

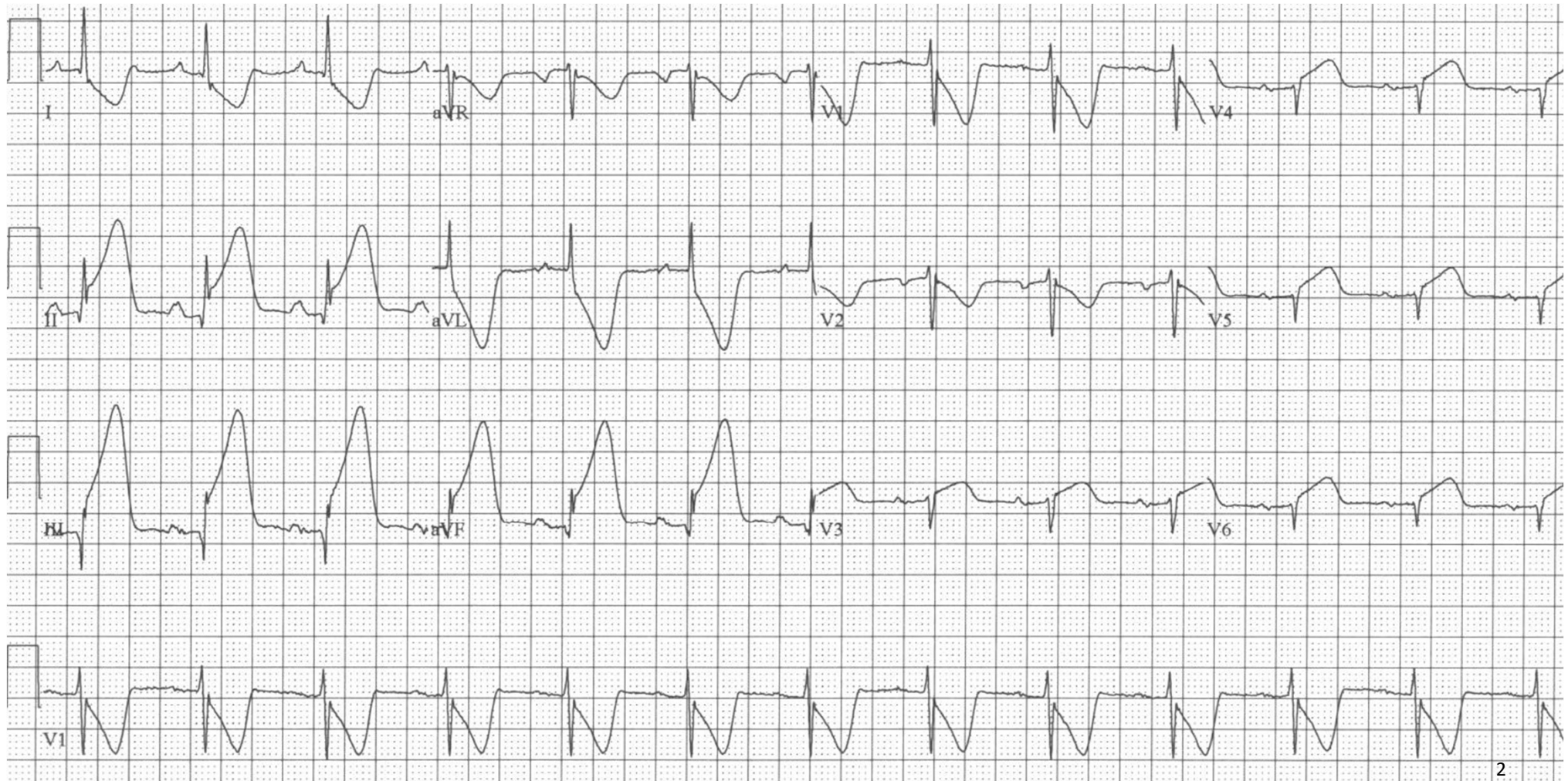
Intermediate ECG Workshop

In-Class ECG Practice

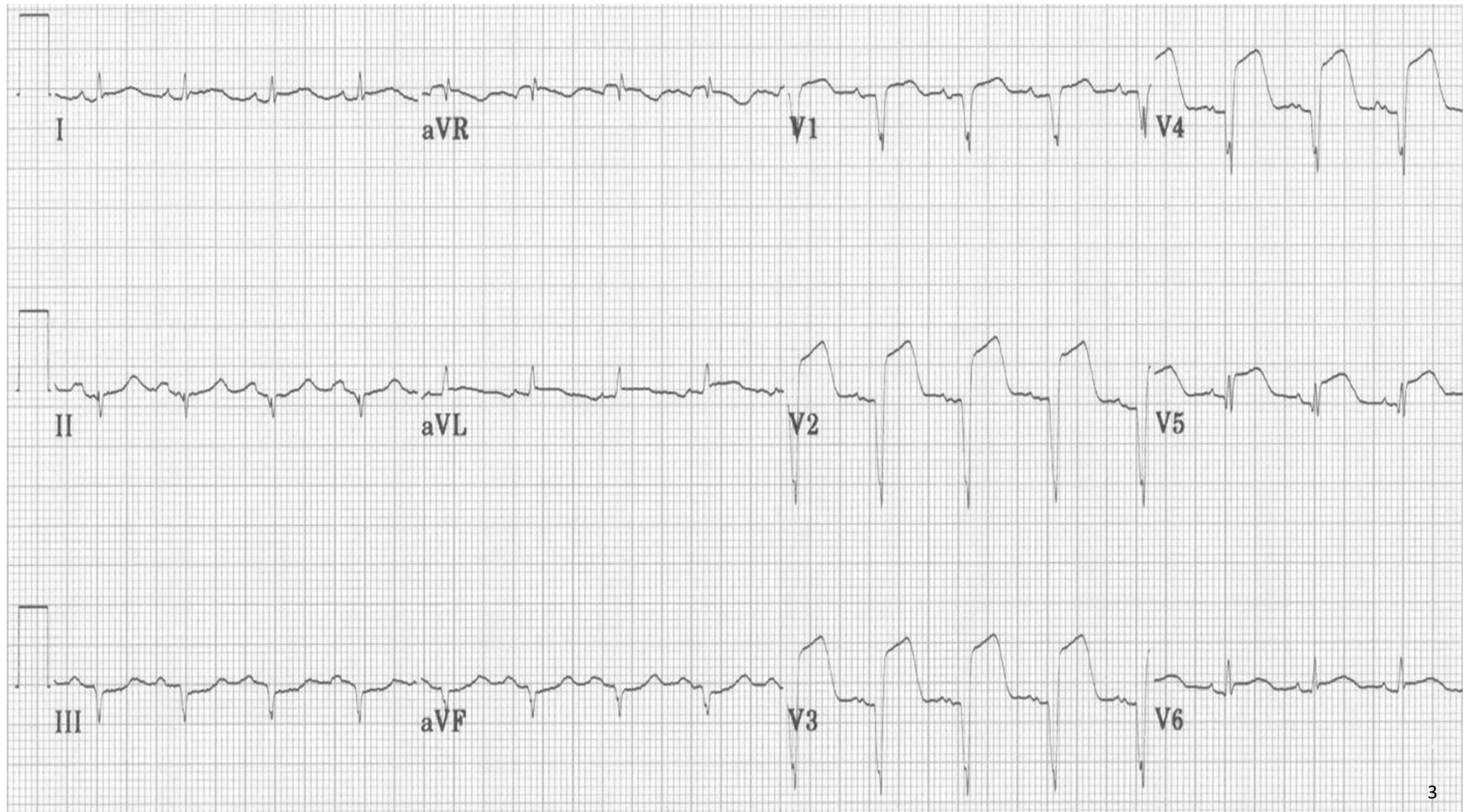
Indianapolis, IN

Darwin Brown, MPH, PA-C

