







# 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 200 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, blocked or mitral 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; 100bpm, 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; 100bpm, 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>Left chamber atrial pacing, implantable atrial pacemaker, 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

**Shasha Hu**



## **Pocket To Ecg Interpretation:**

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*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

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**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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