



# Cardiomatics

## ECG tutorial: Basic principles of ECG analysis

Cardiomatics for Education



# About Cardiomatics



**AI based ECG interpretation  
tool with clinically-proven  
value delivered in seconds**

**Available input data formats:  
ISHNE ECG, EDF/EDF+,  
WFDB, GETEMED, MEDEA**

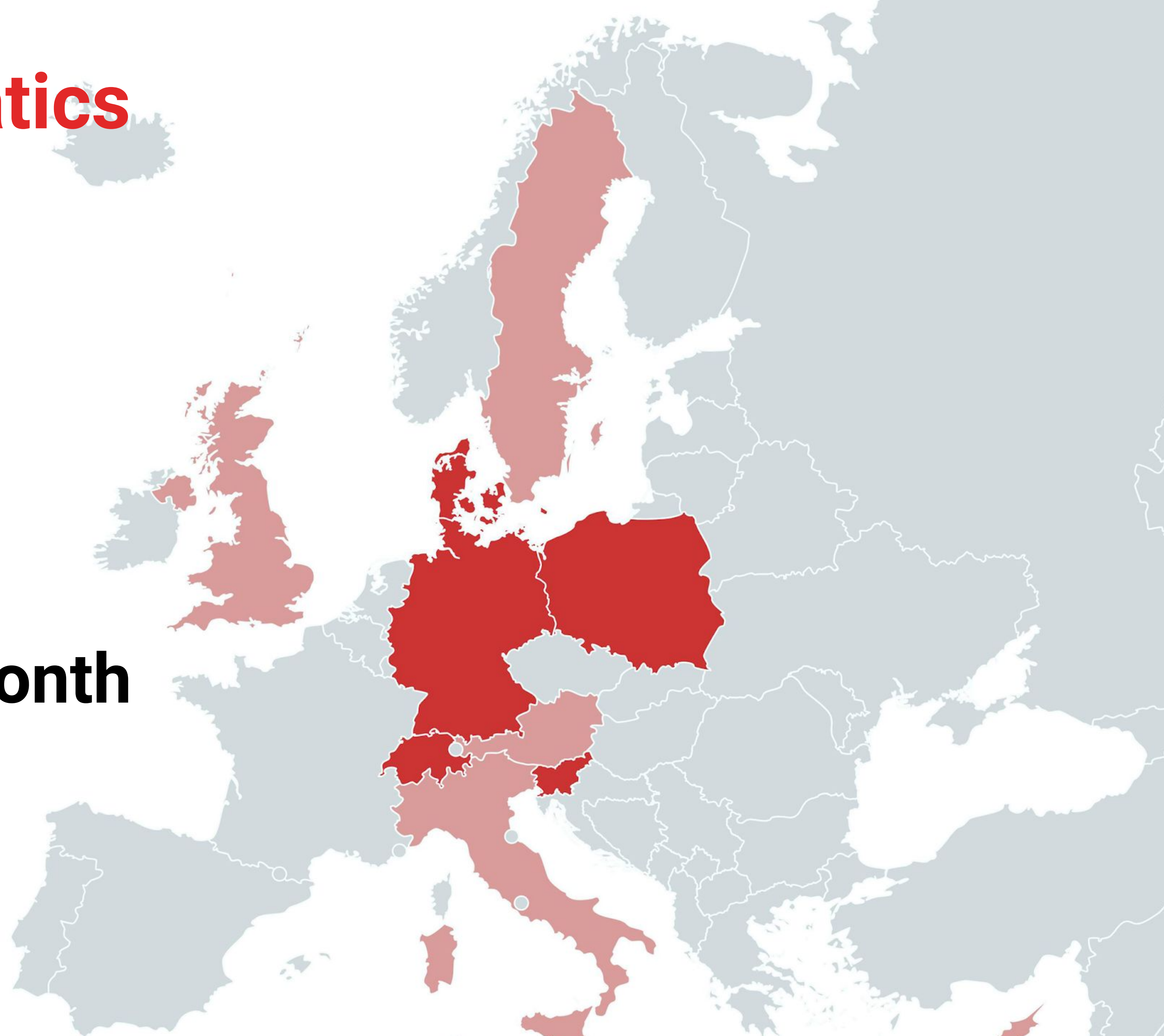




# About Cardiomatics

**250+ active users**

**Thousands of  
examinations  