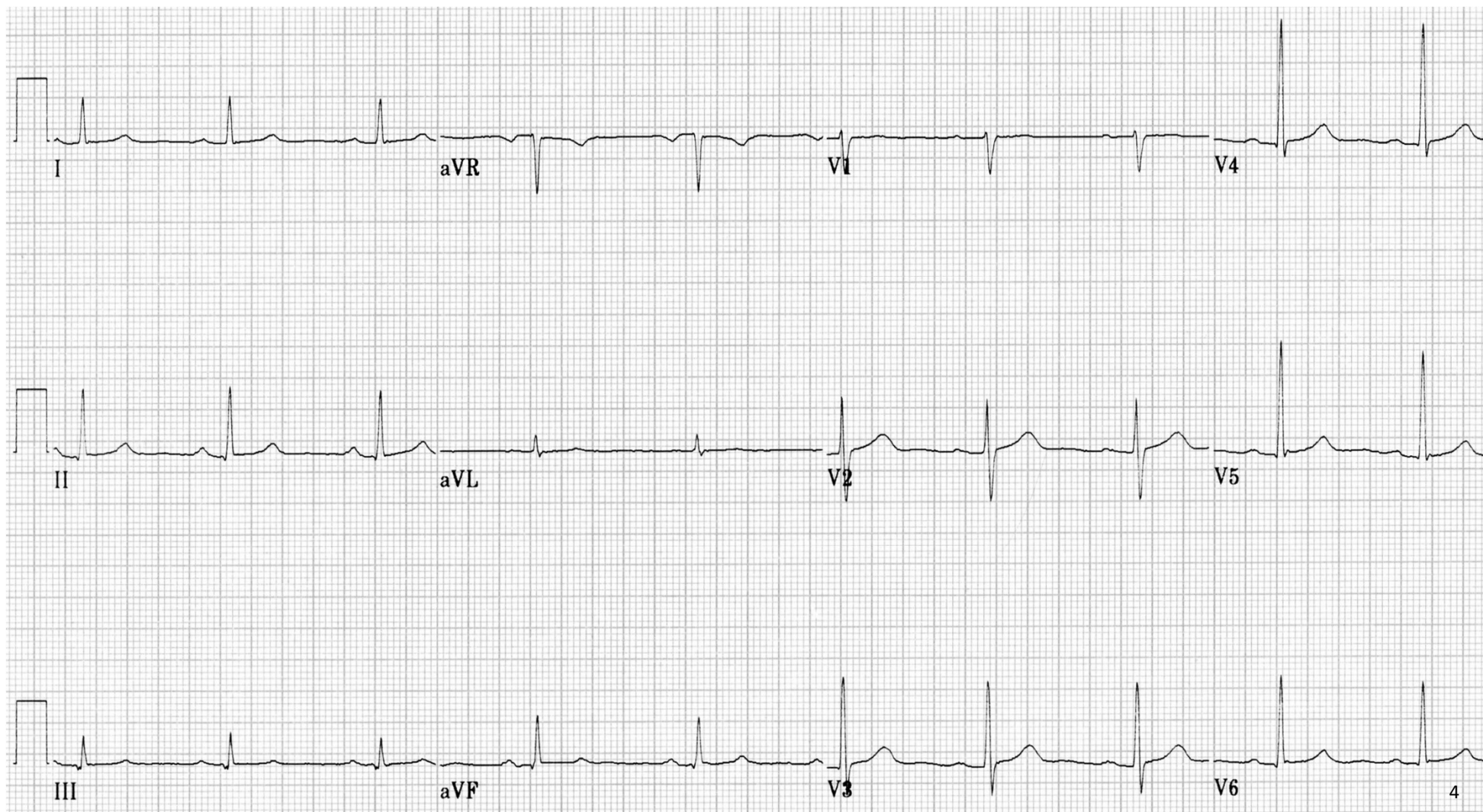
Case #1



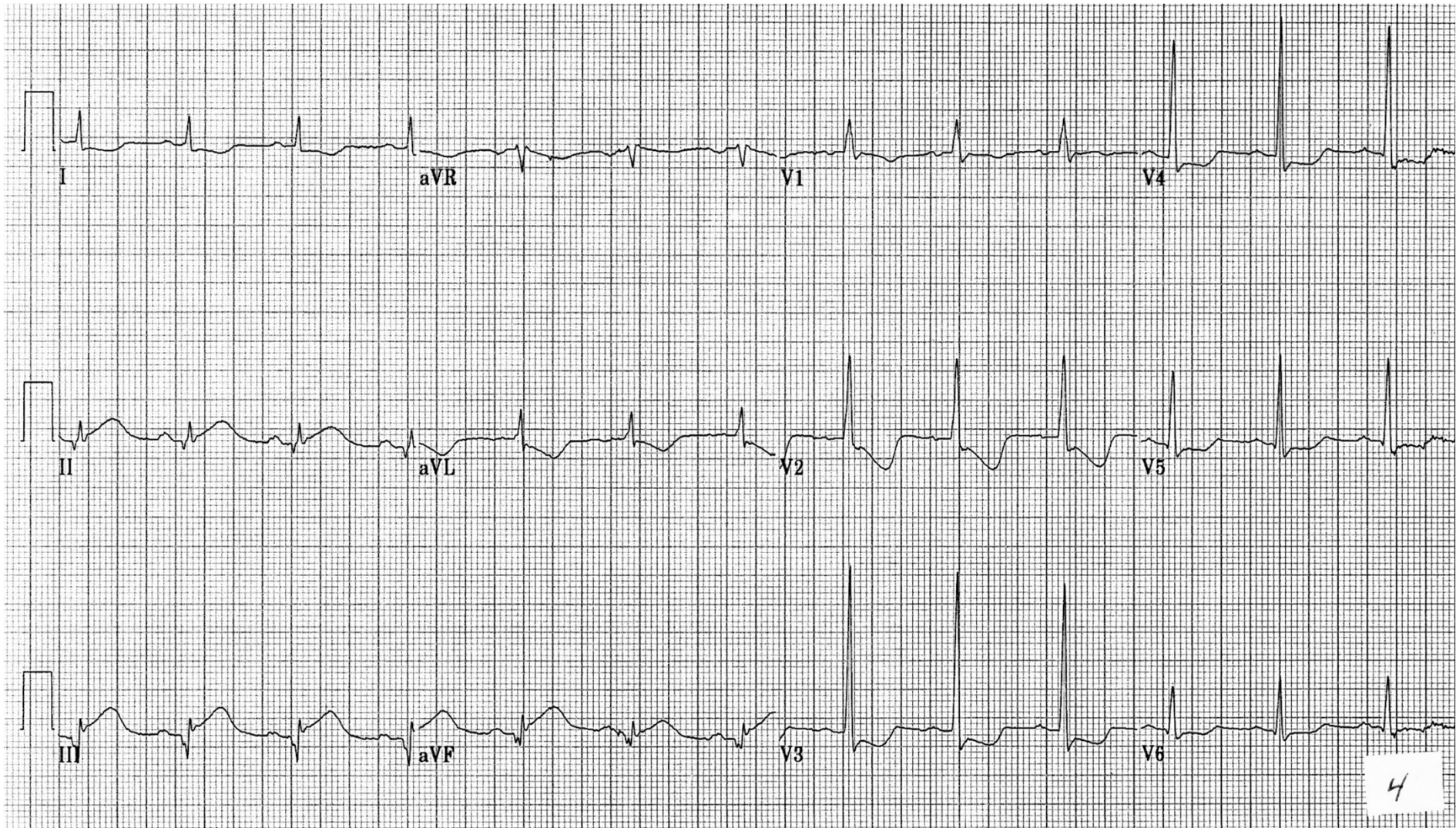
Case #2



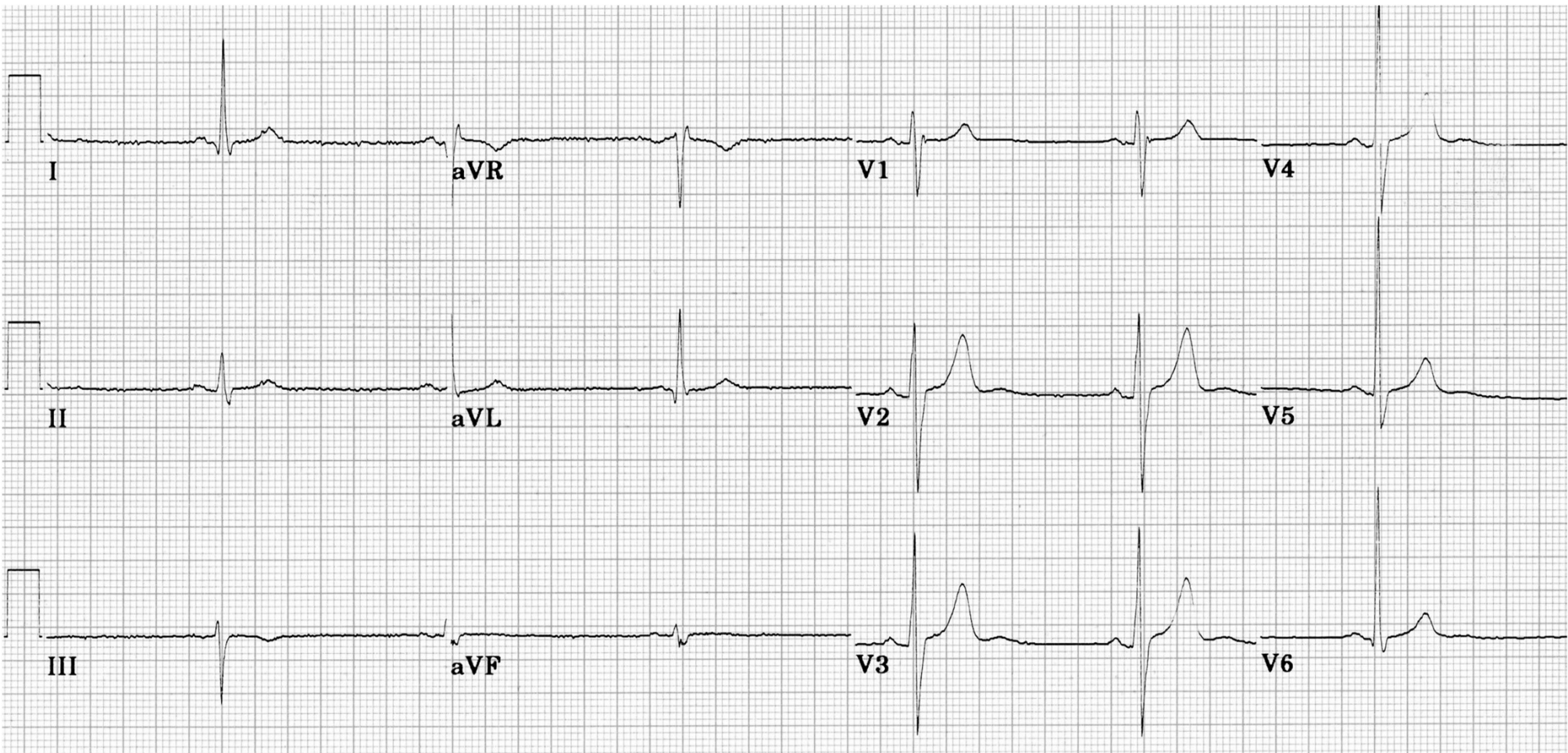
Case #3



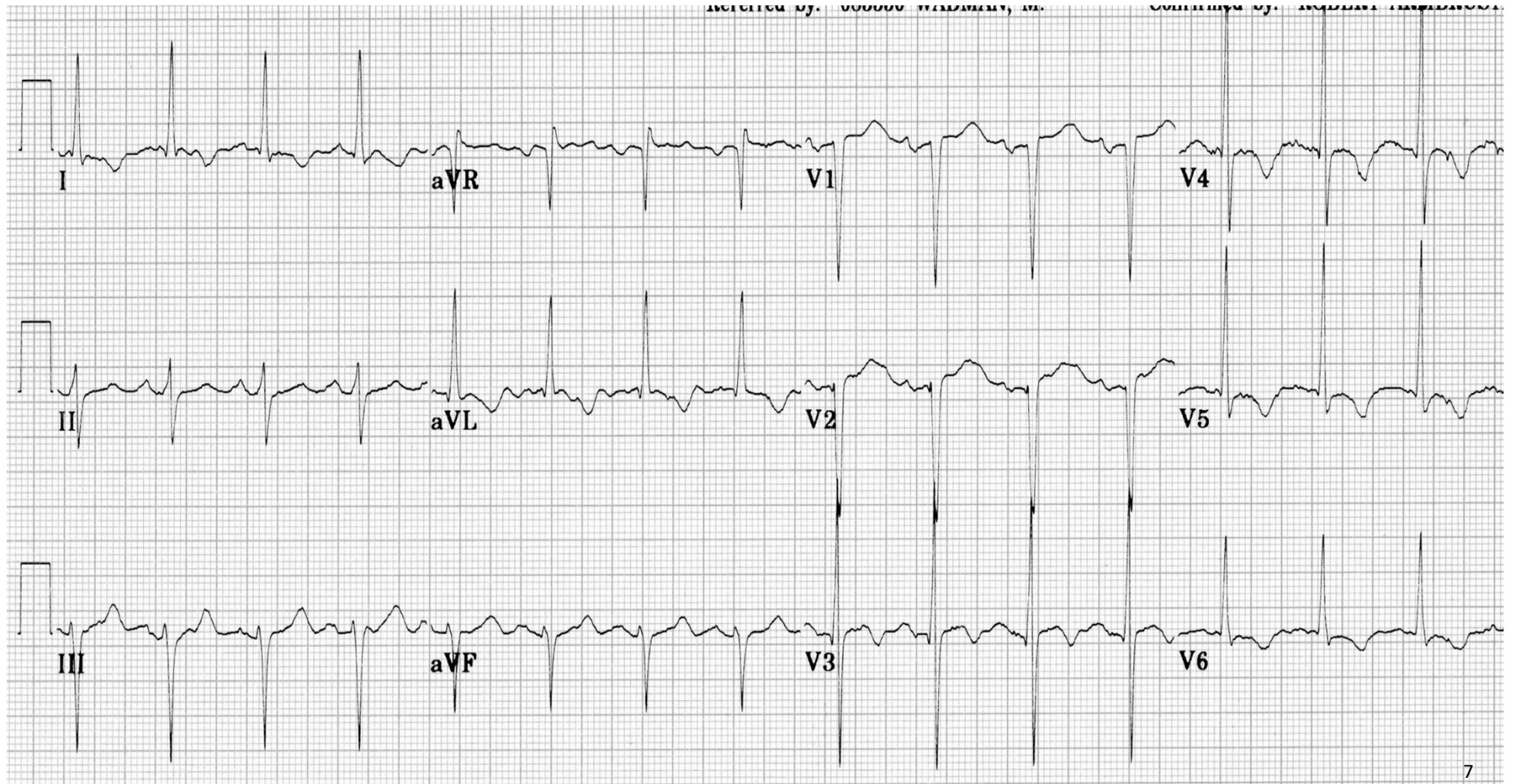
