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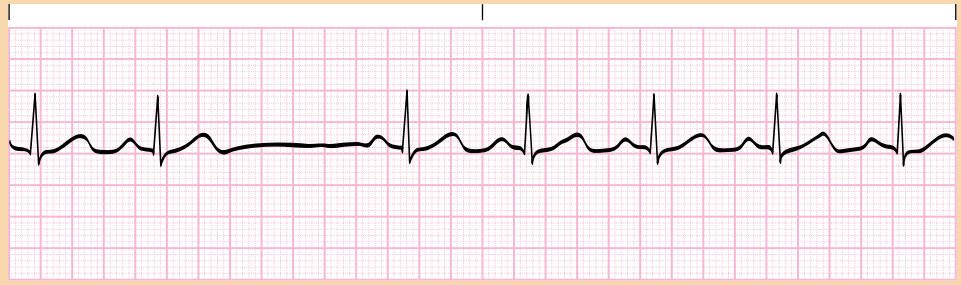

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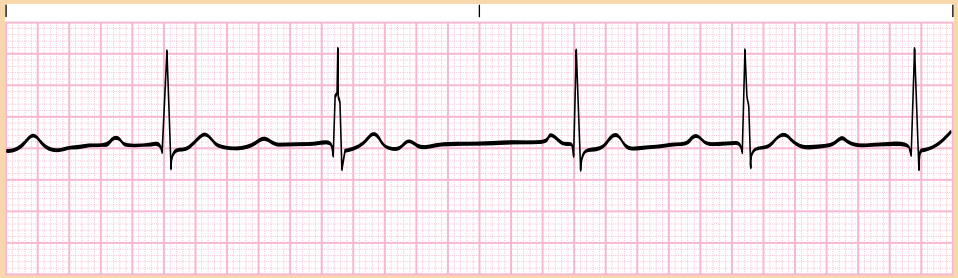

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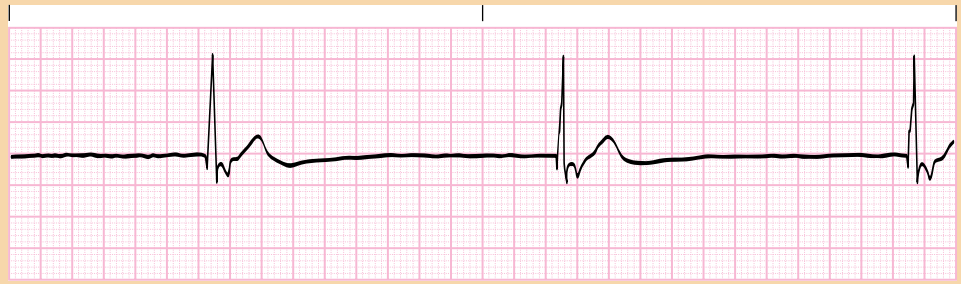

Rhythm Identification

Sinus Exit Block in a **Sinus Rhythm**

Pause equal to exactly two or more complete cardiac cycles of the underlying rhythm

Heart rate: 70 beats/min

Rhythm Identification

Paroxysmal Atrial Tachycardia (PAT) **or Paroxysmal Supraventricular Tachycardia** (PSVT)

Beginning of the PAT/PSVT **must** be seen;

Heart rate **must** be greater than 150 beats/min

Normal sinus → PAT/PSVT

Heart rate: 80 beats/min → heart rate: 220 beats/min

Rhythm Identification

Junctional Bradycardia

A junctional rhythm with a heart rate less than 40

Retrograde P waves

Heart rate: 30 beats/min

Rhythm Identification

Second-Degree Heart Block, Type I (Mobitz I, Wenckebach, Classic)

Progressively longer PR intervals, followed by a dropped QRS; pattern is then repeated

