Quick Reference Sheet (Heart Rhythms)

Sinus Rhythm	Everything is <u>normal.</u> P for every QRS & QRS for every P followed by a T-wave, and all are alike. Rhythm regular Rate 60-100,
Sinus Bradycardia	Everything is like Sinus Rhythm except the rate is <u>less than</u> <u>60.</u>
Sinus Tachycardia	Everything is like Sinus Rhythm except the rate is greater than 100.
Atrial Fibrillation	<u>Chaotic baseline-</u> P waves undiscernible and all are irregular - P waves look like fibrillation followed by a QRS. <u>QRS to QRS is irregularly irregular.</u>
Atrial Flutter	Base line is saw-toothed. QRS is regular or regularly irregular (patterned).
PAC	<u>Early complex</u> (P Wave looks different) followed by a normal QRS and T wave. Pause after the PAC is non compensatory.
РЈС	Normal QRS with a (<u>F) Fusion wave just before, absent, or right after</u> <u>the QRS</u> . The QRS comes early.
Junctional rhythm	<u>3 or more</u> QRS's in a row with an absent P wave or inverted right before the QRS. Rate less than 60 (Accelerated junctional has rate > 60, Junctional with Tachycardia >100.)
1st degree AV Block	Like Sinus Rhythm except <u>long PR interval > .20 sec but PRI are the same.</u>
Mobitz I (Wenckebach) 2degree AVB type I	There must be 2-QRS complexes to start with, <u>P waves for each</u> <u>QRS but not a QRS for each P-wave</u> , <u>PR interval get longer and</u> <u>longer</u> until there is a P wave without a QRS complex <u>(dropped</u> <u>QRS</u> . Pattern repeats itself.
2nd degree AVB type II Mobitz II	2 or more P waves for each QRS but not a QRS for each P-wave with a regular pattern (2:1, 3:1 etc.) P waves are regular, QRS complexes are regular except for the drop QRS (s). <u>PR interval remains same</u> when there is a P wave before the QRS.
3 rd Degree Complete Heart Block	P waves are regular, QRS complexes are regular but they have Different rates (Independent of each other). PR intervals are all different »
PVC	Early QRS that is wide bizarre with T wave in opposite direction from the QRS. Pause after the PVC is compensatory.
Monomorphic Ventricular Tachycardia	<u>3 or more PVCs (ventricular complexes) in a row at a rate greater than 100 bpm.</u> Regular rhythm, rapid.
Ventricular Fibrillation	Chaotic ventricular baselines. (No-discernible P or QRS waveforms).
Asystole	Straight- <u>line</u> baseline.
Idioventricular rhythm	Wide QRS complexes with slow rate. No P waves. Rate less 40bpm,
Supraventricular tachycardia (SVT)	Rate is greater than 150bpm, QRS normally narrow, but could wide, can-not see the P wave