Case #4



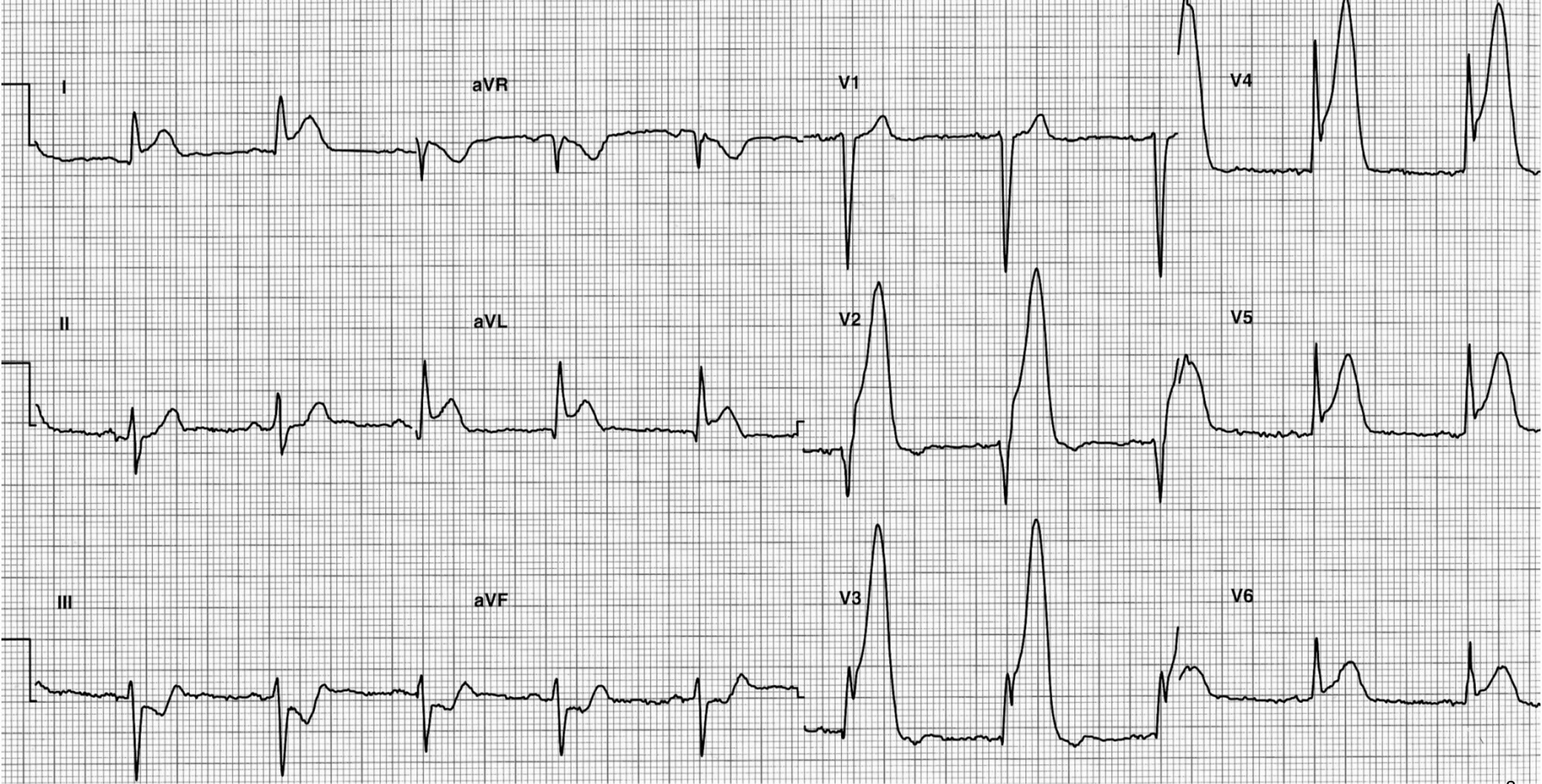
Case #5



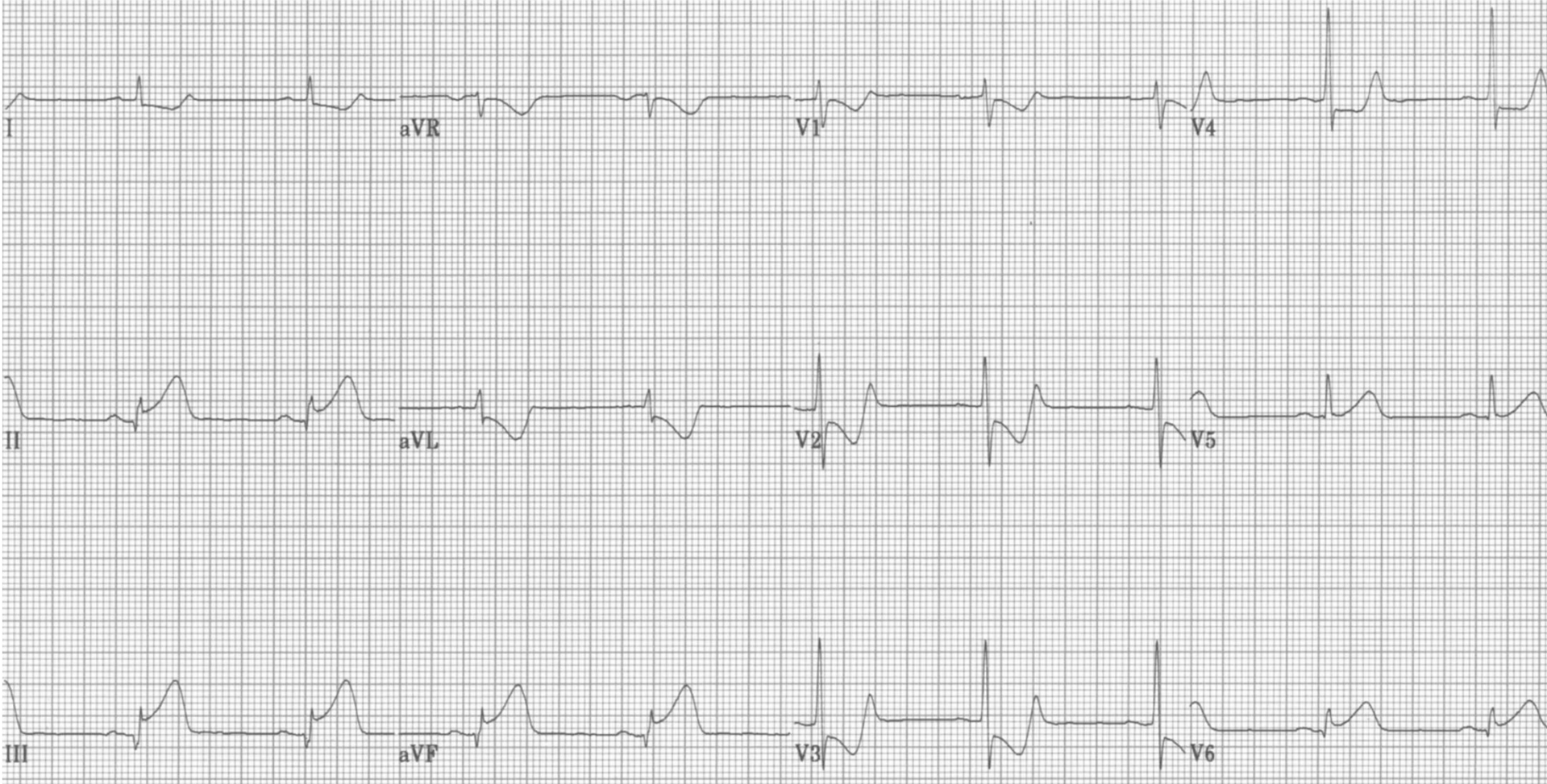
Case #6



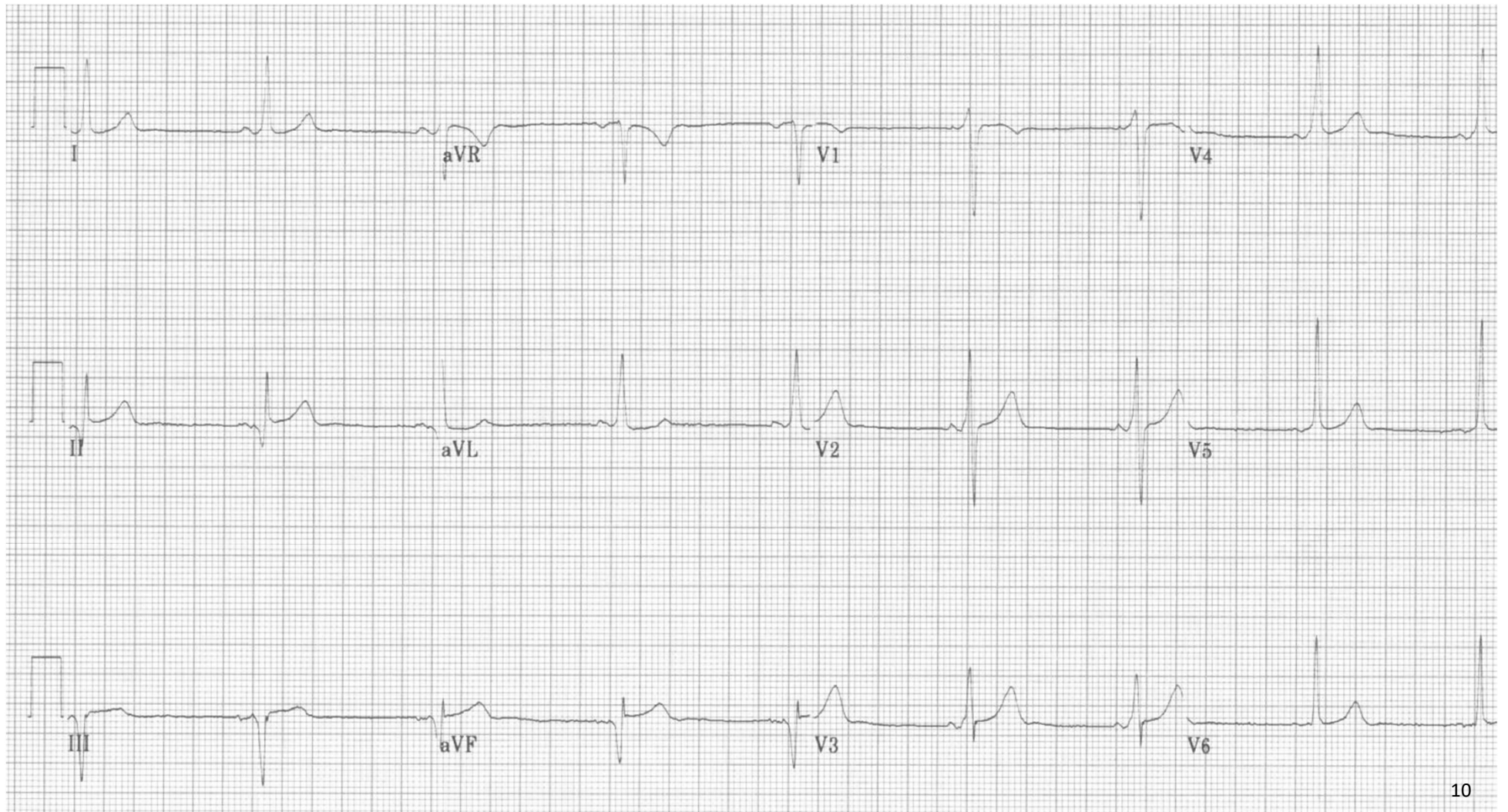
Case #7



