

Basic Rhythm Interpretation

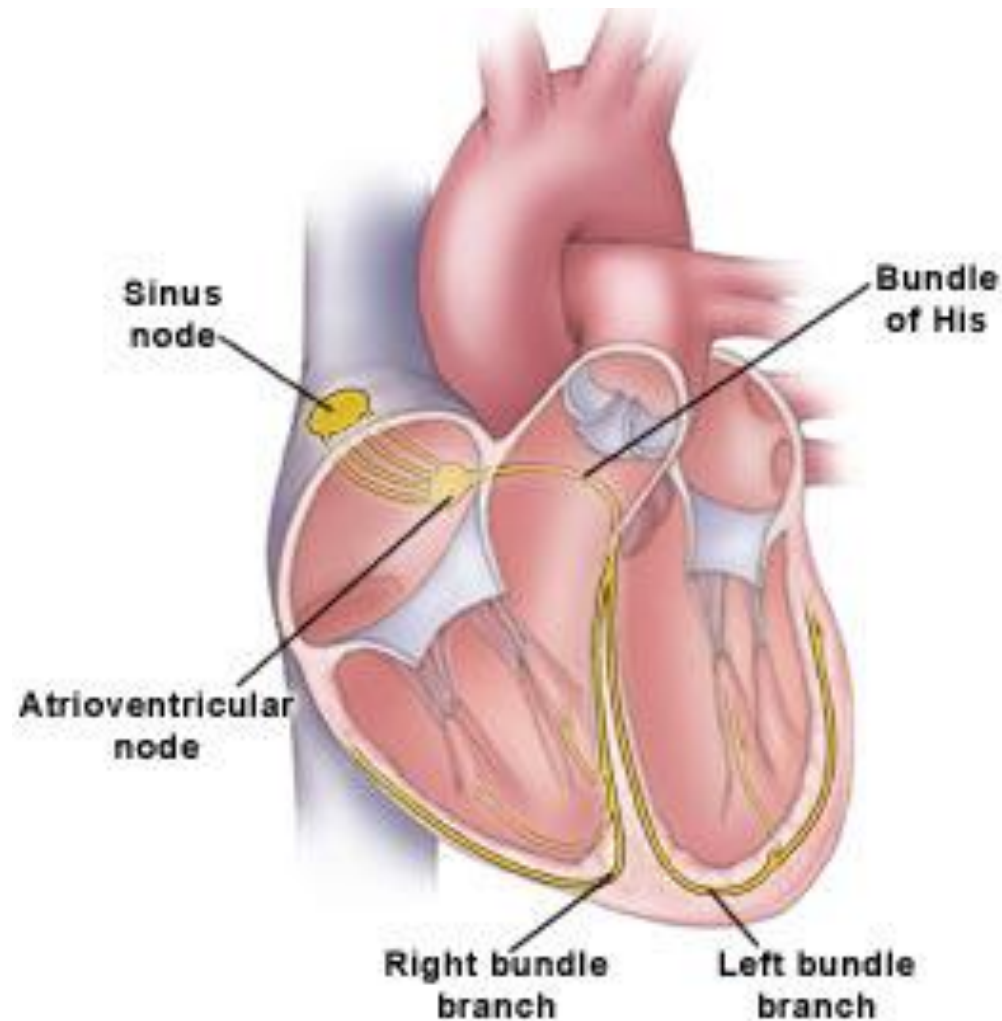
Learning Objectives:

- **By the end of this learning activity, the learner will be able to:**
 - *Interpret basic cardiac rhythms.*
 - *Initiate appropriate interventions related to cardiac arrhythmias.*

Outline of Course:

- Normal Conduction System of Heart
- Anatomy of a Rhythm Strip
- EKG Breakdown
- Steps in Rhythm Interpretation
- Tour of Basic Rhythms

