

Rhythm	Rhythm	Heart Rate	P Waves	PR	QRS	Other notes/clinical significance
Normal Sinus Rhythm	Regular	60-100	Rounded, upright, precedes each QRS, alike	0.12-0.20 sec.	</=0.10 sec.	
Sinus Bradycardia	Regular	<60	Rounded, upright, precedes each QRS, alike	0.12-0.20 sec.	</=0.10 sec.	
Sinus Tachycardia	Regular	101-180	Rounded, upright, precedes each QRS, alike	0.12-0.20 sec.	</=0.10 sec.	
Premature Atrial Contraction- PAC	Irregular	60-100	Early atrial beat, abnormal shape	0.12-0.20 sec.	</=0.10 sec.	HR depends on underlying rhythm. P wave looks different from underlying p wave.
Atrial Flutter	Regular or irregular	Atrial rate: 250-350 Ventricular rate varies	no "p" waves; instead "F" waves	Unable to measure	</=0.10 sec.	"Saw-toothed" flutter (f) waves instead of p waves.
Atrial Fibrillation	Irregularly irregular	Ventricles rate varies; atrial rate 350-600 bpm	No "p" waves	Unable to measure	</=0.10 sec.	Chaotic baseline- unable to see or measure a p wave. Patients with atrial flutter/fibrillation are at increased risk for stroke because clots forming atria
3rd Degree Heart Block	P to P regular; R to R regular	Atrial 60-100 bpm; ventricular rate 40-60 bpm	Rounded, upright, alike	No actual interval	</=0.10 sec.	Atrial and ventricle contractions are working independent of one another
Premature Ventricular Contraction (PVC)	Irregular (PVC interrupts underlying rhythm)	Varies depending on underlying rhythm	Absent before PVC QRS complex	None	>0.10 sec.	HR, PR and QRS all depend on underlying rhythm. QRS of the PVC is longer than the QRS of the underlying rhythm.
Ventricular Tachycardia (V-Tach, VT)	Regular, can have some irregularity.	150-250 (can have "slow VT" with rate below 150)	Absent	None	>0.10 sec.	The occurrence of 3 or more PVC's in a row. With V-tach the ventricles become the pacemaker of the heart instead of the SA node.
Ventricular Fibrillation (V-Fib)	Chaotic and extremely irregular.	Not measurable	None	None	None	Ventricle quivers, unable to contract. Complete loss of cardiac output. Death results without intervention.
Asystole	None	None	None	None	None	Absence of electrical activity in the heart muscle.

Reference

Williams, P. (2018). Fundamental concepts and skills for nursing. (5th ed.). St. Louis, MO: Elsevier.