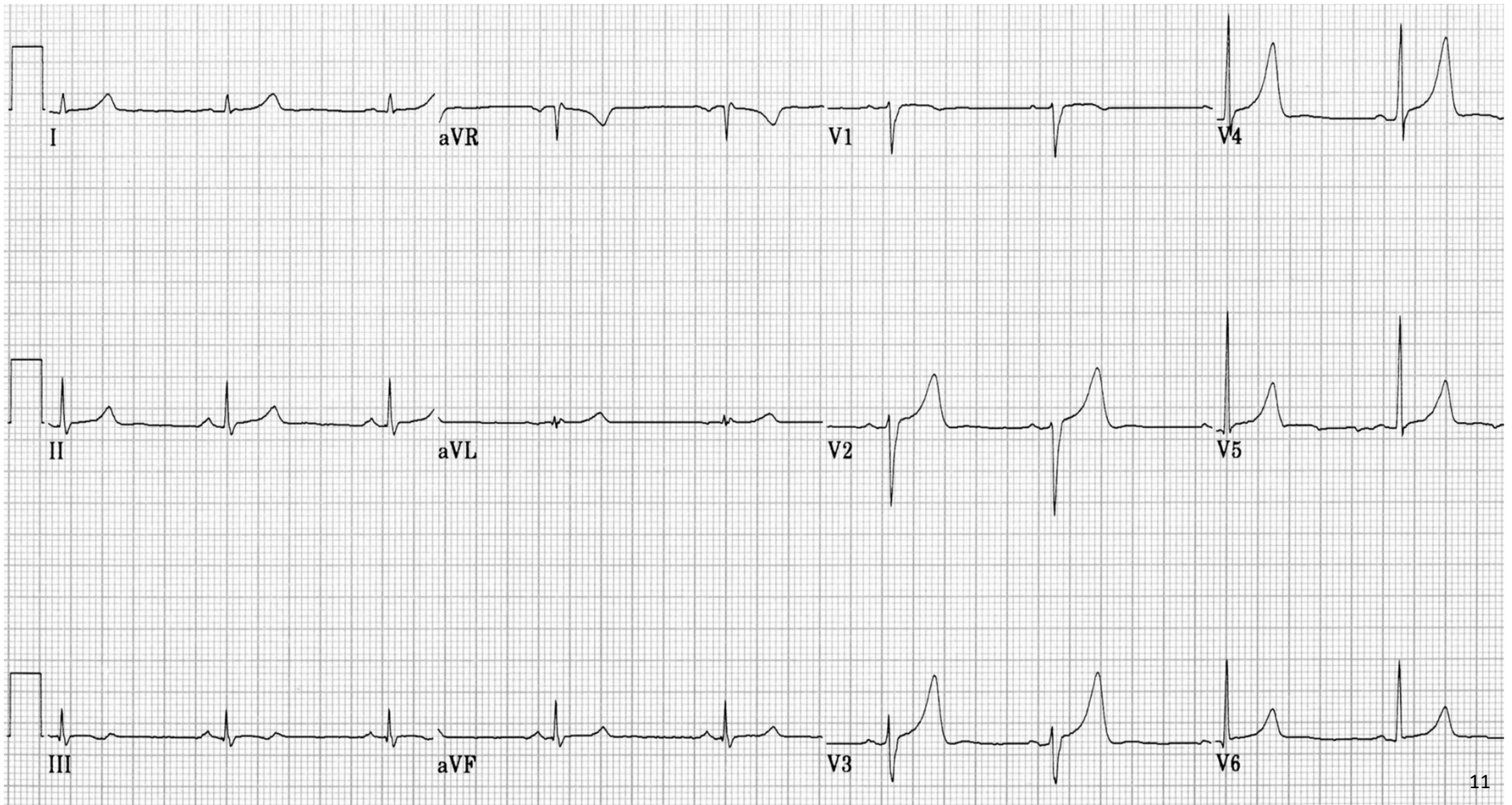
Case #8



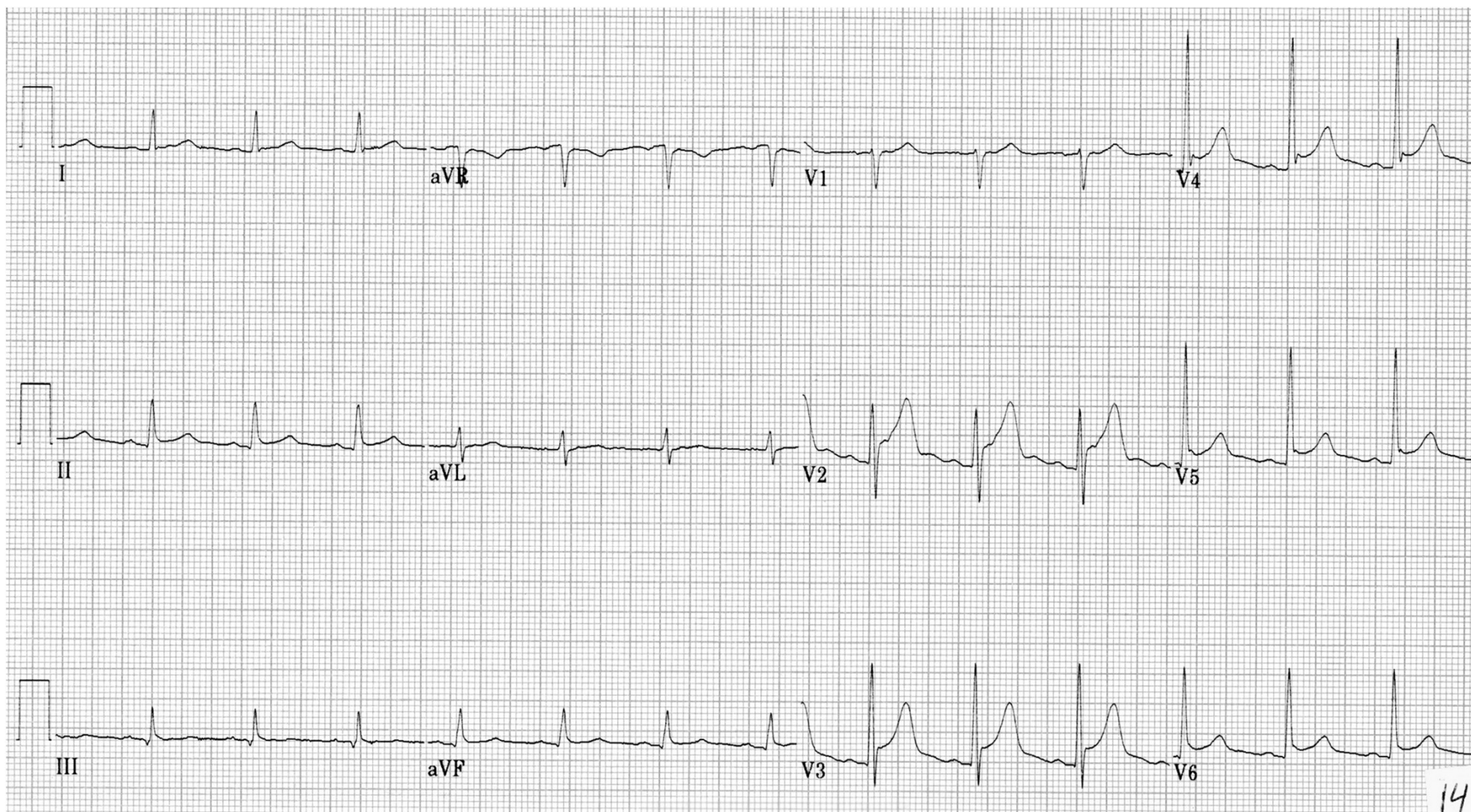
Case #9



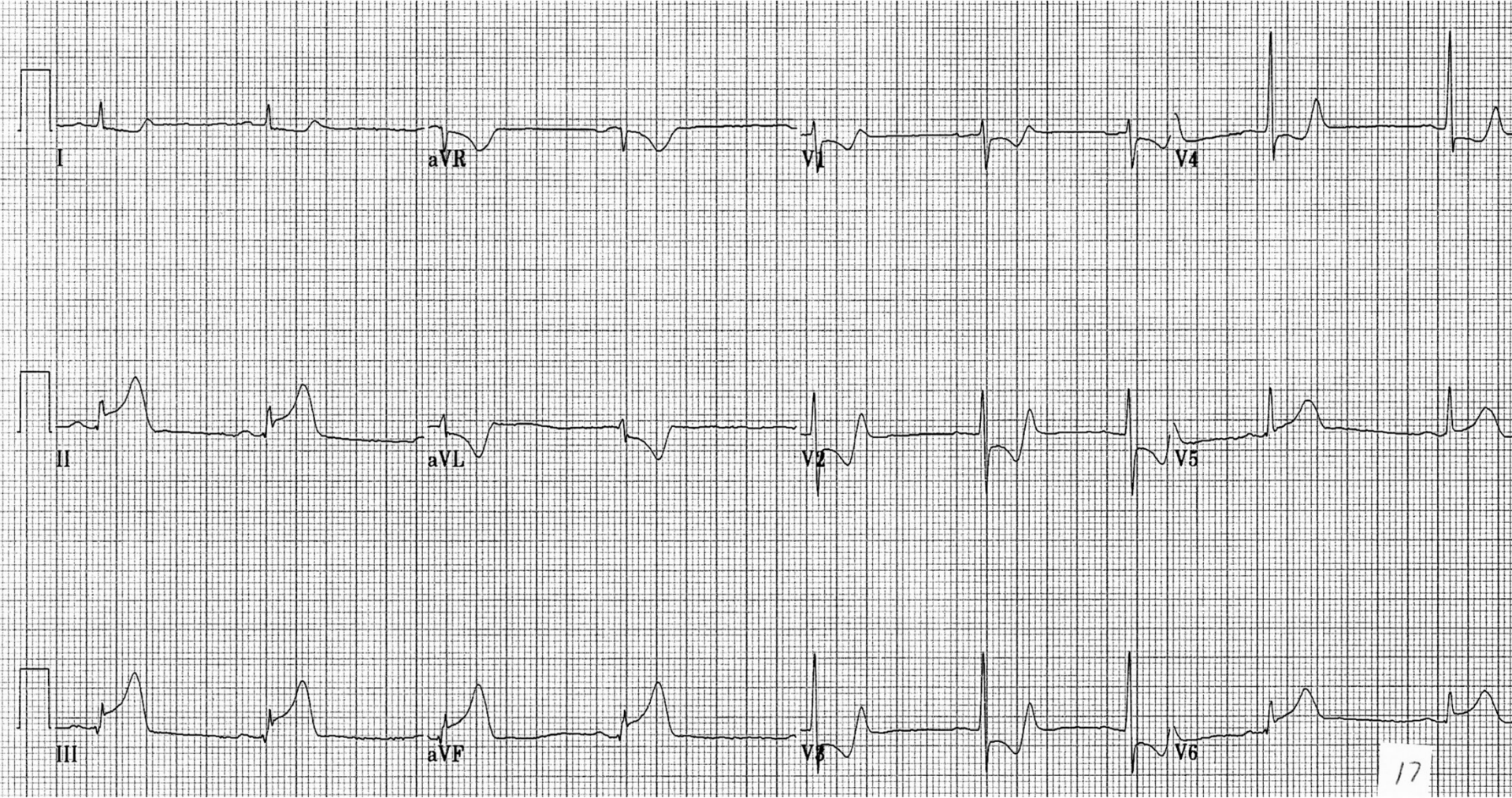
Case #10



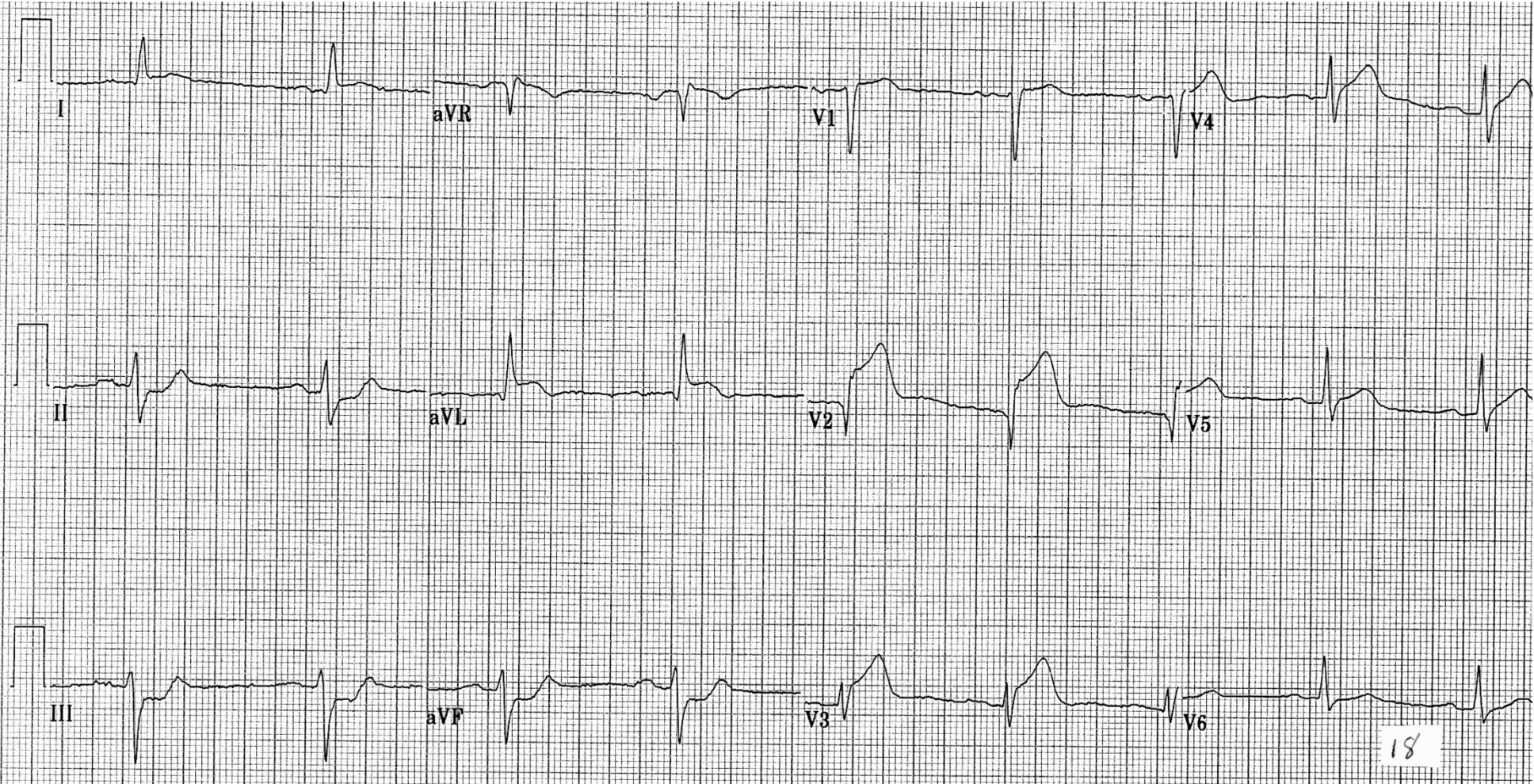