analysed every month**



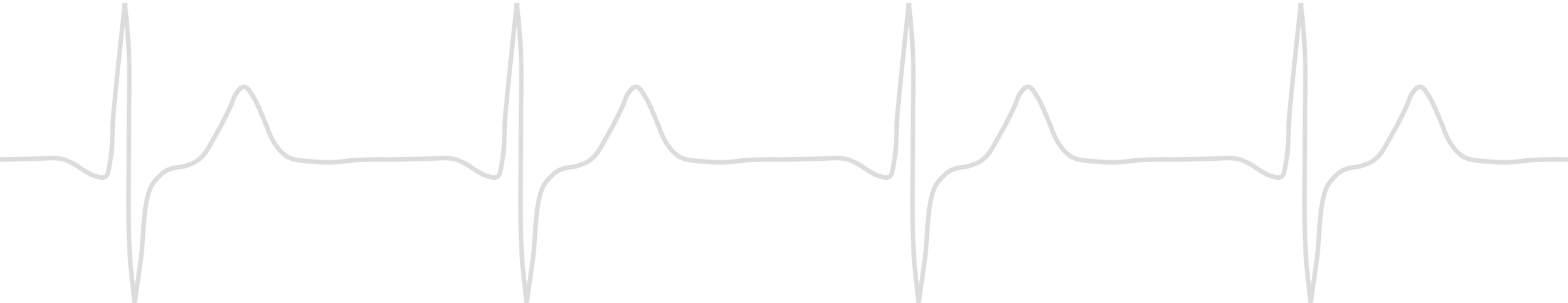
# About Cardiomatics





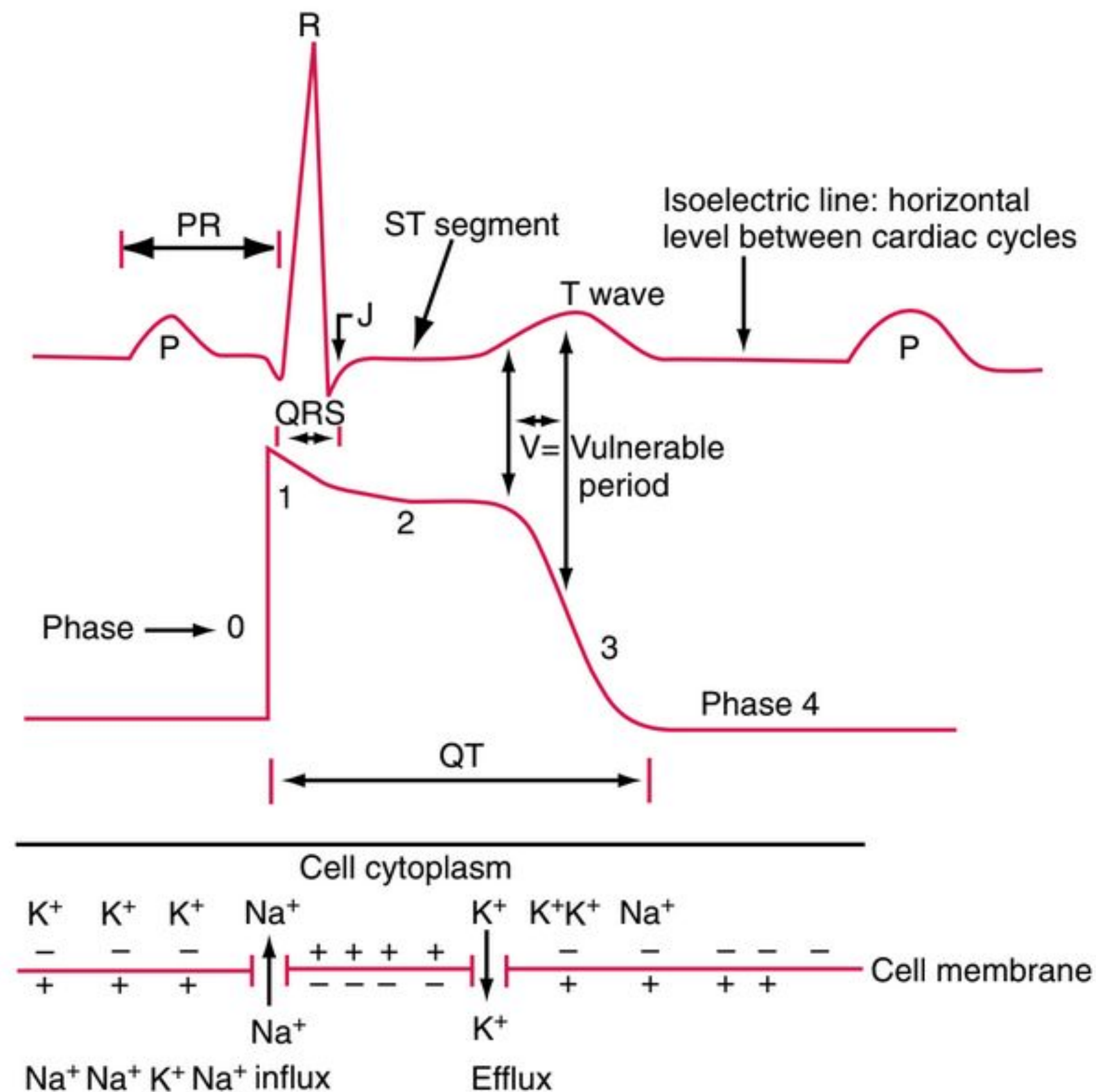
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# Basic principles of ECG analysis





# ECG Strips



An ECG waveform can include several components which indicate electrical activity during a heart beat. These components are labeled **P, Q, R, S, T and U**.

