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| **15 rhythm strips on Precourse Self-Assessment with the following matching choices:** | |
| Agonal Rhythm/Asystole  Atrial Fibrillation (AF)  Atrial Flutter  Monomorphic Ventricular Tachycardia  Normal Sinus Rhythm  Premature Ventricular Contraction (PVC)  Polymorphic Ventricular Tachycardia  Pulseless Electrical Activity (PEA) | Second-Degree Atrioventricular Block (Mobitz I, Wenckebach)  Second-Degree Atrioventricular Block (Mobitz II)  Sinus Bradycardia  Sinus Tachycardia  Supraventricular Tachycardia (SVT)  Third-Degree Atrioventricular Block  Ventricular Fibrillation (VF) |

**Rhythm Identification**

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| **RHYTHM &**  **ETIOLOGY** | **CRITERIA OVERVIEW** | **UNIQUE CRITERIA** | **SAMPLE STRIPS** |

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| ***Agonal Rhythm/ Asystole***   * Dying heart * Drugs used in cardiac arrest provide some electrical waves | RHY – Regular  R – Slow  P – None  PRI – None  QRS – Very, very wide | Slow wide bizarre stretched out waves  No Pulse |  |

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| ***Atrial Fibrillation (AF)***   * Ischemic heart disease * Digoxin toxicity * CHF * MI * Mitral or Tricuspid valve disease | RHY – Irregular  R – Atrial 350-600 Vent. –  Below 100 controlled  Above 100 uncontrolled  P – No Fs  PRI – None  QRS – 0.04-0.10 | Irregular, no  No Ps (called Fs) |  |

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| **RHYTHM &**  **ETIOLOGY** | **CRITERIA OVERVIEW** | **UNIQUE CRITERIA** | **SAMPLE STRIPS** |

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| ***Atrial Flutter***   * Ischemic heart disease * MI * Digoxin toxicity * Mitral, Tricuspid valve disease * Stress * PE * Hyperthyroid * Often temperature | RHY – Regular or Irregular  R – Atrial 250-400  Vent: 70 - 150  P – None, Fs  PRI – None  QRS – 0.04-0.10 | Regular or Irregular  No Ps (called Fs)  Saw tooth |  |

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| ***Monomorphic Ventricular Tachycardia***   * All complexes are the same shape and look the same * Wide Complex Tachycardia | RHY – Regular  R – Above 100  P – None  PRI – None  QRS – Wide, bizarre | R over 100  All Vent beats |  |

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| ***Normal Sinus Rhythm***   * Normal, None | RHY – Regular  R – 60-100  P – Upright  PRI – 0.12-0.20  QRS – 0.04-0.10 | None, normal rhythm |  |

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| **RHYTHM &**  **ETIOLOGY** | **CRITERIA OVERVIEW** | **UNIQUE CRITERIA** | **SAMPLE STRIPS** |

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| ***Premature Ventricular Contraction/***  ***Premature Ventricular Depolarization***  ***(PVC/PVD)***   * Hypoxia * Hypotension * Anemia * Ischemic heart disease * Electrolytes * M.I. * Myocarditis, pericarditis * CHF * Stress, fatigue, smoking * Overeating, caffeine * Hypoglycemia * Sepsis * Cyclic anti-depressants * Acidosis | AN ECTOPIC BEAT  RHY – Irregular  R – 60-100  P – Upright  PRI – 0.12-0.20  QRS – 0.04-0.10 | SR, early beat has Vent beat (wide & bizarre) |  |

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| ***Polymorphic Ventricular Tachycardia***  AKA Torsades de Pointes | RHY – Chaotic waves  R – None  P – None  PRI – None  QRS – Points twist | Amplitude of QRS changes  No pulse  Points twist |  |

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| **RHYTHM &**  **ETIOLOGY** | **CRITERIA OVERVIEW** | **UNIQUE CRITERIA** | **SAMPLE STRIPS** |

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| ***Pulseless Electrical Activity***  ***(PEA)***   * Looks like any rhythm that should have a pulse but does not |  | No Pulse |  |

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| ***Second Degree AV Block Type I Mobitz I Wenckebach*** | RHY – Irregular  R – >60  P – Extra Ps  PRI – Vary  QRS – 0.04-0.10 | Irregular  PRI longer & longer  Dropped QRS |  |

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| ***Second Degree AV Block Type II Mobitz II*** | RHY – Regular or Irregular  R – >60  P – Extra Ps  PRI – Constant  QRS – Normal or wide | Regular or Irregular  EXTRA Ps  PR interval normal with dropped QRS |  |

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| **RHYTHM &**  **ETIOLOGY** | **CRITERIA OVERVIEW** | **UNIQUE CRITERIA** | **SAMPLE STRIPS** |

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| ***Sinus Bradycardia***   * Damage SA * Normal sleep athletes * Vagal stimulation * Glaucoma * Hypothermia * Inferior MI * Drugs – MS, digoxin, Inderal * IICP | RHY – Regular  R – Below 60  P – Upright  PRI – 0.12-0.20  QRS – 0.04-0.10 | **Rate below 60** |  |

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| ***Sinus Tachycardia***   * Exercise * Anxiety * Caffeine * Nicotine * Fever * Shock * CHF * Hypotension * Pain * Hypoxemia * Anterior MI | RHY – Regular  R – 100-160  P – Upright  PRI – 0.12-0.20  QRS – 0.04-0.10 | **Rate 100-160** |  |

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| ***Supraventricular Tachycardia (SVT)***   * Not visible sudden start or stop | RHY – Regular  R – 160 - 250  P – Upright  PRI – 0.12-0.20  QRS – 0.04 – 0.10 | **Rate above 150-250** |  |

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| **RHYTHM &**  **ETIOLOGY** | **CRITERIA OVERVIEW** | **UNIQUE CRITERIA** | **SAMPLE STRIPS** |

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| ***Third Degree AV Block***   * Same as 1st degree * Electrolyte imbalance | RHY – Regular  R – >60  P – Extra Ps  PRI – Vary  QRS – Usually wide | Regular  P waves march out  QRS march out |  |

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| ***Ventricular Fibrillation (VF)***   * Following V-Tach * Acute MI * Electrolyte imbalance | RHY – Chaotic  R – None  P – None  PRI – None  QRS – None, fibrillatory line | Chaotic wavy line  No pulse |  |

**High-Quality CPR**

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| * Rate-at least 100-120 per minute * Compression depth at least 2 inches, not more than 2.4 inches or 6cm * Minimize interruptions to less than 10 seconds * Switch compressors every 2 minutes or 5 cycles * Chest recoil allows maximum blood return to the heart | * After defibrillation resume CPR, starting with chest compressions * Rescue breathing for patient not responsive, not breathing with pulse * Air in stomach -- ventilating too quickly * Ventilate 1 breath every 6 seconds (10/min) |