Conduction of the Heart



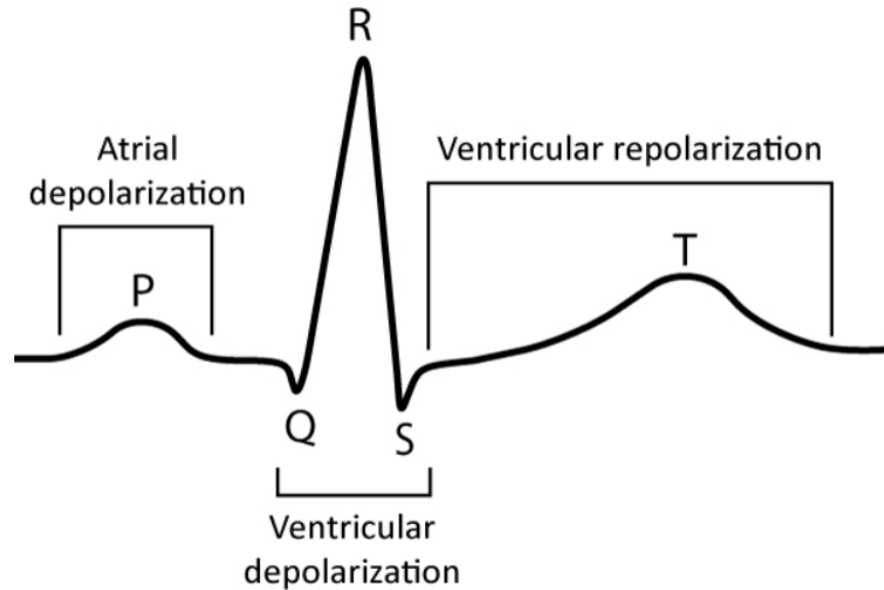
Sinus Node– normal pacemaker of the heart

AV Node– Slows conduction down to allow for ventricle filling

Bundle of His– Right/Left Bundle branches– carries conduction to right/left ventricles