Ventricular rate: 50 beats/min

Atrial rate: 60 beats/min

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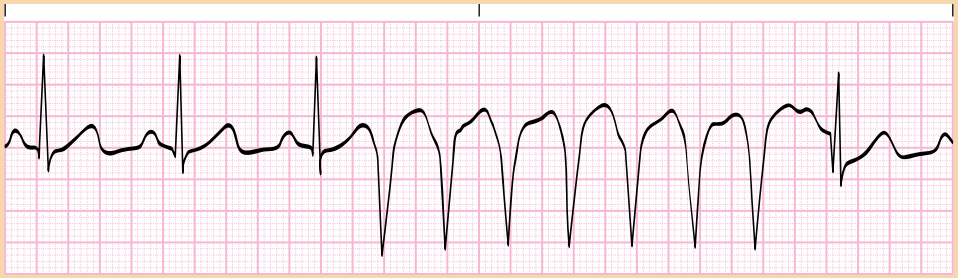

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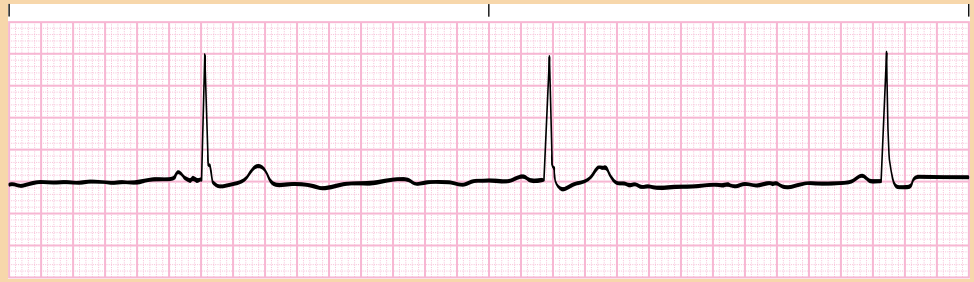

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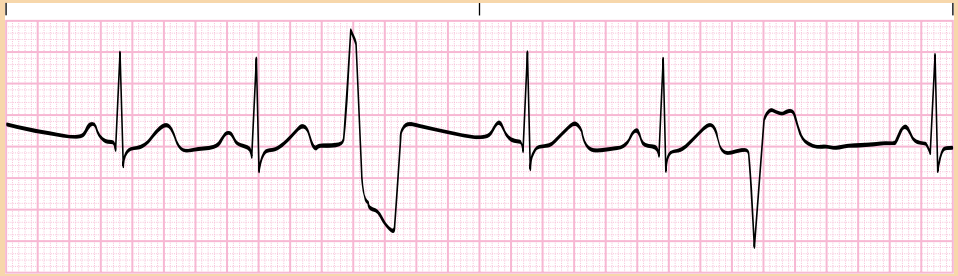

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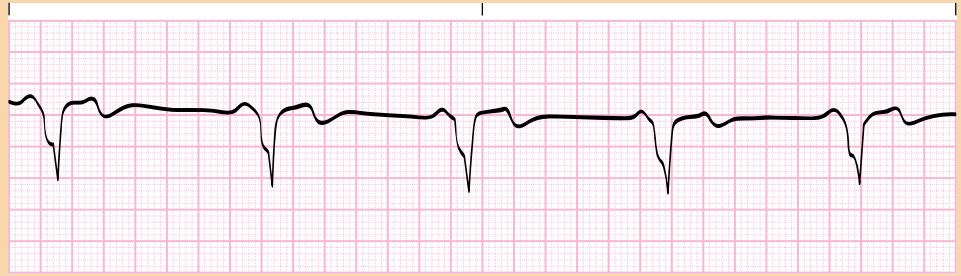

Rhythm Identification

Sinus Bradycardia

A sinus rhythm with a heart rate less than 60 beats/min

Heart rate: 30 beats/min

Rhythm Identification

Sinus Rhythm with a Run of Ventricular Tachycardia

Peaked P waves; R on T phenomenon;

more than three PVCs in a row;

duration less than 30 seconds

Overall heart rate: 110 beats/min (VT rate is approximately 150 beats/min)

Rhythm Identification

Sinus Bradycardia with WPW Syndrome

Shortened PRI; slurred QRS; diphasic T waves;

Delta wave present

Heart rate: 50 beats/min

Rhythm Identification

Sinus Rhythm with Multifocal PVCs

Complex occurs earlier than expected;

originates from below the bundle of His;

PVCs look different (QRS greater than 0.12 second)

Heart rate: 70 beats/min (includes both PVCs)

The Monitor Shows:

