Types of arrhythmia

Tachyarrhythmia	Bradyarrhythmia

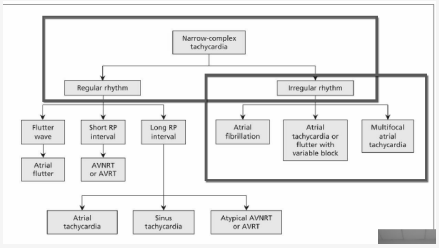
Types and their feature

Sinus node Dysfunction	**AV block**
Sinus bradycardia: *Normal*	1st degree: *PR interval prolong, no need treat, Rheumatic fever*
Sinus arrest: *No atrial deP and ventricular asystole*	2nd degree (Mobitz 1): *prolong PR until no QRS (no ventriculatr beat), dissappear with exercise and atropine, normal*
Brady-tachy syndrome: *Slow, fast rates*	2nd degree (Mobitz 2): regularly no QRS, pathological
Chronotropic incompetence: HR drop quick after activity**	3rd degree: *complete AV dissoaciation, A and V contrx ont their own, haemodynamically unstable*

Types

Narrow-complex tachycardia	Broad-complex tachycardia
QRS <100ms SUpraventricular origin	QRS>100ms ventricular origin or dt aberrnt conduction of supraventricular

Narrow complex tachycardia



NCT

Atrial fibrillation

- Disorganized atrium contraction
- ECG chaotic
- P wave almost absent

Atrial flutter

- ECG sawtooth (2p, QRS, 3p, QRS)
- P wave more than 1

Multifocal atrial tachycardia

- P wave all over the place

AV Node re entry tachycardia

- Common, female, any age
- Short RP interval or invisible P wave

Atrioventricular re-entry tachycardia

- Wolff Parkinson White Syndrome
- Accessory pathway causing pre-excitation (Delta wave - before QRS)

Atrial tachycardia

- P wave ectopic origin
- abnormal P wave axis

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Published 25th July, 2022.
Last updated 25th July, 2022.

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NCT (cont)

SInus tachycardia

Normal P wave:
(-) AVR
(+) V2,3,AVF

PR interval in P wave before QRS

DDx RP interval

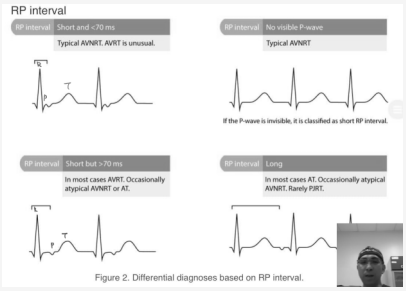
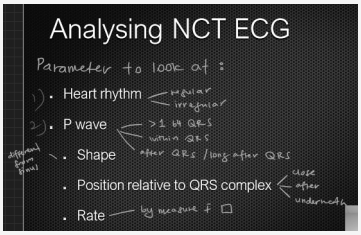


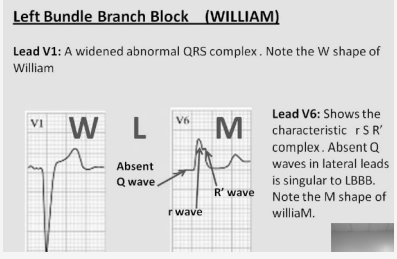
Figure 2. Differential diagnoses based on RP interval.

Approach to NCT ECG

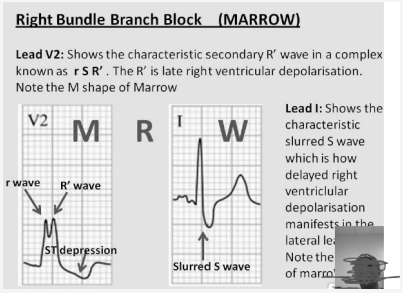


Broad complex tachycardia

Left bundle branch block



Right bundle branch block



Ventricular tachycardia (VT)

More likely VT

Horizontal entry to ER
Old person
Chest pain & unconcious

Key features ECG

Capture beat
Fusion beat
P waves in AV dissociation
Cpncordance

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