The **P wave** is the first short upward movement of the ECG tracing. It indicates **atrial contraction** with blood moving into the ventricles from the atria.

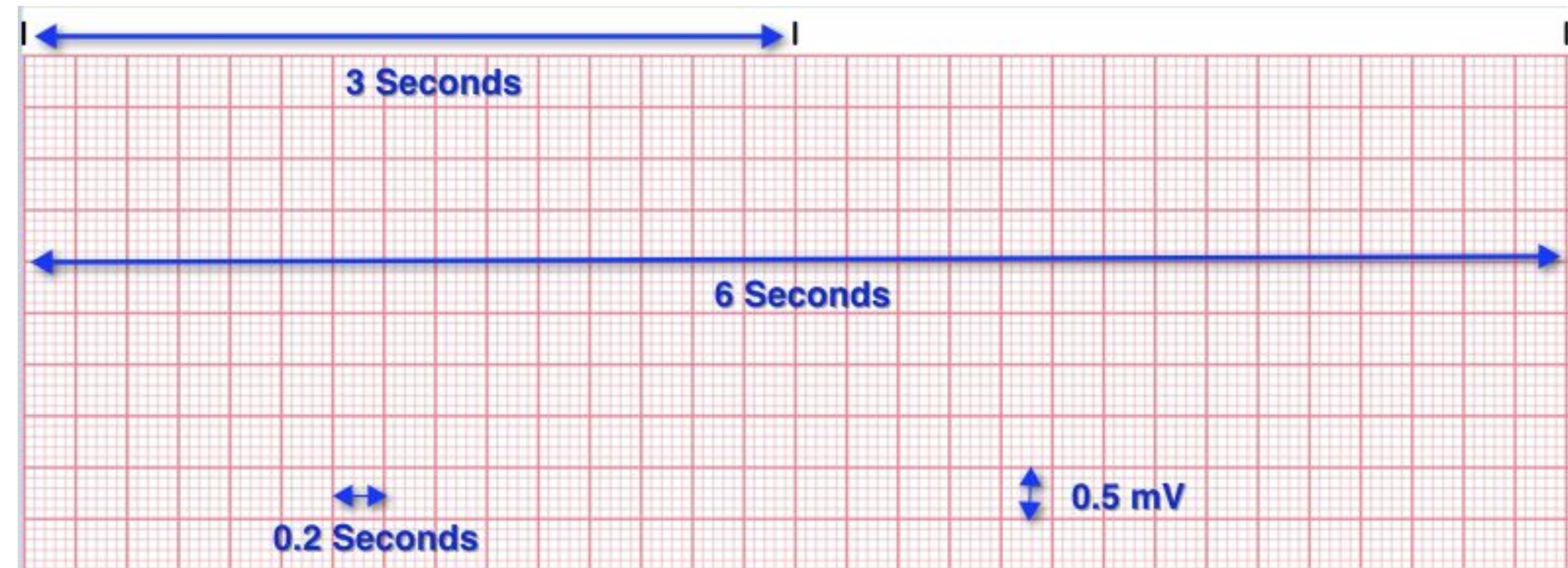
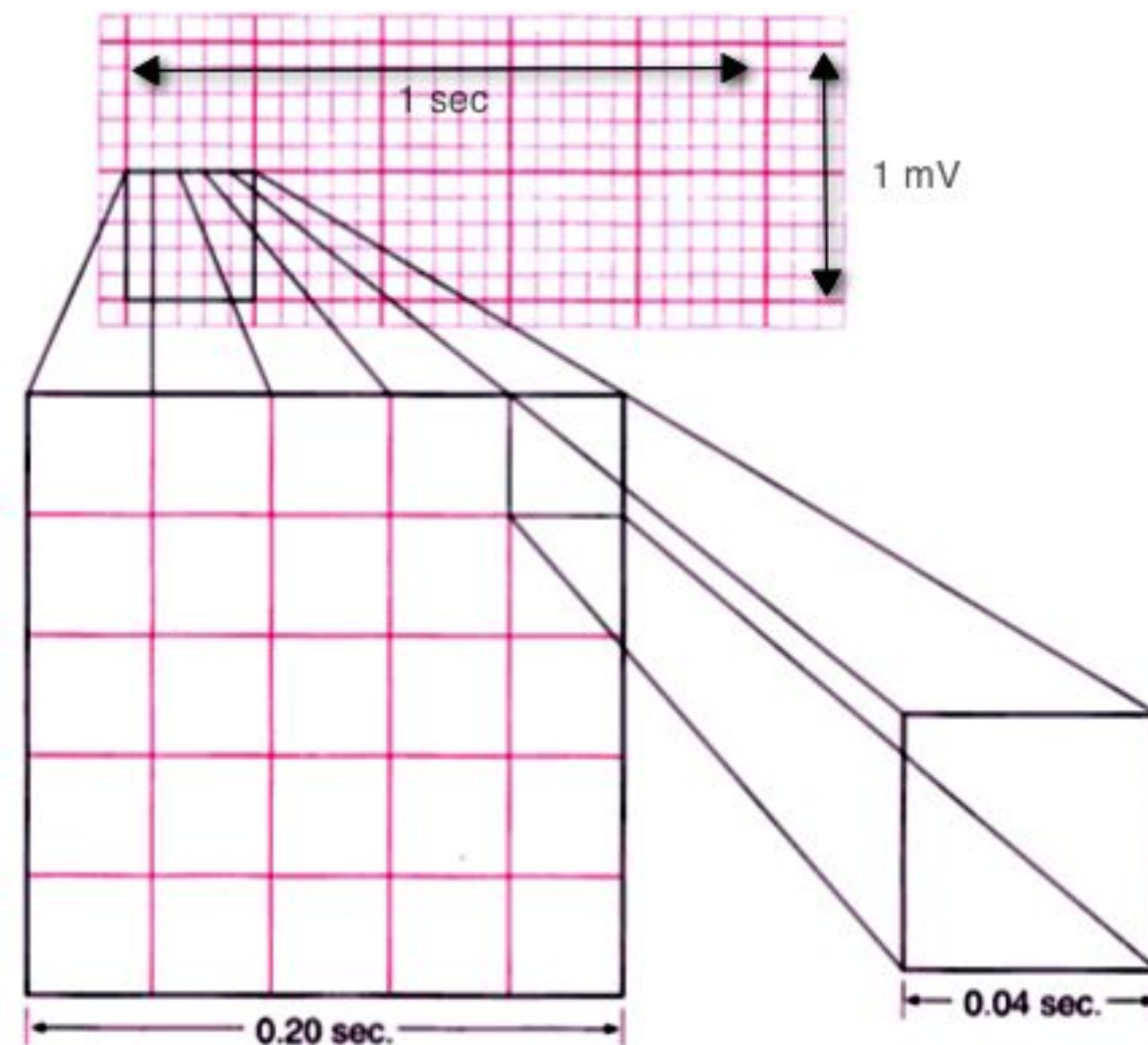
The **QRS complex**, normally starts with a downward deflection, Q; a larger upwards deflection, a peak (R); and then a downwards S wave. The QRS complex marks **ventricular depolarization and contraction**.

