





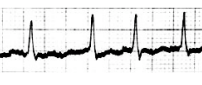
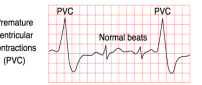
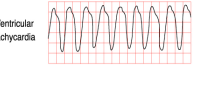
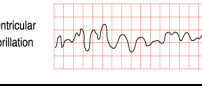
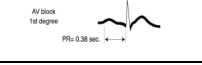




Cardiac Conduction Disorders		
Rhythm Disorders		
Sinus		
NSR	P then QRS, RR regular, 60-100 bpm	
Sinus Brady	rate < 60 b/c ↑ Vagal/PSNS, athlete	
Sinus Tachy	rate > 100 b/c ↑ SNS	
Sinus Dysrhythmia	RR not regular. Δ w/ resp; kids.	
Atrial/Supraventricular		
PAC	Ectopic focus fires before SA. Closer to SA → less noticeable. P:QRS=1:1	
Atrial Flutter	Ectopic focus (rate=250-450) Sawtooth, regular R, many P b/c AV can't transmit all impulses.	
Atrial Dysrhythmia (SVT)	Multiple foci, quiver, no contraction. Irr R & pulse b/c AV can't conduct each impulse. No P. Risk: Embolic stroke ; take anticoag's.	
Ventricular		
Ventricular Dysrhythmia	More serious! Ectopic focus → vent cont w/o pre atr cont. If blood insuff no HB. >6/day no good. B/c post MI, ↑ SNS hypoK+, hypoxia	
Ventricular Tachycardia	Origin below Bundle of His. Wide & tall QRS. ↓ diast fill time → ↓ CO → ↓BP, syncope . Risk: Ventricular fibrillation .	
Ventricular Fibrillation (V-fib)	Multiple vent foci – quiver; no contract → NO CO, no pulse. Cardiac Arrest!	
Conduction Disorders / Atrioventricular		
AV Block (1 st degree)	Prolonged PR interval, but all impulses arrive. Asymptomatic.	
AV Block (2 nd degree)	Not all make it. Stand alone P waves. Symptomatic. Syncope, tired, breathless. Drugs/Pacemaker can help.	
AV Block (3 rd degree)	SA:AV communication lost. Each take on ind rate. Similar sympt as 2 nd degree + faint. Pacemaker.	

Syncope – temp loss of consciousness b/c drop in BP