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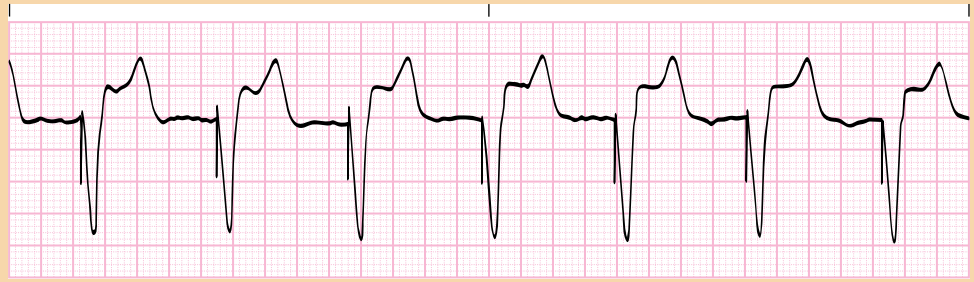

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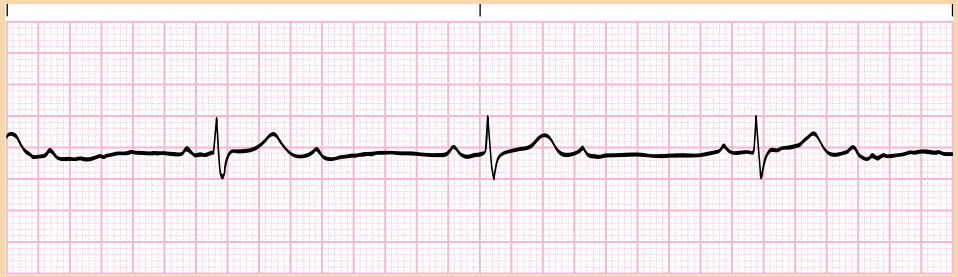

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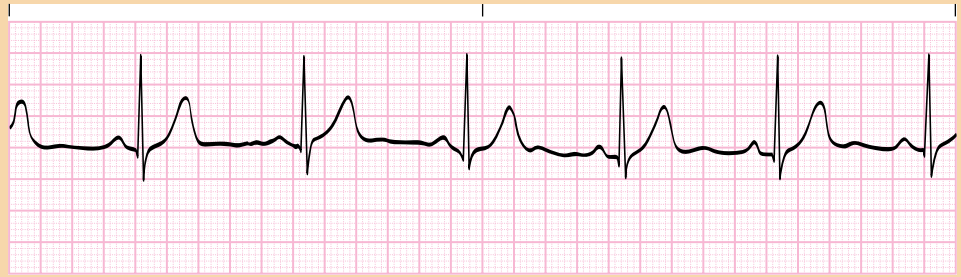

Rhythm Identification

Pacemaker Rhythm

100% paced;
100% capture
Heart rate: 70 per minute

Rhythm Identification

Asystole

No electrical activity seen;
must be confirmed in two different Leads
Ventricular rate: 0 beats/min
Atrial rate: 0 beats/min

Rhythm Identification

Normal Sinus Rhythm

P, PRI, QRS, rate, rhythm are all within normal limits
Heart rate: 60 beats/min

Rhythm Identification

Second-Degree Heart Block, Type II (Mobitz II)

Bradycardic rate;
two P waves for each QRS, 2:1 block/ratio;
PR intervals do not become progressively longer
Ventricular rate: 30 beats/min
Atrial rate: 70 beats/min

The Monitor Shows:

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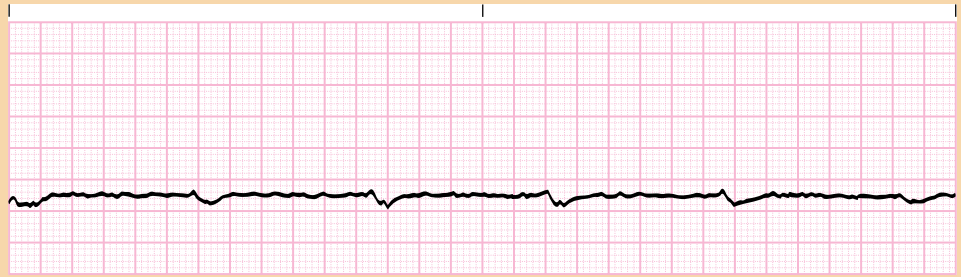