The **PR interval** indicates the transit time for the electrical signal to travel from the sinus node to the ventricles.

The **T wave** is normally a smaller upwards waveform, representing ventricular re-polarization.



# ECG Paper



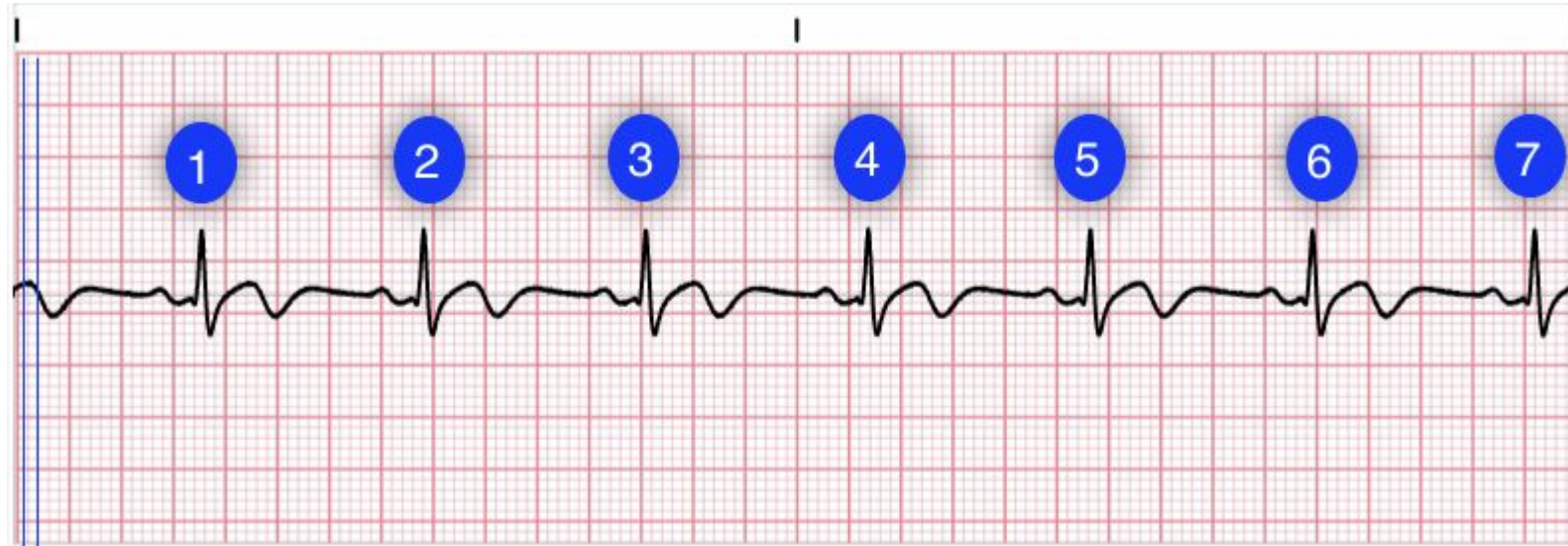
ECG tracings are recorded on **grid paper**. The horizontal axis of the ECG paper records time, with black marks at the top indicating 3 second intervals.

