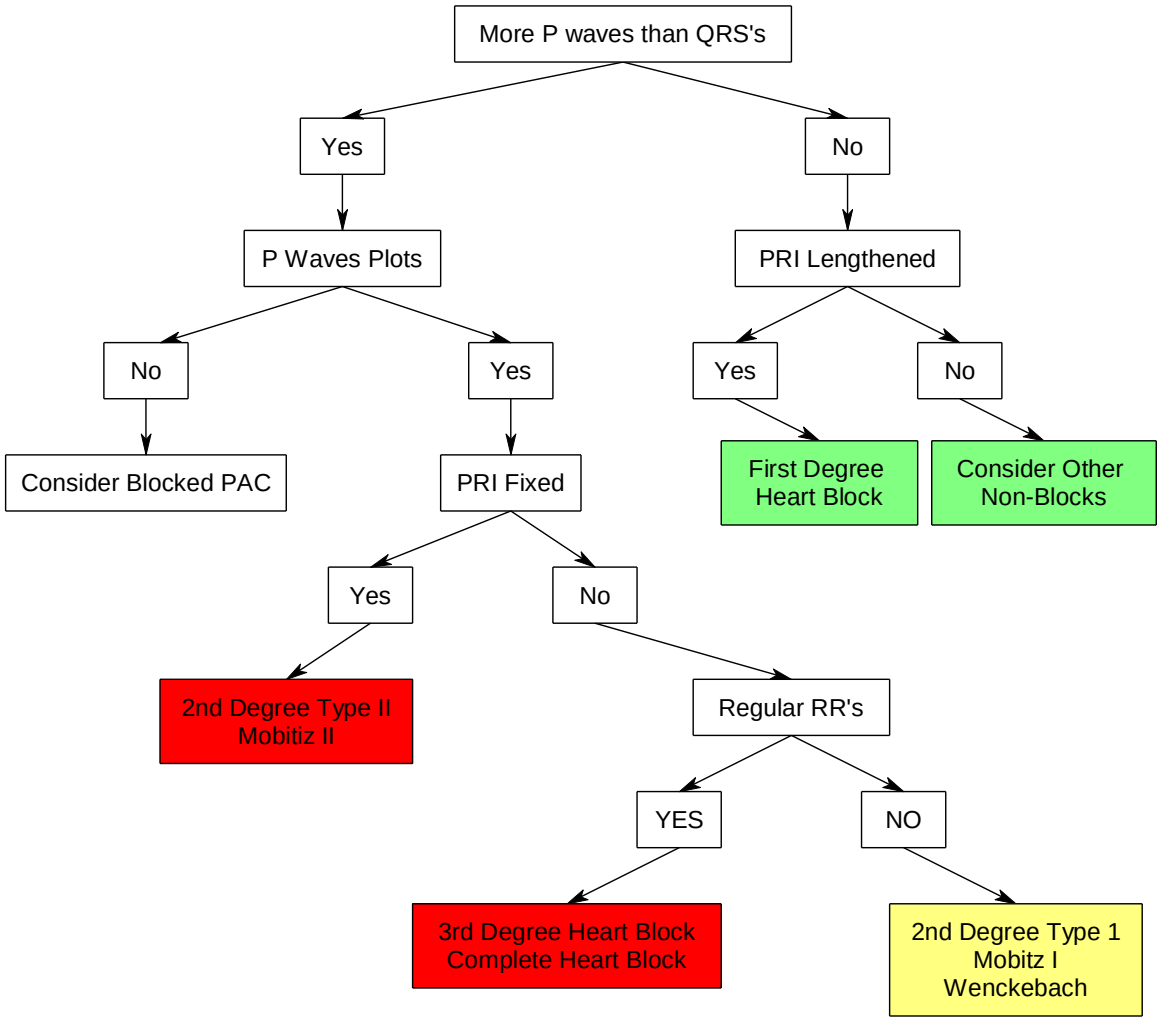
Sinus Rhythms / Narrow Complex Parameters						
Name of Rhythm	**Rate**	**Regularity of R to R**	**P-Wave Present**	**PR Interval**	**QRS Width**	**Special Markers**
Normal Sinus (NSR)	**60-100**	**Regular**	**Yes**	**.12-.20**	**.04-.12**	
Sinus Bradycardia	**<60**	**Regular**	**Yes**	**.12.20**	**.04-.12**	**Looks like NSR only slow**
Sinus Tachycardia	**100-150**	**Regular**	**Yes**	**.12-.20**	**.04-.12**	**Look like NSR only fast**
Sinus Arrhythmia	**60-100**	**Irregular**	**Yes**	**.12-.20**	**.04-.12**	**Increases with Respirations**
Atrial Rhythms / Narrow Complex Parameters						
Name of Rhythm	**Rate**	**Regularity of R to R**	**P-Wave Present**	**PR Interval**	**QRS Width**	**Special Markers**
Atrial Tachycardia	**160-240**	**Regular**	**Possible**	**If present <.12**	**.04-.12**	**Fast, Regular, Narrow**
Supraventricular Tachycardia	**160-240**	**Regular**	**None**	**None**	**.04-.12**	**Fast, Regular, Narrow Difference between this and A-Tach you will not see P-waves**
Atrial Flutter	**Atrial rate 220-350**	**Varies**	**Flutter waves**	**Unable to measure**	**.04-.12**	**Saw tooth pattern appearance on flutter waves**
Atrial Fibrillation	**Atrial rate 400-700**	**Irregular**	**Unidentifiable Fib wave only**	**Unable to measure**	**.04-.12**	**Irregular, No P waves, Narrow QRS**
Premature Atrial Contraction (PAC)	**Underlying rhythm**	**Irregular**	**Yes**	**Shortened <.12**	**.04-.12**	**Incomplete Compensatory Pause; Peaked T wave preceding the irregular beat, Time table resets; QRS in same**
(WAP) Wandering Atrial Pacemaker	**Usually 60-100 But maybe slower**	**Usually irregular**	**Yes Changing in size**	**Varies from .12-.20 depending on location of pacemaker**	**.04-.12**	**To call it a WAP you need at least 3 different configurations of P waves**

