ACLS

EKG REVIEW
Rate 60-100 bpm

Rate 40-60 bpm

Rate 20-40 bpm
A

Sinus Rhythm

B

Sinus Brady

C

Sinus Tach
Sinus Rhythm w/ PAC (look for the inverted P wave. Upright P waves generally are Above the baseline.

E

SVT (No P waves narrow complex) **Treatment if stable think meds (Adenosine 6mg, 12mg, 12mg)**
Unstable think (Synchronized cardioversion without delay.)

F

Atrial Fibrillation (No regular Ps and variable rate)
### Atrial Flutter

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<table>
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<tbody>
<tr>
<td>a.</td>
<td>Atrial flutter with 4:1 conduction</td>
<td>b.</td>
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<tr>
<td>c.</td>
<td>Atrial flutter with ___:1 conduction</td>
<td>d.</td>
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Wandering Atrial Pacemaker (WAP) / if > 100 = Multifocal Tach (MAT)
Junctional Rhythm - 60 bpm

Sinus Rhythm W / ST Depression and PJC

Junctional Tach @ 100 bpm
Sinus Rhythm W/ PVC

Sinus Rhythm W/ multifocal PVC’S

Monomorphic V-Tach
Poly V-Tach

Poly V-Tach / Torsades de points (prolong QT)

Poly V-Tach / Torsades de points
Fine V-fib

S

Coarse V-fib

T

Coarse V-fib that converts to Asystole after defibrillation.

U
1\textsuperscript{st} degree (P wave distant from the Q)

\textbf{V}

\textbf{W}

2\textsuperscript{nd} degree type 1

\textbf{X}
2nd degree type 1

Y

2nd degree type 2 (P wave will march out same space)

Z

2nd degree type 2

AA
3rd degree (look at P wave)

BB

3rd degree

CC

Asystole

DD
Fig 6. How to measure ST-segment deviation. A, Inferior myocardial infarction with no coving. B, Anterior myocardial infarction with coving.
In BBB, one ventricle contracts slightly later than the other, causing two “joined QRS’s to appear on the EKG.

The diagnosis of BBB is based primarily on the width and appearance of the QRS. Ask these three questions.

1. Is the QRS wide (> 0.12 seconds)
2. Look for R and R' (prime) (only in V1 and V2 or V5 and V6)
3. Look on the right (V1 or V2) or left side (V5 and V6) of the heart.

This is generally accurate for the basic right and left bundle branch blocks.
Are these right or left BBB?

Right side