Each second is marked by **5 large grid blocks**. Thus each large block equals **0.2 second**. The vertical axis records EKG **amplitude** (voltage). Two large blocks equal **1 millivolt (mV)**. Each small block equals **0.1 mV**.

Within the large blocks are 5 small blocks, each representing **0.04 seconds**.



# Heart Rate



There are several methods for determining **heart rate**.

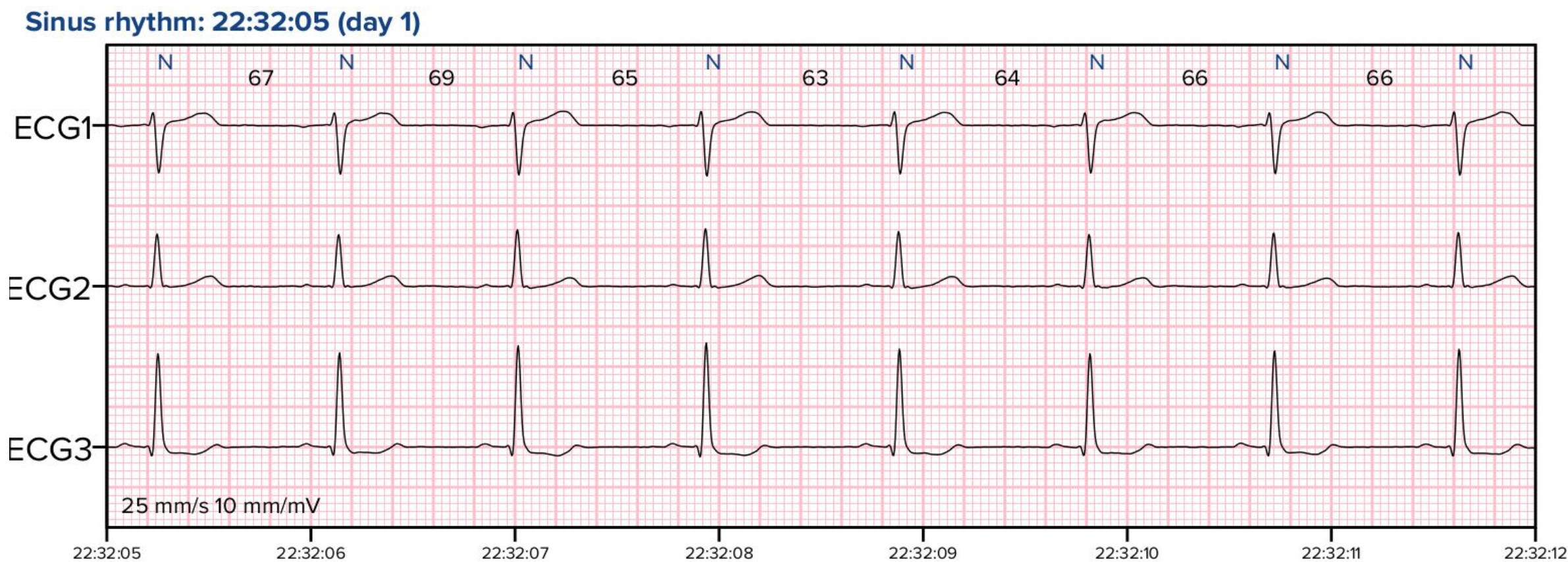
First method is simple. Count the number of QRS complexes over a 6 second interval. Multiply by 10 to determine heart rate. This method works well for both regular and irregular rhythms. In the first image, we can count **7 QRS complexes**, so the heart rate is **70**.



The second method uses boxes. Count the number of small boxes for a typical R-R interval. Divide this number into 1500 to determine heart rate. In the second image, the number of small boxes for the **R-R interval is 21.5**. The heart rate is **1500/21.5**, which is **69.8**. If the rhythm is regular, count the number of large squares between QRS complexes and divide this number into **300**. The heart rate is **300/4.3**, which is **69.8**.



# Rhythm analysis



**Sinus rhythms** originate from the sinus node, the **normal cardiac pacemaker**. It is the primary physiologic mechanism of the heartbeat. You diagnose it by finding **P waves** and the HR between **60 and 100 bpm**.