Case #11



Case #12



Case #13

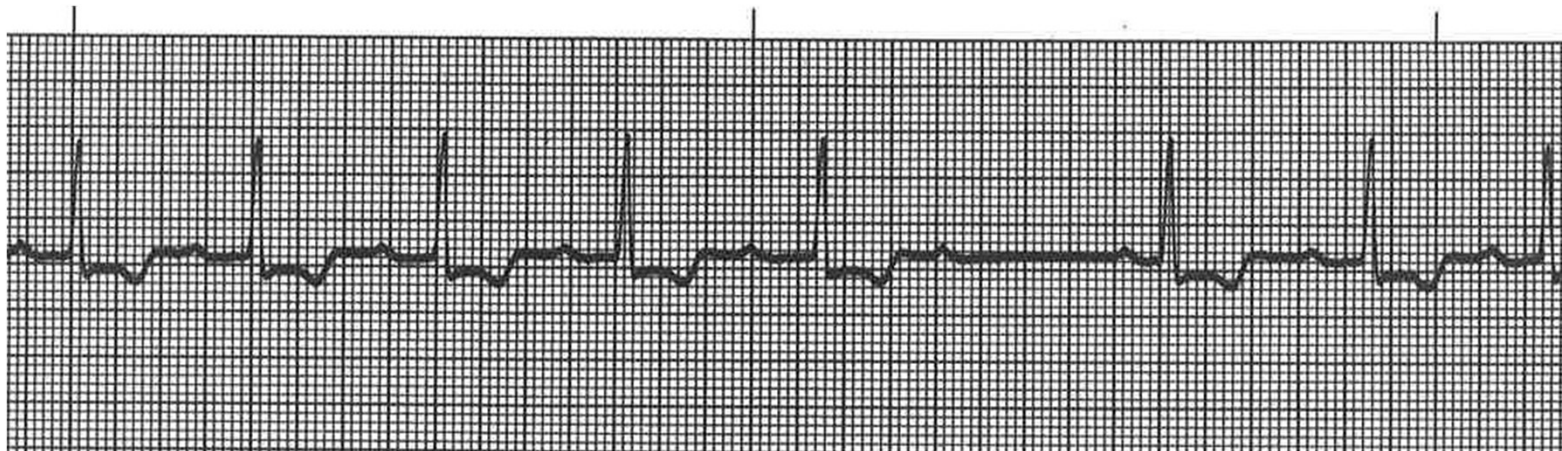


First-Degree AV Block



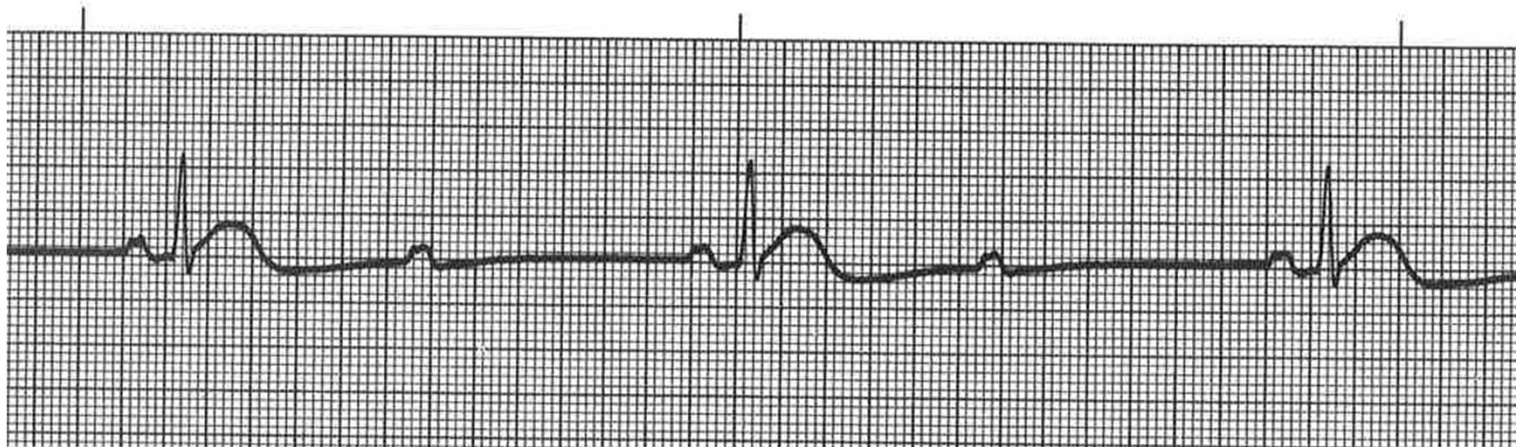
Rate: 60 -100 bpm
Rhy: Regular