Purkinje Fibers– carries impulse into ventricular muscle cells

EKG Breakdown



Atrial Depolarization: P-wave

- Impulse through the atria

Atrial Repolarization: Inside QRS

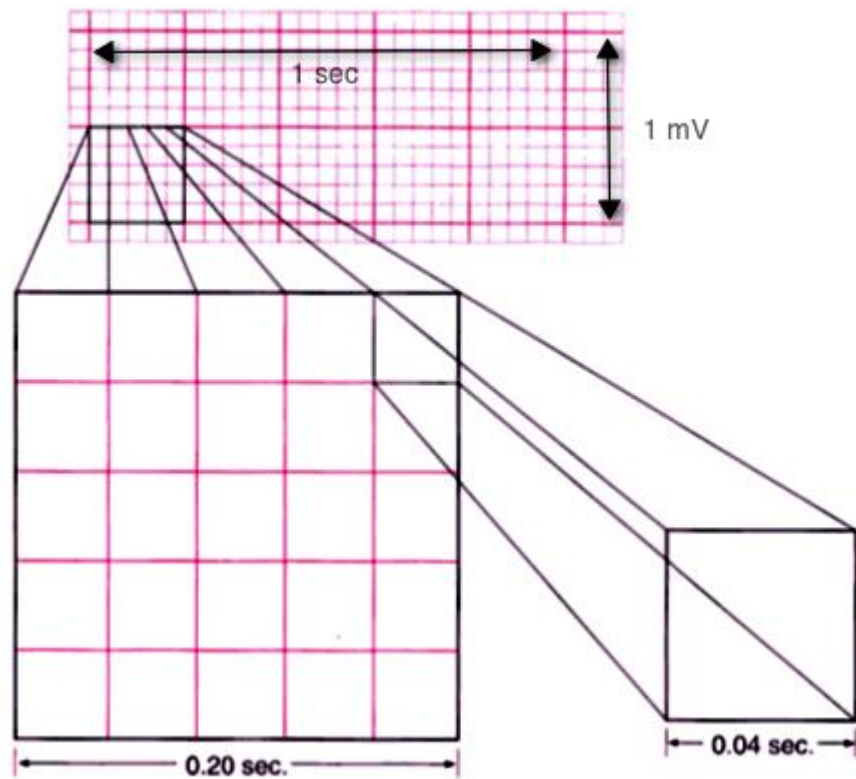
Ventricular Depolarization: QRS

- Impulse through each ventricle

Ventricular Repolarization: T-wave

- Ventricles return to resting state

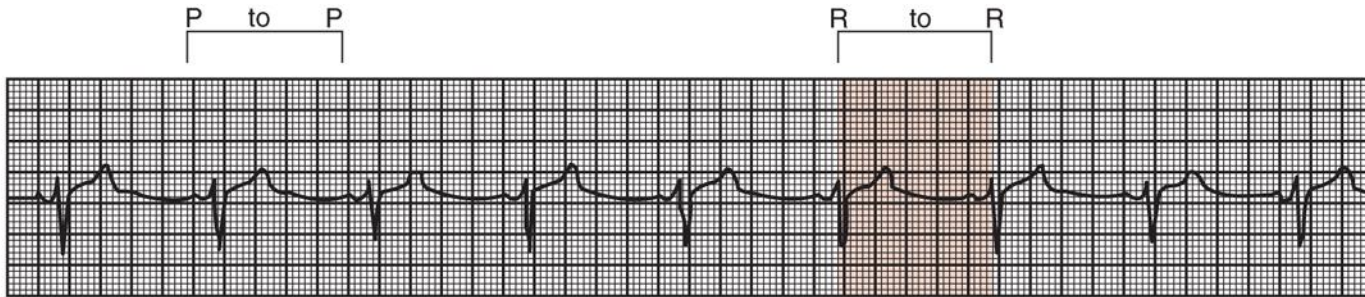
Boxes on the Grid



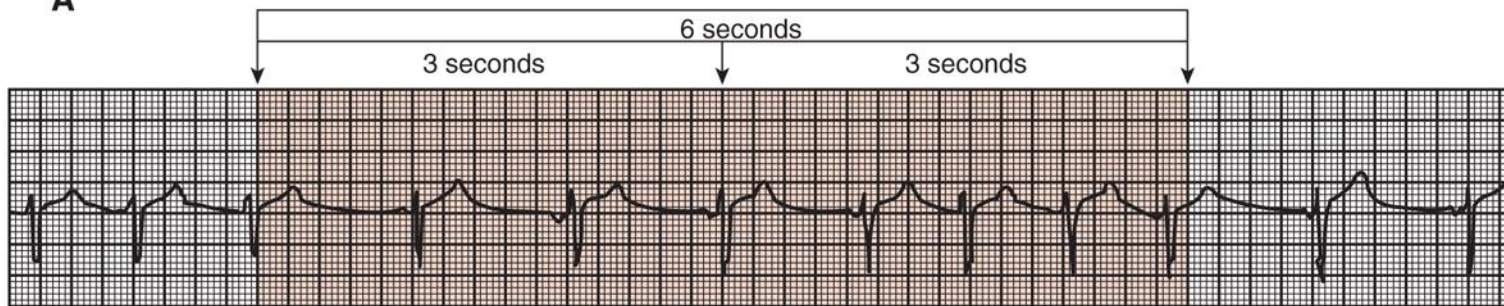
Steps in Rhythm Interpretation

- 1) Rate
- 2) Regularity
- 3) P-wave for each QRS
- 4) PRI within normal parameters
- 5) QRS- wide or narrow
- 6) ST segment
- 7) Interpret
- 8) Treatment or follow-up needed