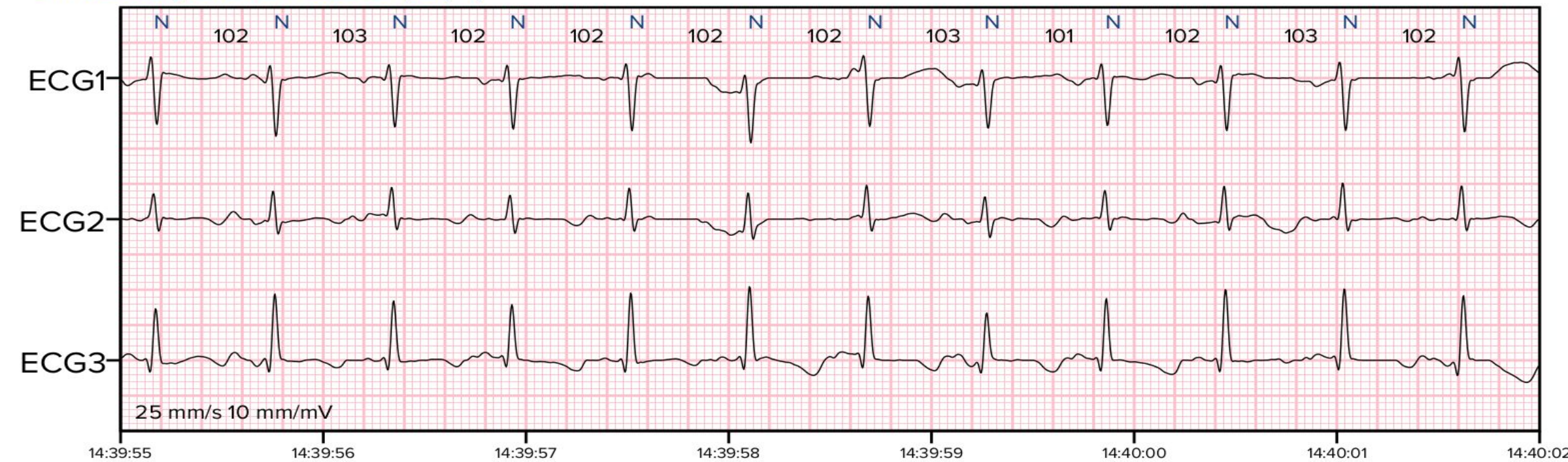
Sinus rhythm with a heart rate of less than **60 beats/min** is called **sinus bradycardia**.



# Rhythm analysis



Sinus tachycardia: 14:39:55 (day 1)



Sinus rhythm with a heart rate greater than **100 beats/min** is termed **sinus tachycardia**

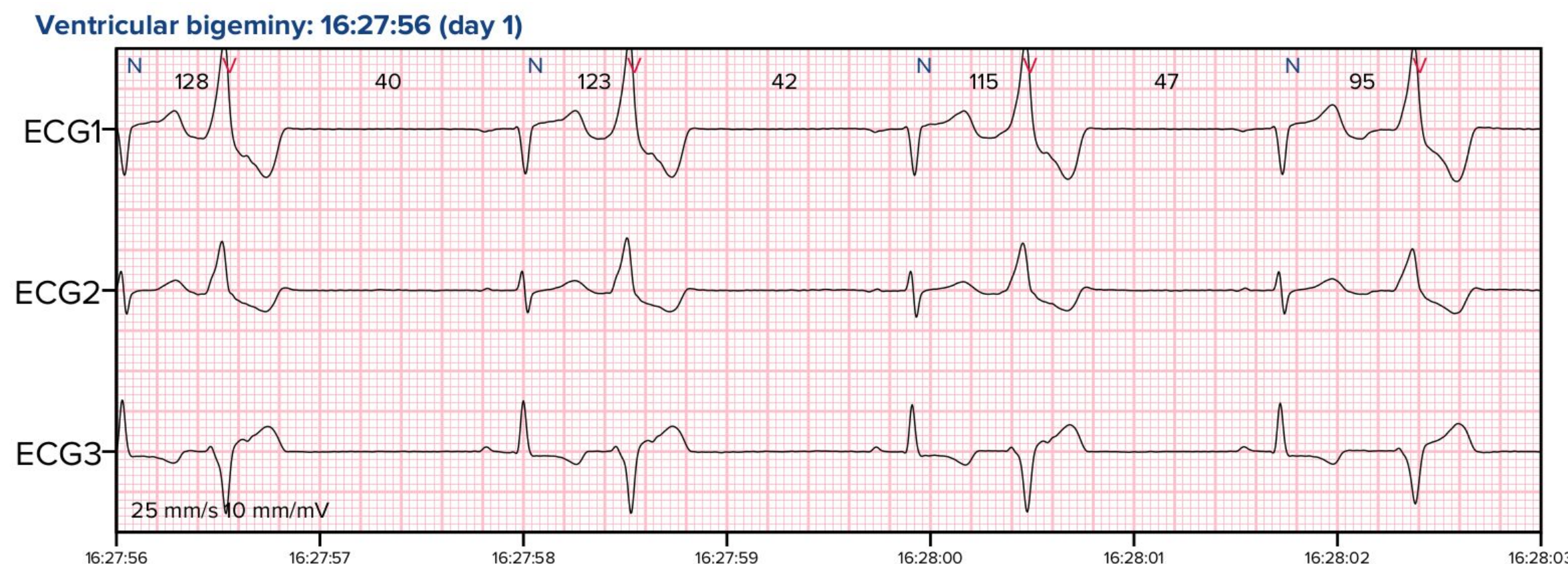
Atrial fibrillation: 10:00:38 (day 2)