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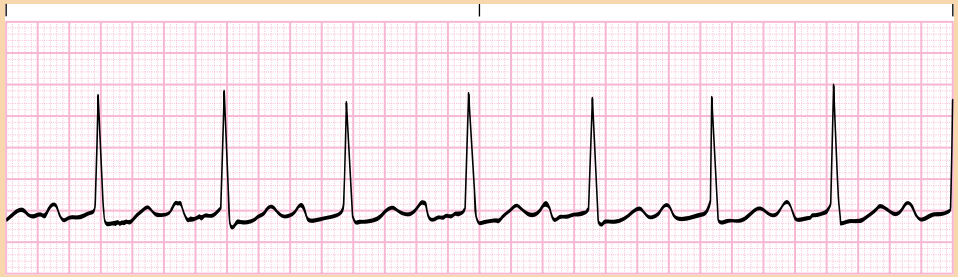

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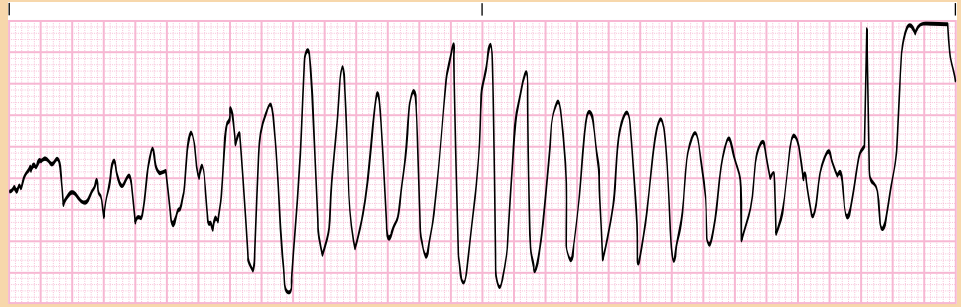

Rhythm Identification

Ventricular Standstill

No QRS after P wave

Ventricular rate: 0 beats/min

Atrial rate: 60 beats/min

Rhythm Identification

Torsades de Pointes

QRS increases and decreases in amplitude;
usually occurs in rhythms with prolonged QT intervals

Ventricular rate: 240–250 beats/min

Atrial rate: 0 beats/min

Rhythm Identification

Atrial Flutter with Variable Ventricular Response

Sawtooth F waves

Ventricular rate: 60 beats/min

Atrial rate: 250–350 beats/min

Rhythm Identification

Sinus Rhythm with a First-Degree Heart Block

Prolonged PR interval (greater than 0.20 second); depressed ST segments

Heart rate: 70–80 beats/min

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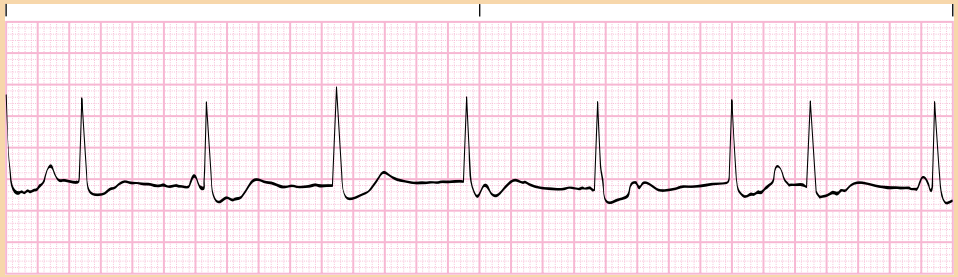

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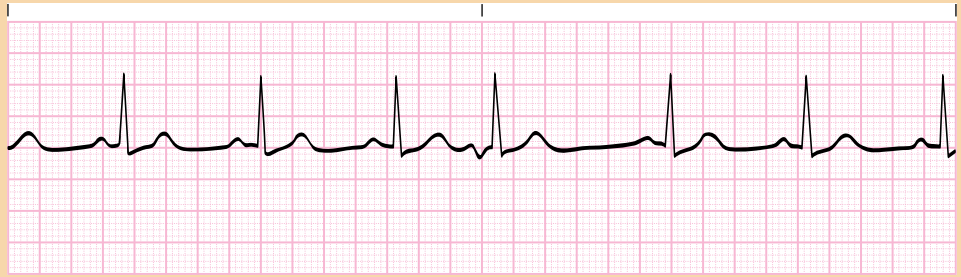