Rate Determination & Regularity

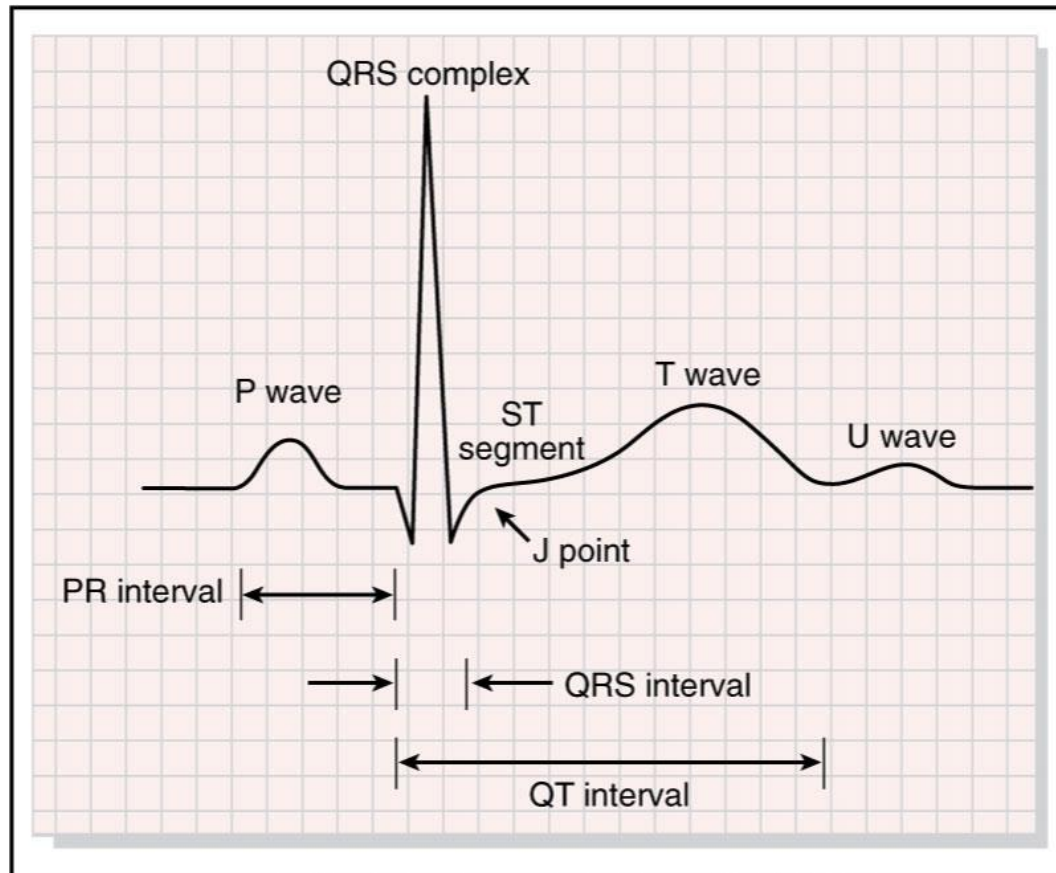


A



B

Anatomy of Rhythm Strip



(From Goldberger AL: *Clinical electrocardiography: a simplified approach*, ed 6, St Louis, 1999, Mosby.)
Fig. 22-5. The waves and intervals of a normal electrocardiogram.

P-wave for every QRS

PRI: .12-.20 seconds

QRS: .04-.12 seconds

ST Segment: Return to isoelectric line

Findings: Consider abnormalities & interpret rhythm

Determine need for further intervention

Sinus Rhythm: *Start w/ Normal*



SR: HR 60-100 BPM

- Stable or Unstable
- Intervention Needed ?

Sinus Bradycardia (SB)



SB: HR <60 BPM

- Stable or Unstable
- Intervention Needed ?