**Atrial fibrillation** - the waves between each QRS complex are **random and indistinct**; in essence, they're a mess. Furthermore, the **R-R intervals are consistently irregular**. This pattern emerges when several ectopic pacemakers emerge in the atrial muscle and all fire more rapidly than the sinuatrial node.



# Rhythm analysis



Broad QRS complex ( $\geq 120$  ms) with abnormal morphology is called **ventricular beat**.

On ECG premature ventricular contractions have a **specific appearance** of the QRS complexes and T waves, which are different from normal readings. By definition, a PVC **occurs earlier** than the regular normally conducted beat. Subsequently, the time between the PVC and the next normal beat is longer as the result of a **compensatory pause**.

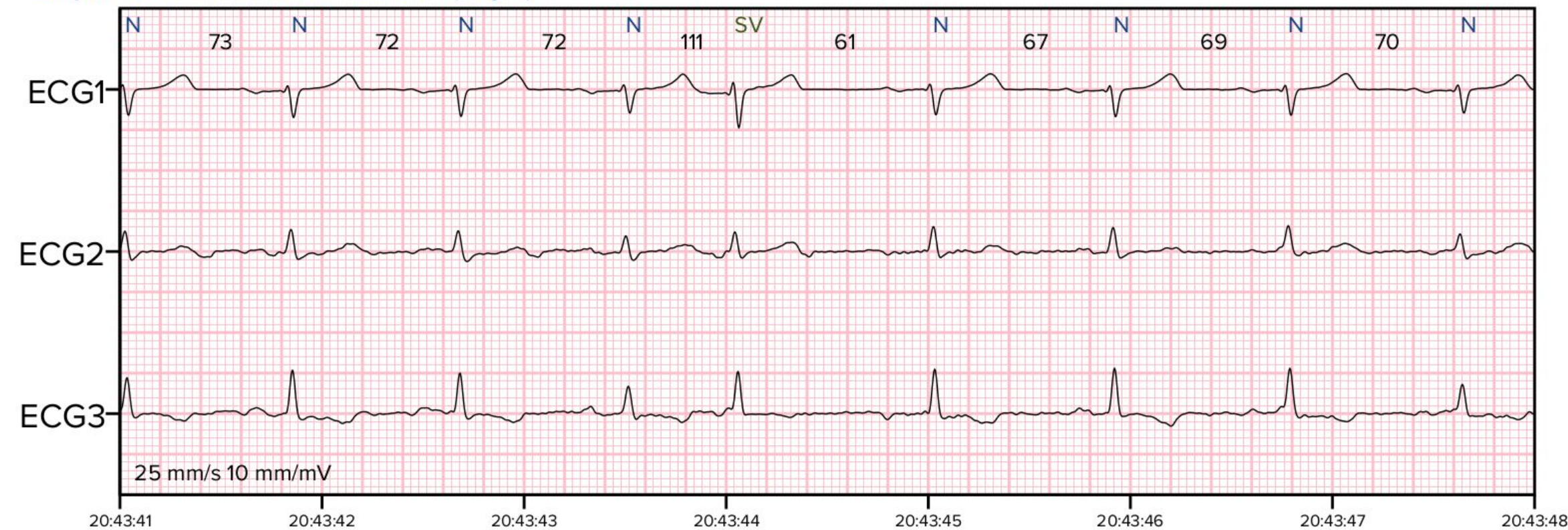
Sometimes PVCs occur in a predictable pattern. Depending whether there are one, two, or three normal beats between each PVC, the rhythm is called **bigeminy**, **trigeminy**, or **quadrigeminy**. If 3 or more PVCs occur in a row it may be called **ventricular tachycardia**.



