Cardiac Dysrhythmia 10-22

Reviewed for Exam on Monday, October 27

- Know the arteries diagram given out in class
- Review rhythms and be able to identify rhythms on strips
    - Unifocal
        - P wave- normal (underlying rhythm)
        - PRI- normal (underlying rhythm)
        - QRS- normal, in QRS- wide
        - Rate- dependant on underlying rhythm
        - Rhythm- regular, compensatory
        - Other- all look the same
    - Multifocal
        - Same as unifocal, but they all look different
        - Idioventricular (escape) Rhythm
        - P wave- none
        - PRI- none
        - QRS- 0.12 and wider
        - Rate- 20-40
        - Rhythm- regular R-R
    - Accelerated Idioventricular Rhythm
        - P wave- none
        - PRI- none
        - QRS- wide
        - Rate- 40-100
        - Rhythm- regular R-R
    - Ventricular Tachycardia
        - P wave- none
        - PRI- none
        - QRS- wide
        - Rate- 100-250
        - Rhythm- usually regular
    - Ventricular Flutter
        - Same as ventricular tach but rate is fast
    - Ventricular Fibrillation
        - P wave- can’t be determined
        - PRI- can’t be determined
        - QRS- can’t be determined
        - Rate- 0
        - Rhythm- can’t be determined

- Ventricular Asystole (standstill)
  - P wave- none
  - PRI- none
  - QRS- none
  - Rate- none
  - Rhythm- none
- Agonal
  - P wave- none
  - PRI- none
  - QRS- 0.12 and wider
  - Rate- <20
  - Rhythm- regular and irregular
- First Degree Block
  - P wave: upright, round
  - PRI: >0.20
  - QRS: 0.04-0.11
  - Rate: 60-100
  - Rhythm: regular
- Second Degree Block
  - Mobitz I/ Wenckebach/ Type I
  - P wave: upright, round
  - PRI: pregressive prolongation of PRI until QRS is dropped
  - QRS: 0.04-0.11
  - Rate: 60-100, usually on slower side
  - Rhythm: R-R irregular, P-P regular
  - Other: still count R's for rate, but it is going to be an average, from AV node
- Mobitz II/ Type II
  - P wave: upright
  - PRI: constant
  - QRS: wide, more around 0.12
  - Rate: Atrial is normal, Ventricle is slower
  - Rhythm: regular P, can be irregular R waves
  - Other: Bundle of His, more P's than QRS, write ratio of P waves to QRS (where QRS is missing)
- Third Degree AV Block/ Complete Heart Block
  - P wave: upright, round
  - PRI: not constant
  - QRS: normal of wide
  - Rate: 60-100, or 40-60 (from AV), or >40 (from ventricles)

        - Rhythm: regular P-P and R-R
        - Other: If QRS is within normal and the rate is between 40-60 the escape mechanism is triggered by the junction/AV node. If QRS is wide and rate is lower than 40, escape mechanism comes from ventricles
    - Premature Junctional Contraction
        - P wave: inverted, inverted after QRS, buried in QRS
        - PRI: only measured when P wave is before QRS (should be fairly normal)
        - QRS: normal
        - Rate: depends on underlying rhythm
        - Rhythm: irregular
        - Other: can be compensatory or non-compensatory depending on when ventricle depolarizes
    - Supra-Ventricular Tachycardia
        - P wave: N/A
        - PRI: N/A
        - QRS: normal
        - Rate: 150-250
        - Rhythm: regular
    - Junctional Rhythm
        - Regular rhythm with abnormal P waves
        - High Junctional
            - Inverted P wave
            - Less than or equal to 0.12 PRI length
            - Normal QRS
            - 40-60 bpm
            - Regular rhythm
        - Mid Junctional
            - P wave buried in QRS
            - PRI is non existent
            - Normal QRS
            - Regular rhythm
        - Lower Junctional
            - P wave is inverted and after QRS
            - PRI is non existent
            - Normal QRS
            - Regular rhythm
    - Accelerated Junctional Rhythm
        - P wave is buried in QRS, inverted, or after QRS
        - PRI is around 0.12 or non-existent
        - Normal QRS