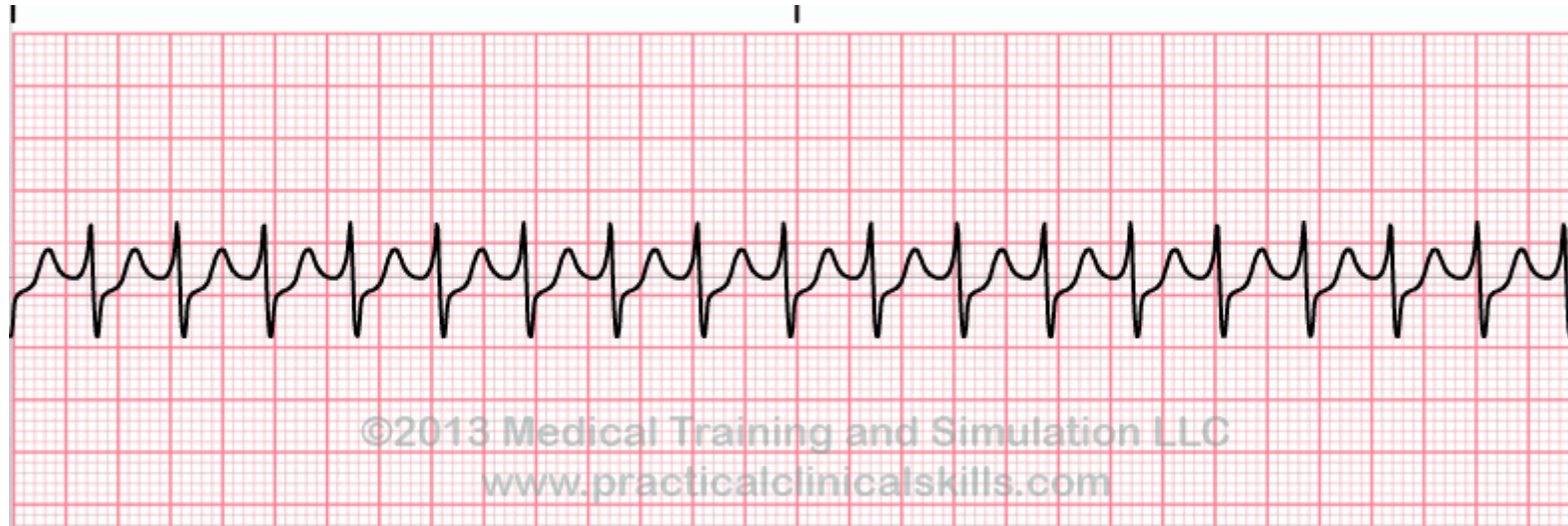
Sinus Tachycardia (ST)



ST: HR >100 BMP

- Stable or Unstable
- Intervention Needed ?
- Possible Causes ?

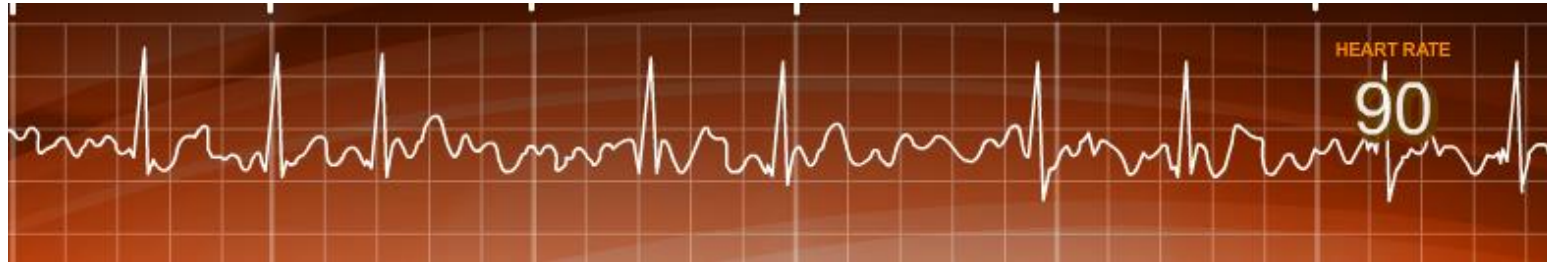
Supraventricular Tachycardia (SVT)



