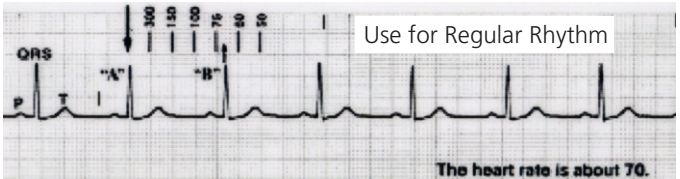
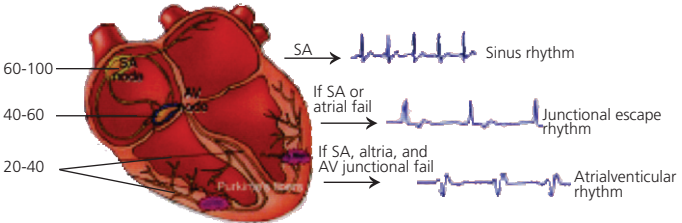


### Steps to EKG interpretation:

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

# 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

○  $\geq 0.12$  sec = RBBB, LBBB, IVCD  
(Intra Ventricular Conduction Delay – rule out hypokalemia)

## QT Interval (*short, long*)

### Short

1. Hypercalcemia
2. Digitalis
3. Tachycardias

M- Morphine

O- Oxygen

N- Nitroglycerin

A- Aspirin

### Long (*regular and irregular*)

1. Hypocalcemia

2. Drugs

a. Quindine

Procainamide

b. Psychotropics

Tricyclics

c. Pentamidine

3. Hypothermia

4. Hypothyroidism

5. Ischemic Heart Disease

6. Central Nervous System



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