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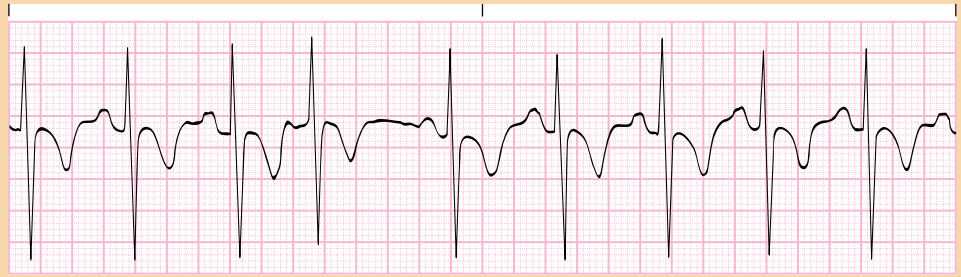

Rhythm Identification

Sinus Rhythm with a Premature Junctional Complex (PJC)

Occurs earlier than expected;

originates from junction;

inverted P wave;

narrow QRS in premature complexes

Heart rate: 70 beats/min (includes one PJC)

Rhythm Identification

Sinus Rhythm with a Premature Atrial Complex (PAC)

Occurs earlier than expected;

originates from atria; inverted T waves

Heart rate: 90 beats/min (includes one PAC)

Rhythm Identification

Wandering Atrial Pacemaker

Complexes originate from at least three sites in SA node, atria, and/or AV junctional area; depressed ST segments

Heart rate: 80–90 beats/min

Rhythm Identification

Third-Degree Heart Block

Atria and ventricles function independently;

no relationship between P waves and QRS complexes;

depressed ST segments;

apparently irregular PR intervals (no true PR intervals exist)

Ventricular rate: 30 beats/min

Atrial rate: 70 beats/min

The Monitor Shows:

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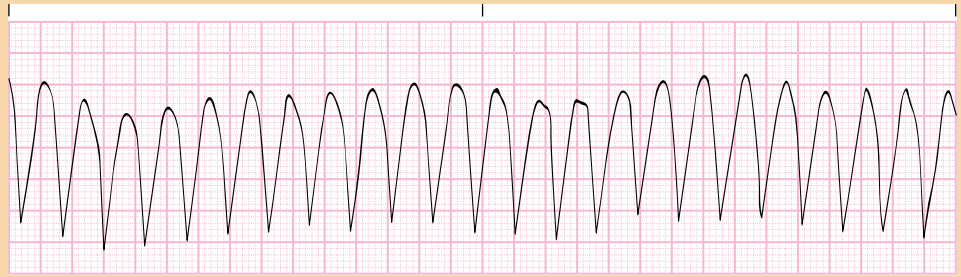

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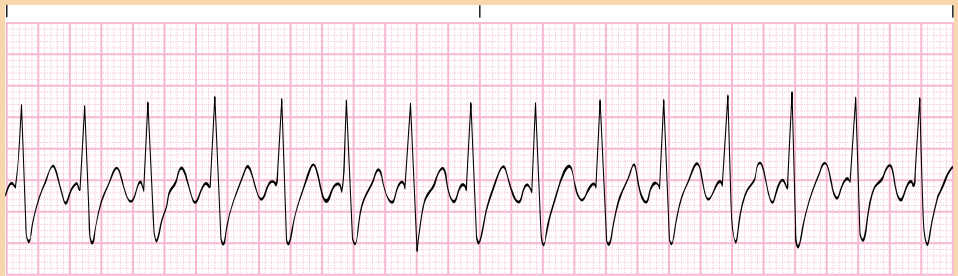