# Rhythm analysis



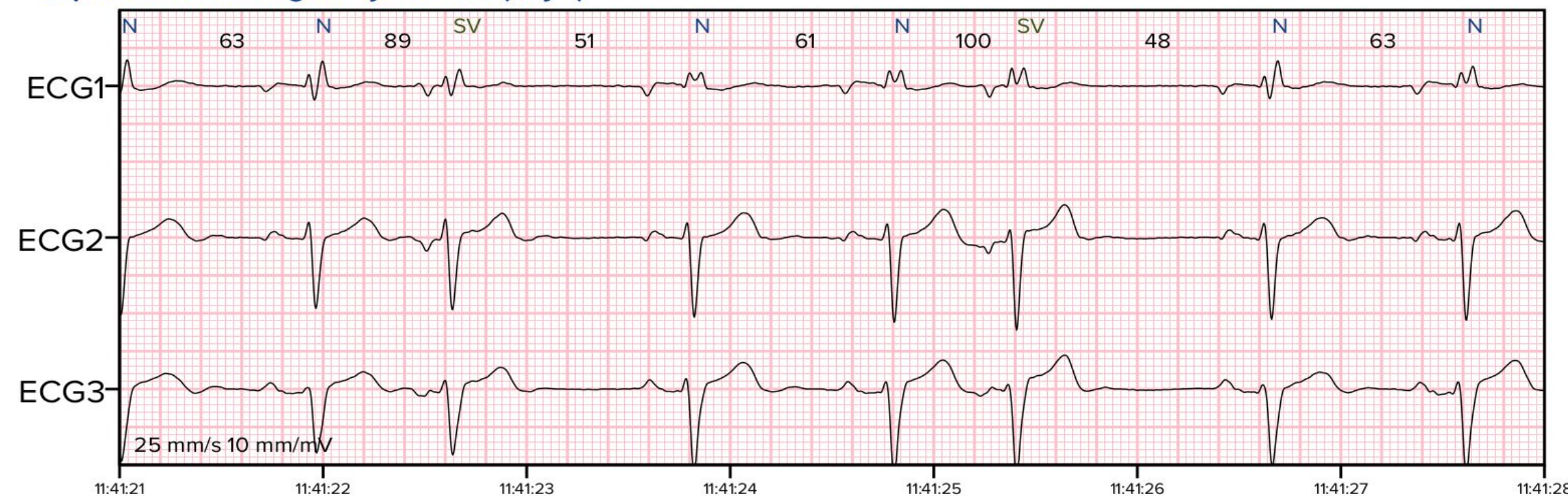
Supraventricular beat: 20:43:41 (day 1)



**Supraventricular premature beats** represent premature activation of the atria from a site other than the sinus node and can originate from the atria or the atrioventricular node.

They have a **premature and abnormal-looking P** wave followed by a normal QRS complex. Atrial premature beats are associated with an incomplete **compensatory pause**, meaning that the interval between the preceding and following sinus beats is less than two complete cycles.

Supraventricular trigeminy: 11:41:21 (day 1)



Sometimes beats occur in a predictable pattern. Depending whether there are one, two, or three normal beats between each SV, the rhythm is called **bigeminy**, **trigeminy**, or **quadrigeminy**.



# Check your knowledge!

1. P wave is the first short upward movement of the ECG tracing. It indicates ...

- A. ventricular depolarization
- B. atrial contraction
- C. ventricular contraction

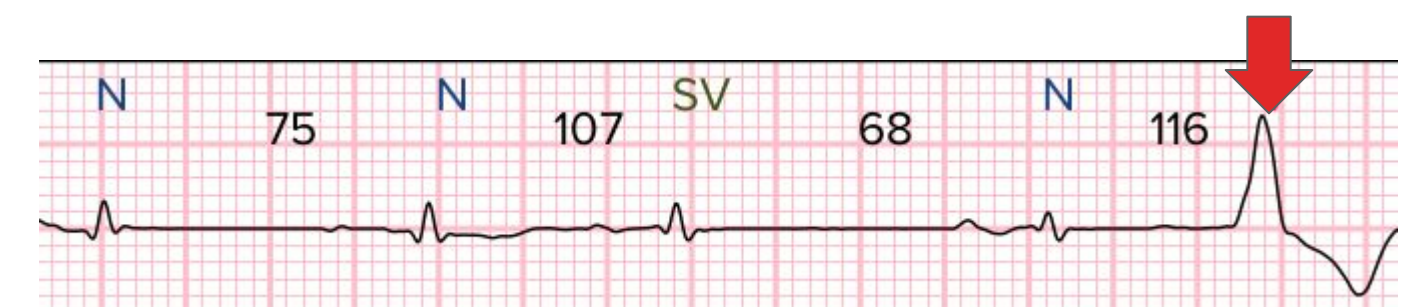
2. Look at picture below.



HR is equal:

- A. 40 bpm
- B. 68 bpm
- C. 81 bpm

3. Look at picture below. Broad QRS complex is a...



- A. ventricular beat
- B. supraventricular premature beat
- C. normal beat


4. Look at picture below. Which kind of heart rhythm is it?



- A. Atrial Fibrillation
- B. Sinus Bradycardia
- C. Sinus Rhythm

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