SVT: HR >160 BPM

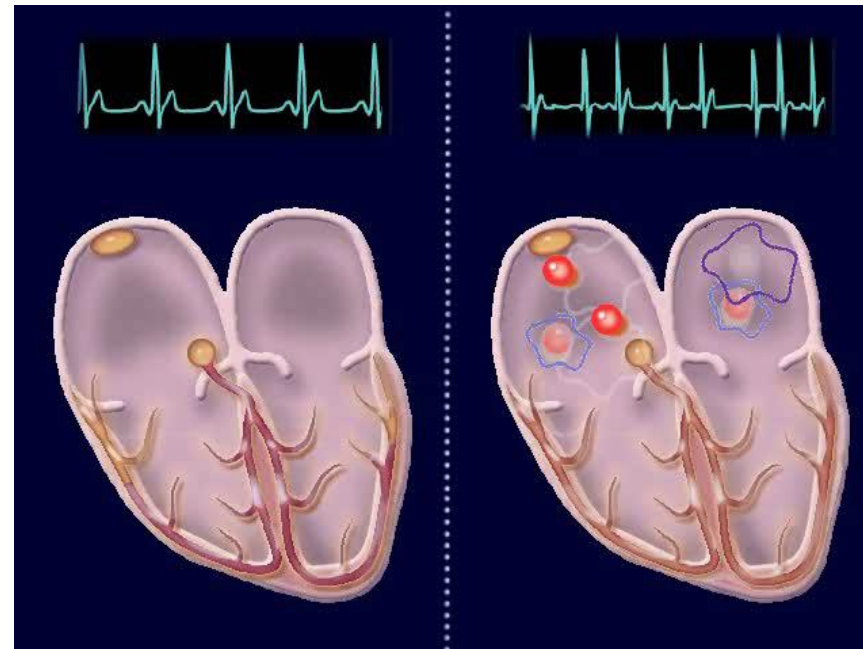
- Stable or Unstable
- Intervention Needed ?

Atrial Fibrillation (A Fib)



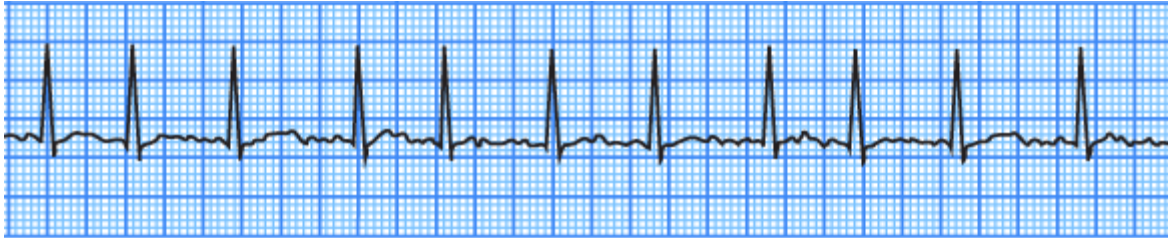
A Fib: No P-wave, irregular

- Atrium & Ventricles beating at different rates
- Atrium isn't completing full beats
- Risks for clot formation



Uncontrolled vs. Controlled Atrial Fibrillation

Uncontrolled: HR >100 BPM

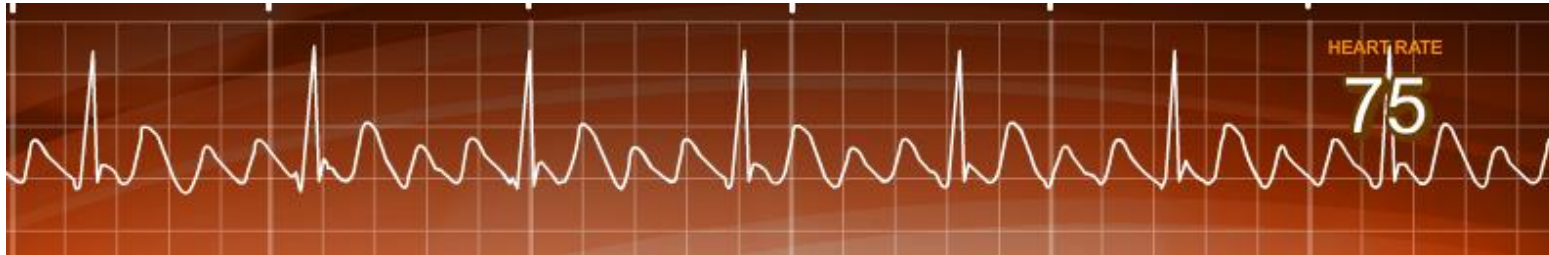


Controlled: HR <100 BPM



- Stable or Unstable
- Intervention Needed ?

