demanding and complex areas of nursing practice The critical care nurse has to be broadly specialized with a fluency in a wide range of interconnected concepts body system physiology pathophysiology and highly technical interventions while processing data from multiple sources all this in an environment where there is no room for error and seconds really do count **Pocket ECGs for Nurses** Andrew R. Houghton, Alun Roebuck, 2017-08-15 Written in plain language with clear explanations bullet lists and summaries throughout this book will benefit nurses as well as paramedics and other allied health professionals in recording and reading ECGs The book begins by covering the basics of cardiac anatomy and physiology and how these relate to the ECG It then guides nurses on how to perform a high quality ECG recording interpret it and make sense of common ECG abnormalities The book also includes a guide to ambulatory and bedside monitoring and useful chapter summaries

**Fundamentals of Nursing Made Incredibly Easy!** Karen C. Comerford, 2007 Presenting essential nursing fundamentals in an easy to read fun to learn format this resource provides comprehensive coverage of the theoretical foundations of nursing the nursing process basic nursing skills physiologic patient care and the latest nursing concepts Includes illustrations cartoons and quizzes **ECG Interpretation: An Incredibly Easy! Pocket Guide**

Lippincott, 2012-03-29 ECG Interpretation An Incredibly Easy Pocket Guide Second Edition provides time starved nurses with the essentials of electrocardiography in a streamlined bulleted and highly visual format The book fits into a pocket for quick reference anytime and anywhere and uses charts illustrations logos and other Incredibly Easy features to help nurses spot key points at a glance Topics include ECG basics such as obtaining and interpreting rhythm strips arrhythmia interpretation pacemakers and ICDs and 12 lead ECGs This revised and updated Second Edition provides expanded coverage of the 8 step interpretation method including new illustrations A new appendix presents ACLS algorithms **Assessment Made**

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subject using clearly labelled full page ECG traces and concise but informative text Revised text and brand new ECG traces bring the new edition fully up to date New chapters cover electrolyte and homeostatic disorders and normal variants Logical sequential content relevant basic science then a guide to understanding a normal ECG and the building blocks of an abnormal ECG before describing clinical disorders *Medical Spanish Made Incredibly Easy!*. ,2009 Translates into Spanish the questions commonly asked when examining the primary body systems and provides educational phrases to teach patients about major clinical disorders pain management medications and nutrition *Anatomy and Physiology Made Incredibly Easy!* ,2009 Now updated to full color throughout Anatomy Physiology Made Incredibly Easy Third Edition presents the vast sometimes overwhelming details of anatomy and physiology in the enjoyable user friendly award winning Incredibly Easy style It reviews the core concepts of A P and offers detailed coverage of every body system nutrition fluids and electrolytes reproduction and lactation and genetics This edition includes a Practice Makes Perfect section of NCLEX style questions and pocket sized study cards for on the go review A companion Website offers new student and instructor resources including study cards physiology animations PowerPoint presentations a test generator teaching tips and practice exercises activities

**Flip and See ECG** Elizabeth Gross Cohn,2012-07-23 New and updated information across the entire book includes coverage of new pacemaker strips and now includes 12 lead interpretation and 12 lead axis identification New cartoons have been added to make key points memorable and entertaining Updated algorithms reflect the new 2010 ECC Guidelines Completely redesigned Cohn s Pocket Guide for ECG Interpretation a plastic heart rate ruler aids both students and practitioners in rhythm interpretation Expanded appendix provides illustrations of ECG complexes as they relate to heart damage **Current Catalog** National Library of Medicine (U.S.),1993 First multi year cumulation covers six years 1965 70

**Pathophysiology Made Incredibly Visual!** Lippincott Williams & Wilkins,2008 A comprehensive guide to pathology uses cartoons and detailed illustrations to help explain basic concepts presenting symptoms risk factors and causes of disorders and diseases that occur all over the body National Library of Medicine Current Catalog National Library of Medicine (U.S.),1982 **I. V. Therapy** Diane M. Labus,2008-08-01 I V Therapy An Incredibly Easy Workout features more than 250 enjoyable practice exercises to help readers master I V therapy with ease A perfect companion to I V Therapy Made Incredibly Easy this workbook uses the light hearted Incredibly Easy writing style that makes learning and reviewing complex information less threatening and more fun Chapters test the reader s knowledge of essential I V therapy information including I V therapy fundamentals peripheral I V therapy central venous therapy I V medications transfusions chemotherapy infusions and parenteral nutrition Readers maneuver through practice exercises that assess learning encourage comprehension and retention and provide a little laughter Nurse Joy and other host characters offer coaching and encouragement **Dosage Calculations** Lippincott Williams & Wilkins,2009 Dosage Calculations An Incredibly Easy Workout features over 250 enjoyable practice exercises to help readers master dosage calculations with ease A perfect

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