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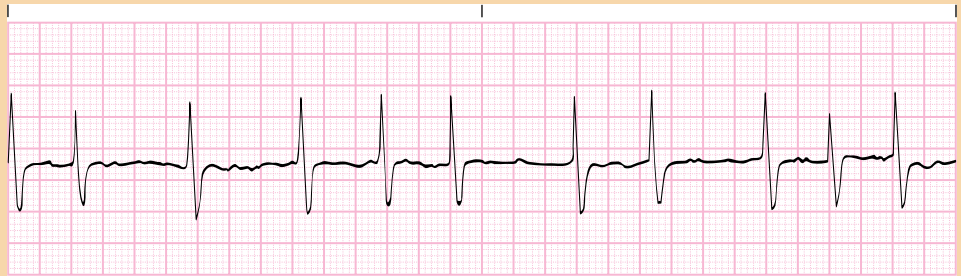

Rhythm Identification

Ventricular Tachycardia

QRS greater than 0.12 second;
no visible P waves
Ventricular rate: 230–240 beats/min
Atrial rate: 0 beats/min

Rhythm Identification

Sinus Rhythm with Possible Bundle Branch Block

Notched QRS (greater than 0.12 second)
Heart rate: 80 beats/min

Rhythm Identification

Atrial Fibrillation with Rapid Ventricular Response

Irregular rhythm;
no recognizable P wave
Ventricular rate: 110 beats/min
Atrial rate: 350–500 beats/min

Rhythm Identification

Sinus Tachycardia

Sinus rhythm with heart rate between 101 and 150
Heart rate: 150 beats/min

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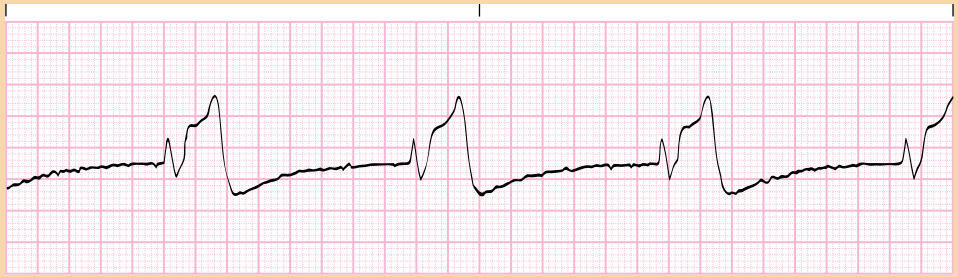

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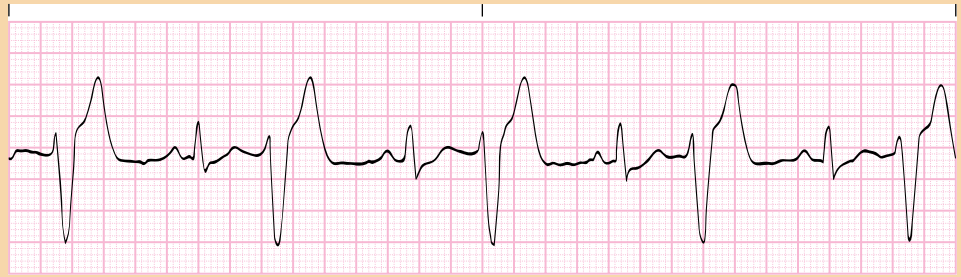

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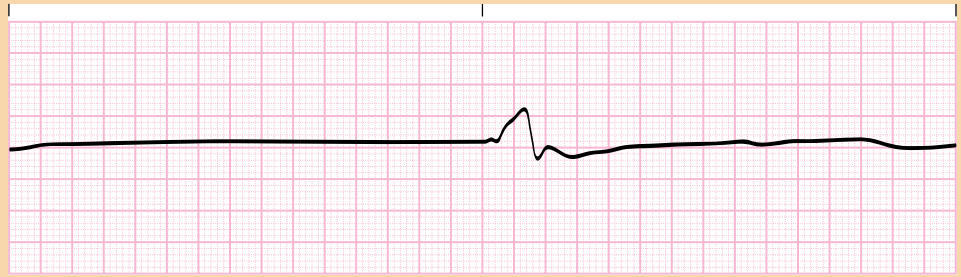

Rhythm Identification

Sinus Rhythm with Unifocal PVCs in a Pattern of Bigeminy

PVC occurs earlier than expected;

originates from below the bundle of His;