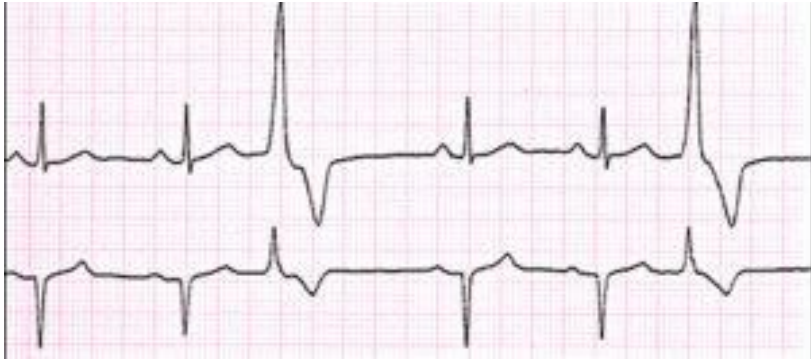
Atrial Flutter (A Flutter)



A Flutter: No P-wave, regular or irregular, saw tooth appearance between QRS complexes

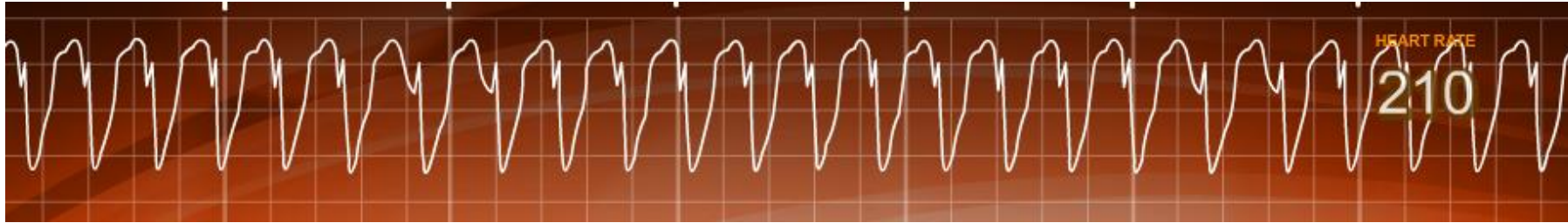
- Stable or Unstable
- Intervention Needed ?

Premature Ventricular Complexes (PVCs)



- Stable or Unstable
- Intervention Needed ?
- Causes ?

Ventricular Tachycardia (V Tach)



V Tach: Wide QRS Complex,
P-Wave usually not visible

- Pulse?
- Intervention Needed ?

Ventricular Fibrillation (V Fib)



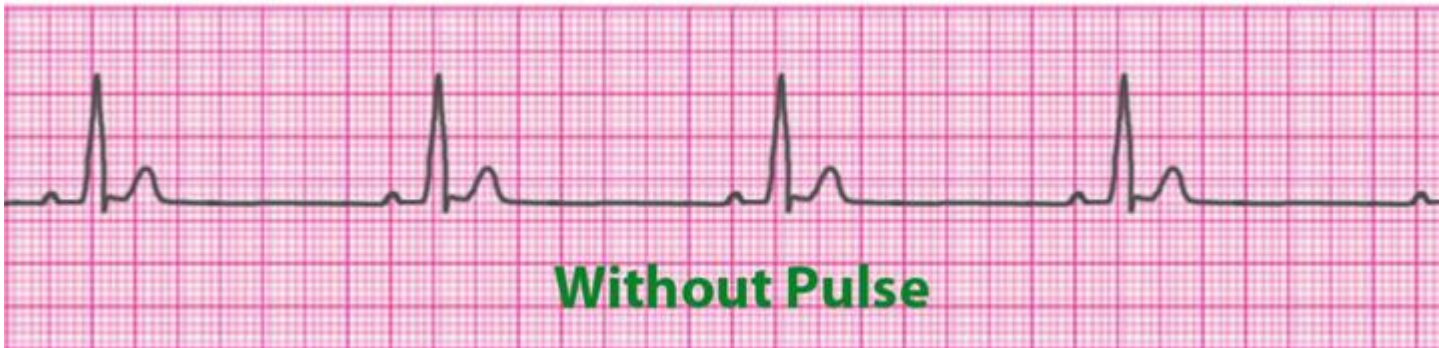
V Fib: Irregular, chaotic, No P-wave or identifiable QRS

- Pulse ?
- Intervention Needed ?
- Lethal

Asystole



Pulseless Electrical Activity (PEA)



Asystole: No electrical activity

PEA: No mechanical contractions present

- Pulse?
- Intervention Needed ?