P-wave: Sinus, one P wave to each QRS complex
PR: > 200 ms, fixed and prolonged
QRS: <120 ms

Second-Degree AV Block, Type I



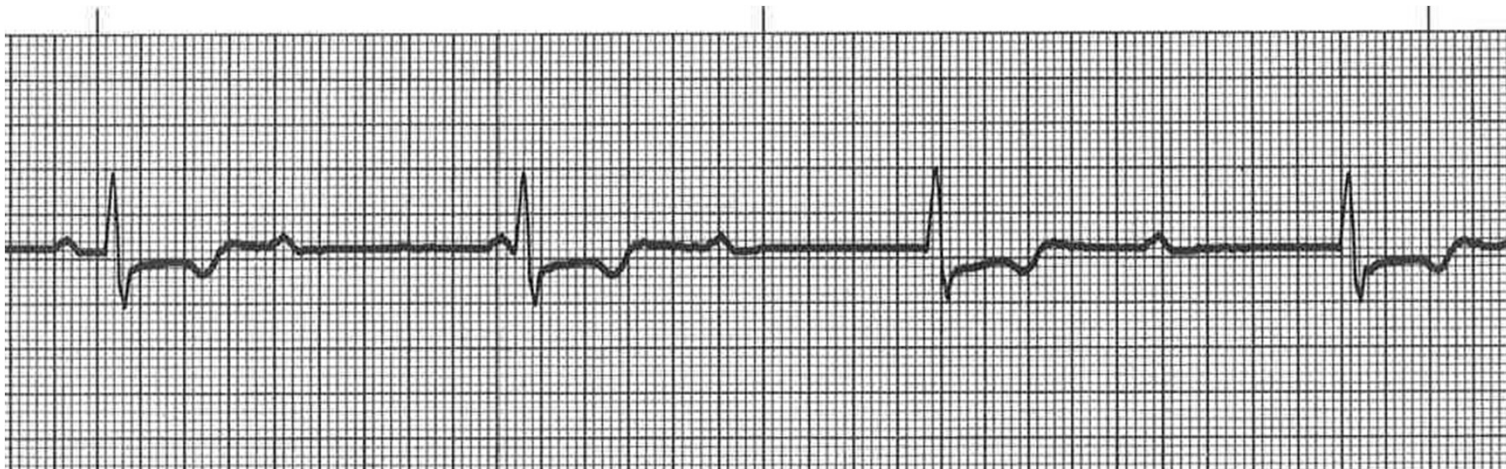
- Rate: Atrial – sinus rate. Vent depends on conduction
- Rhy: Regular atrial rhythm, irregular ventricular rhy
- P-wave: Sinus
- PR: Progressively lengthens until P wave dropped
- QRS: <120 ms