PVCs look alike;

every other complex is a PVC; depressed ST segments in underlying rhythm

Heart rate: 90 beats/min (includes all PVCs)

Rhythm Identification

Idioventricular Rhythm

No P waves;

QRS wide and bizarre, greater than 0.12 second;

ventricular rate between 20 and 40 beats/min

Ventricular rate: 40 beats/min

Atrial rate: 0 beats/min

Rhythm Identification

Agonal Rhythm (Dying Heart)

No P waves;

QRS wide and bizarre, greater than 0.12 second;

heart rate less than 20 beats/min

usually no pulse

Ventricular rate: 10 beats/min

Atrial rate: 0 beats/min

Rhythm Identification

Ventricular Fibrillation (Coarse)

No P waves;

no QRS complexes

Ventricular rate: 0 beats/min

Atrial rate: 0 beats/min

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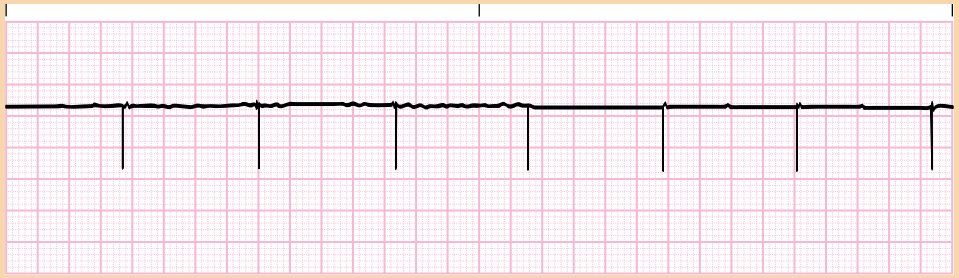

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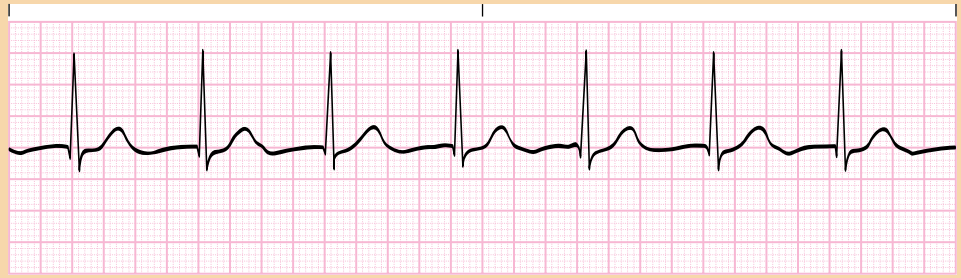

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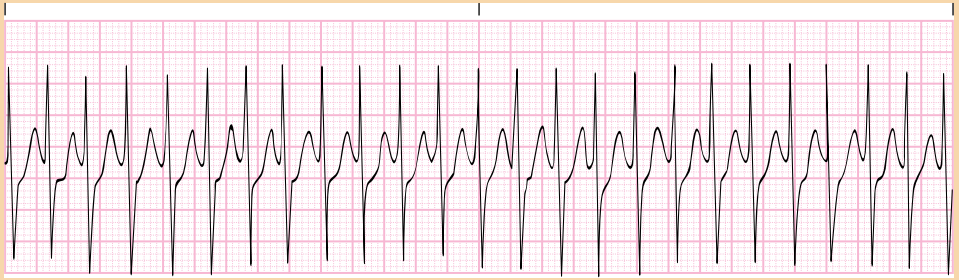

Rhythm Identification

Accelerated Junctional Rhythm

Rate between 61 and 100 beats/min

hidden P waves

Heart rate: 70 beats/min

Rhythm Identification

Pacemaker Rhythm with Loss of Capture

100% paced;

0% capture;

no pulse;

no cardiac electrical activity

Pacer rate: 70 per minute

Heart rate: 0 per minute

Rhythm Identification

Supraventricular Tachycardia (SVT)

Beginning or end of dysrhythmia is not seen;

narrow QRS complexes; depressed ST segments;

rate greater than 150 beats/min

Heart rate: 250 beats/min