1° Heart Block: *Prolong PR Interval*

“If your **R** is far from the **P**, then you have a 1st Degree”

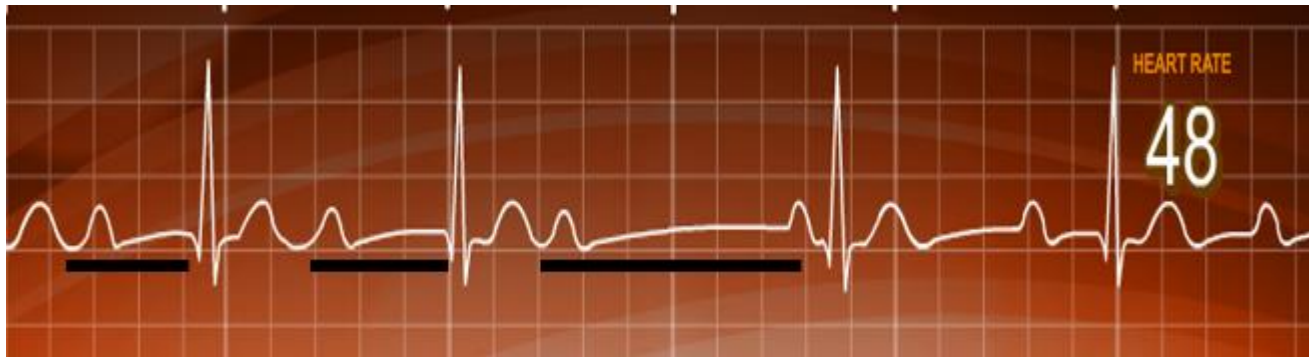


1° Heart Block: $PRI > .20$

- Stable or Unstable
- Intervention Needed ?

2° Heart Block- Type 1

“Longer, longer, longer, drop... then you have a Wenckebach”



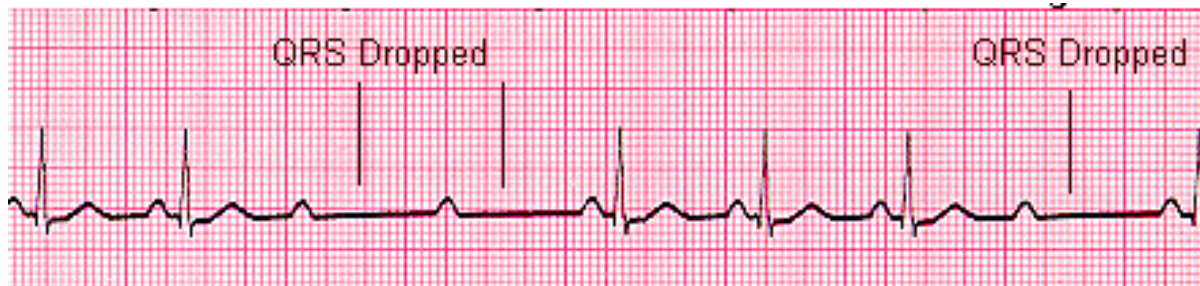
2° Heart Block- Type 1:
PRI gets progressively longer
than drops

- Stable or Unstable
- Intervention Needed ?



2° Heart Block- Type 2

“If your P’s don’t go through, then you have a Mobitz II”



2° Heart Block- Type 2:

Consistent PRI, random drop of QRS

- Stable or Unstable
- Intervention Needed ?

3° Heart Block

“If your Ps don’t agree, then you have a 3rd degree”



3° Heart Block: Atria and ventricles are beating at separate rates w/ no association

- Stable or Unstable
- Intervention Needed ?

Questions

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