Junctional Rhythms						
Name of Rhythm	**Rate**	**Regularity of R to R**	**P-Wave Present**	**PR Interval**	**QRS Width**	**Special Markers**
Junctional	**40-60**	**Regular**	**No, Inverted or Retro**	**<.12-.20 Usually shortened**	**04-.12**	**Inverted or No P wave Regular narrow complex**
Accelerated Junctional	**60-100**	**Regular**	**No, Inverted or Retro**	**<.12-.20 Usually shortened**	**04-.12**	**Inverted or No P wave Regular narrow complex**
Junctional Tachycardia	**100-150/160**	**Regular**	**No, Inverted or Retro**	**<.12-.20 Usually shortened**	**04-.12**	**Inverted or No P wave Regular narrow complex**
Premature Junctional Complex	**Underlying Rhythm**	**Irregular**	**No, Inverted or Retro**	**<.12-.20 Usually shortened**	**04-.12**	**Incomplete or Complete Compensatory Pause; Inverted P wave if present or no p wave**
Ventricular Rhythms / Wide Complex Parameters						
Name of Rhythm	**Rate**	**Regularity of R to R**	**P-Wave Present**	**PR Interval**	**QRS Width**	**Special Markers**
Premature Ventricular Contraction (PVC)	**Underlying rhythm**	**Irregular**	**No**	**None**	**>.12**	**Complete Compensatory Pause; Time table does NOT reset ; QRS in opposite direction as normal beats**
Ventricular Fibrillation	**None**	**Irregular**	**None**	**None**	**None**	**Chaotic pattern**
Ventricular Tachycardia	**100-220**	**Regular may be irregular if a sinus beat fires**	**None**	**None**	**>.12**	**Wide complex, Fast, Looks like V's VVVVVVVV**
Idioventricular IVR	**20-40**	**Regular**	**None**	**None**	**>.12**	**Slow, regular, wide**
Accelerated Idioventricular AIVR	**40-100**	**Regular**	**None**	**None**	**>.12**	**Just like IVR, once gets above 100 turns into V-Tach**

Heart Blocks Parameters						
Name of Rhythm	**Rate**	**Regularity of R to R**	**P-Wave Present**	**PR Interval**	**QRS Width**	**Special Markers**
First Degree Heart Block	**60-100**	**Regular**	**Yes**	**<.20**	**.04-.12**	**Looks like NSR only the PRI is > than .20**
2nd Degree Type I; Mobitz I; Wenkebach	**Varies Usually bradycardic**	**Irregular**	**Yes**	**Increasing PRI**	**.04-.12**	**Increasing PRI till dropped QRS; P waves will plot More P's than QRS's**
2nd Degree Type II; Mobitz II	**Varies Usually bradycardic**	**Regular but can be Irregular**	**Yes**	**.12-.20 and fixed with QRS it is associated with**	**May be narrow or wide**	**More P's than QRS; P waves plot; P waves will be fixed in time with ones associated with QRS**
3rd Degree Heart Block	**Slow**	**Regular**	**Yes**	**Constantly changing**	**<.12**	**More P's than QRS; P waves plot; PRI is constantly changing**



Mobitiz I - Irregular PRI, Irregular RR's
Mobitiz II Regular PRI. Regular RR's
Third Degree - Irregular PRI, Regular RR's
Remember in all blocks the P's should plot.

Heart Block Chart

AMI - EKG

AMI Location	Anterior	Inferior/ Diaphragmatic	Posterior	Anterolateral
Coronary Artery	LAD	L-circumflex	RCA-L circumflex	L-circumflex
EKG Lead	V1-V3 MCL	II-III-V3 AVF	Opposite anterior V1 - no leads with + terminal over infarct	I V4-V6 AVL
Dysrhythmia	1. Sinus Tach 2. 2 Mobitz II 3. BBB 4. 3 AV Block w/ ventricular	1. S-T Elevation 2. Sinus Brady 3. 1 AV Block 4. 2 AV Mobitz I 5. 3 AV Block w/ junction 6. AIVR	S-T depression initial force of complex - away from infarct	S-T elevation R BBB Abnormal Q wave

EKG changes in:

1. Ischemia: T wave inversion
2. Injury: S-T elevation
3. Necrosis: Pathologic Q wave

i.e. Greater than 0.04 second duration

Greater than 4mm in depth

Appear in leads that do not normally have deep/wide Q.

e.g. II-III-AVG

Coronary blood flow to:

1. SA Node - RCA 55%, left circumflex-45%
2. AV Node - RCA 95%, left circumflex-05%