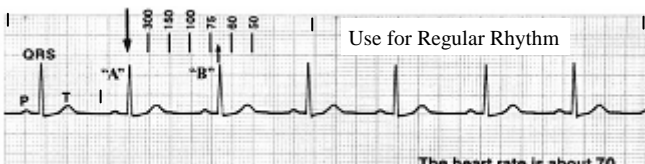
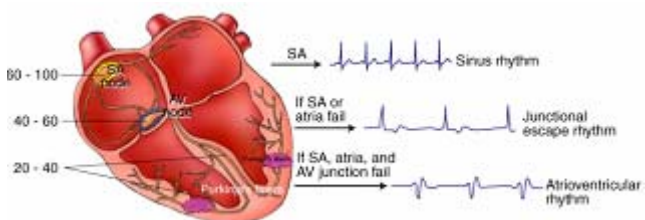


- Steps to EKG interpretation:**
1. Evaluate the rate.
 2. Evaluate the P wave.
 3. Evaluate the PR interval.
 4. Evaluate the QRS complex.
 5. Evaluate the rhythm.
 6. Evaluate the ST segment.
 7. Evaluate the QT interval.
 8. Evaluate the T wave.
 9. Look for U waves.



Count the number of Rs in a 6 sec. strip x 10 = HR



Slow
 Sinus Brady
 Junc. Escape
 V. Escape
 Idioventricular
 Wandering pacer

Fast
 Sinus Tach
 Accelerated
 -Junctional
 -Idioventricular
 V tach
 PSVT
 Multifocal A. Tach

Normal
 Accelerated
 -Junctional
 -Idioventricular
 Wandering pacemaker



Life Flight Dispatch
 321-1234 * 1-800-321-1911
www.intermountainlifeflight.org





Helpful Pearls

PR interval (short, normal, long)

Short

1. Lown-Ganong-Levine syndrome (LGL)
2. Wolf Parkinson White (WPW)
3. Junctional rhythms

Long (regular and irregular)

Regular

1. First degree Heart Block

Irregular

1. Atrial Premature Contractions
2. Mobitz I second-degree Heart Block
3. Multi-focal atrial tachycardia
4. Wandering atrial pacemaker
5. Third-degree Heart Block

QRS Complex

- normal is < 0.12 sec
- ≥ 0.12 sec = RBBB, LBBB, IVCD (IntraVentricular Conduction Delay—rule out hypokalemia)

QT Interval (short, long)

Short

1. Hypercalcemia
2. Digitalis
3. Tachycardias

Long

1. Hypocalcemia
2. Drugs
 - a. Quinidine
 - Procainamide
 - b. Psychotropics
 - Tricyclics
 - c. Pentamidine
3. Hypothermia
4. Hypothyroidism
5. Ischemic Heart Disease
6. Central Nervous System

M-Morphine

O-Oxygen

N-Nitroglycerin

A-Aspirin



Life Flight Dispatch
 321-1234 * 1-800-321-1911
www.intermountainlifeflight.org