Second-Degree AV Block, Type II



- Rate: Atrial – sinus rate. Vent depends on conduction, slow
- Rhy: Regular atrial rhy. Vent usually reg, may be irregular
- P-wave: Sinus, 2+ P waves per QRS. Map out to each other
- PR: Fixed, may be normal or prolonged
- QRS: <120 ms usually but may be prolonged if at BB level

Third-Degree AV Block



- Rate: Atrial at sinus rate. Vent: 40-60 if AV node, 20-40 if Vent
- Rhy: Regular atrial rhy. Ventricular is regular usually
- P-wave: Sinus but no consistent relationship with QRS. Can be hidden in QRS, ST or T waves.
- PR: Not consistent
- QRS: <120 ms if at AV node, prolonged if at BB level

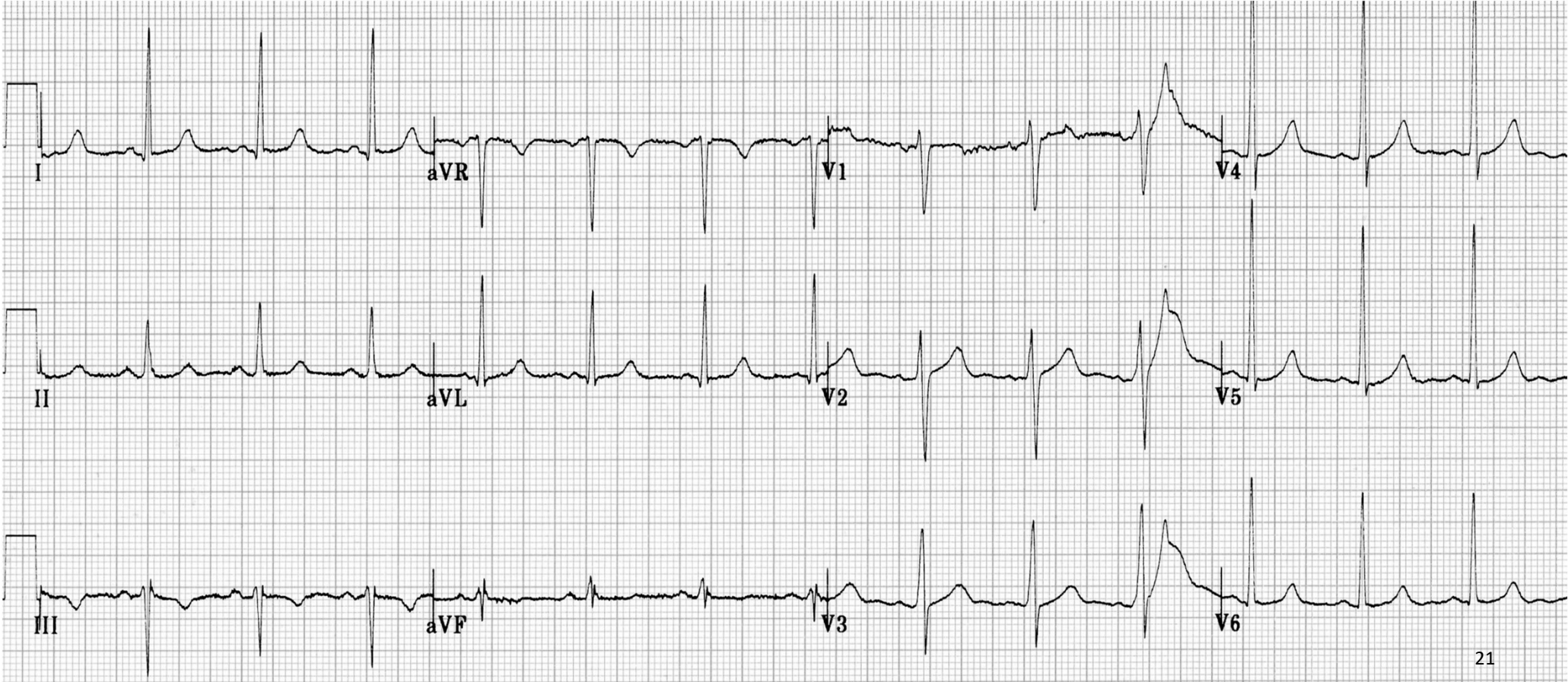
Unknown #1



Unknown #2



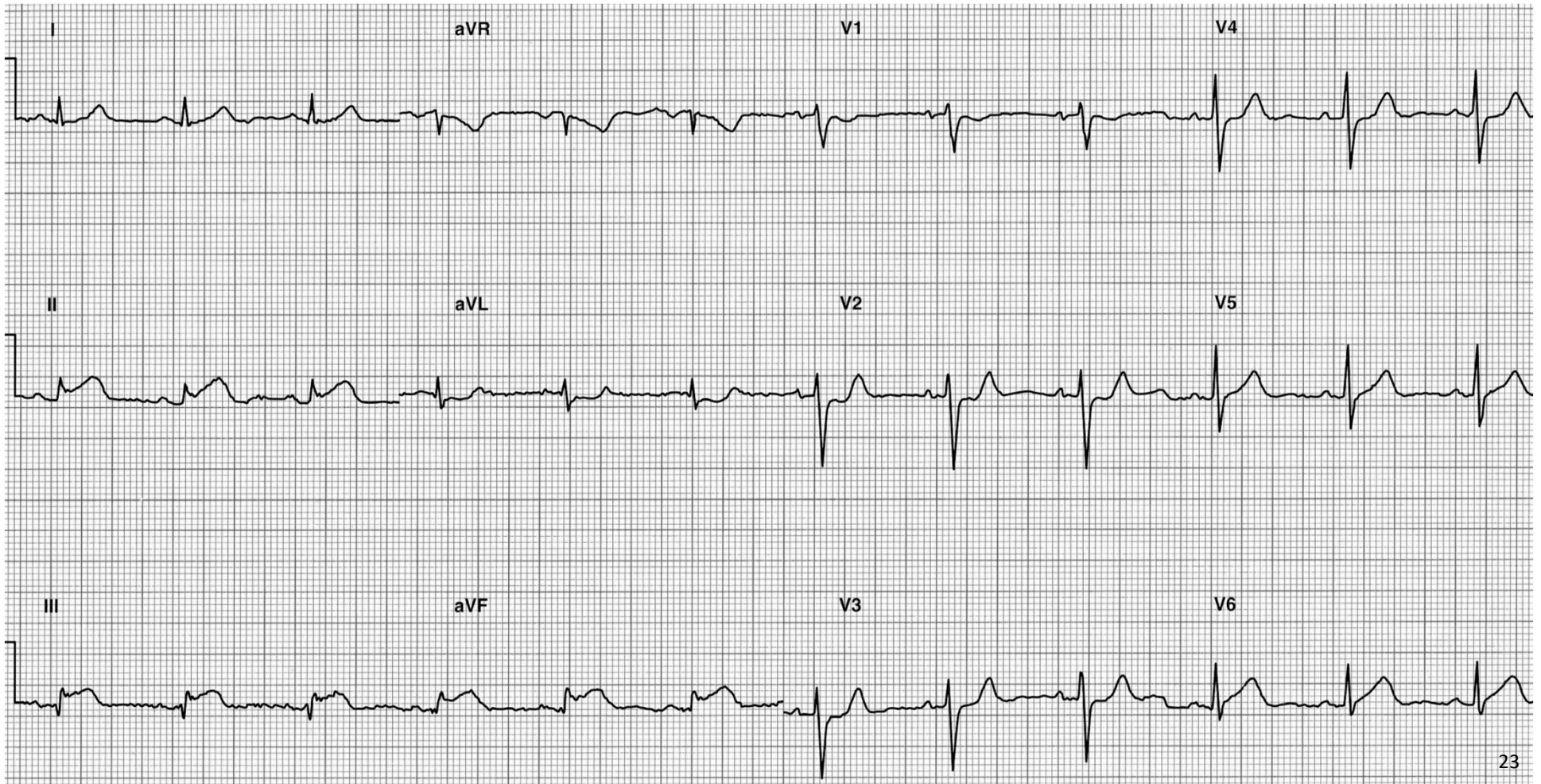
Unknown #3



Unknown #4



Unknown #5



Unknown #6

