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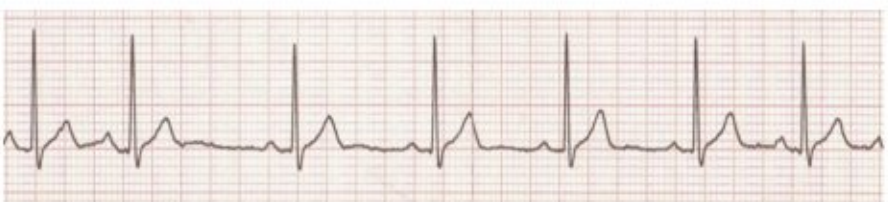
ECG & Dysrhythmia Interpretation Bundle

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Rhythm interpretation

Rhythm interpretation - in depth understanding of each segment	
Regular rhythm: means that there is a single pacemaker site	<u>Irregular rhythm</u>: means that the electrical signals that coordinate the heart's beats don't work properly
Normal P-wave: impulse is coming from the SA node → travel through atria → pause at the AV node	<u>Inverted P wave</u>: means that the atria is depolarizing to the opposite direction (bottom to up) <u>No P wave</u>: means either no normal atrial depolarization or P waves are hidden within the QRS complexes
Normal PR interval: normal time between atrial depolarization and ventricular depolarization	- Abnormalities in PR interval indicates pathology <u>Prolonged PR interval</u>: means delayed conduction of SA node impulse to the ventricles <u>Shorten PR interval</u>: means shortened time for the pacemaker in the atrium to conduct an impulse and activate the ventricle
Narrow QRS: normal ventricular depolarization - impulse travels through the AV bundle → to the bundle branches → Purkinje fibers	<u>Wide QRS</u>: 1) No P wave since impulse originates in the ventricles, impulse conduction is NOT via natural pathway → therefore slower ventricular depolarization 2) P wave with regular PRI (since the impulse begins in the SA node), but interruption of impulse conduction through ventricles → alters conduction pathway → longer time required for ventricular depolarization
T wave: ventricles fully repolarized before the next impulse generated by SA node	<u>Inverted T wave</u>: associated with myocardial ischemia

Rhythm	Description	Interpretation	Causes	Significance/Interventions
 Normal Sinus Rhythm (NSR)	1) Regularity: regular 2) Rate: normal (60-100 bpm) 3) P-wave: upright, 1:1, constant 4) PR interval: normal (0.12s - 0.20s) 5) QRS complex: narrow/normal (0.04s ~ 0.10s) <i>All 5 components are normal</i>	Impulse originated in the SA node via natural pacemaker	N/A	<u>Significance:</u> - NSR is the rhythm that follows the conduction pathway - SA node (HR 60-100) is the primary pacemaker ('natural pacemaker') in NSR. Therefore, NSR has the heart rate of 60 to 100 bpm
 Sinus Arrhythmia	1) Regularity: irregular 2) Rate: normal (60-100 bpm) 3) P-wave: upright, 1:1, constant 4) PR interval: normal (0.12s - 0.20s) 5) QRS complex: narrow/normal (0.04s ~ 0.10s) <i>Everything is normal except the regularity</i>	Impulse originated in the SA node via natural pacemaker but it's irregular	- Rhythm irregularity is related to the intrathoracic pressure during the phases of inspiration & expiration. This is because heart rate changes to compensate for changes in cardiac output that are related to the intrathoracic pressure - May also be seen post acute MI or with increased Intracranial pressure (ICP)	<u>Priority:</u> assess for S/S of decreased cardiac output (i.e. chest pain, dizziness, hypotension, SOB) <u>Treatment:</u> No treatment is needed if asymptomatic
 Junctional Escape Rhythm	1) Regularity: regular 2) Rate: ventricular rate 40-60, atrial rate 40-60 if presents 3) P-wave: inverted or absent, not 1:1 4) PR interval: short or normal 5) QRS complex: narrow/normal (0.04s ~ 0.10s)	- AV node works as a primary pacemaker at 40-60 BPM - The QRS complex is always narrow (normal) because the conduction through the ventricles follow the normal path)	- Ischemia - Cardiac surgery - Drug toxicity (e.g. digoxin, BB, CCB)	<u>Priority:</u> assess for S/S of decreased cardiac output <u>Treatment:</u> - If asymptomatic and hemodynamically stable, treat the underlying cause - If symptomatic (S/S of decreased cardiac output), treat with atropine, temporary pacing, epinephrine



THAT WAS THE SAMPLE

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