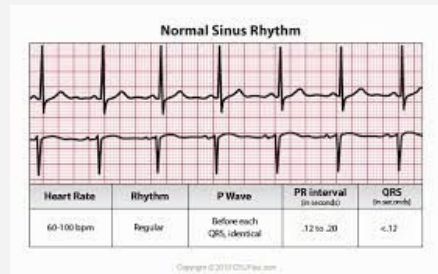


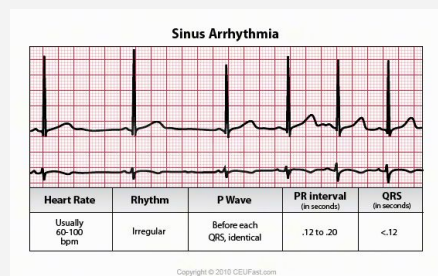
Normal Rhythms

Normal Sinus Rhythm Sinus Arrhythmia

Normal Sinus Rhythm



Sinus Arrhythmia



Inc. prevalence w/ younger age
Rhythm based on breathing, r/t changes in intrathoracic pressure:
- Inspiration = HR inc. / Expiration = HR dec.

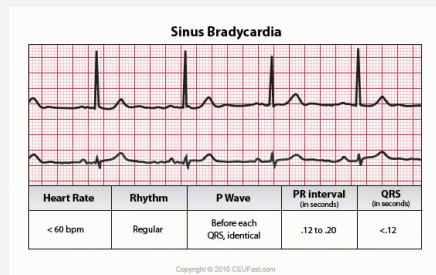
Irregular Rhythms

Sinus Bradycardia Sinus Tachycardia

Premature Atrial Contractions (PAC)

Arrhythmias r/t changes in CO & perfusion

Sinus Bradycardia

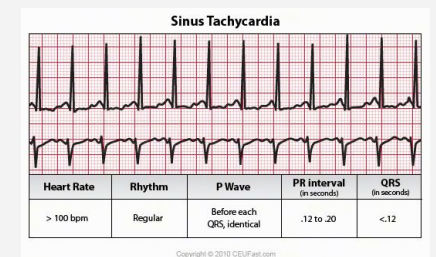


Low HR = give atropine! - epi, pacemaker (temporary/permanent)

Usually no symptoms, not treated unless symptoms present - AMS, cyanosis, extreme syncope/fatigued, hypotensive, SOB

Treated by treating cause - can occur after:
vagal nerve stimulation, beta-blockers, digoxin, inferior wall MI (back of heart), hyperkalemia, hypothyroid, falls asleep

Sinus Tachycardia

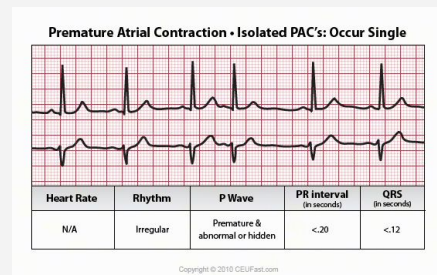


Heart beats too fast to allow to fill
PR interval may be smaller depending on rate

Causes: anxiety, hypovolemia, infection, fever, caffeine, pain, HF, hyperkalemia, nitro & epi

Only treat if necessary - treat underlying cause! - beta-blocker or CCB if necessary, bear down, O2, digoxin, calm environment, relax/meditate

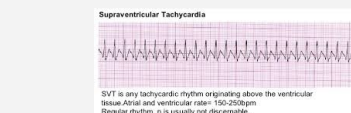
Premature Atrial Contractions (PAC)



Beat not coming from SA node (ectopic focus)

Not usually treated, told to dec. cause - treated if more frequent/several consecutive
Causes: MI, stretching of cardiac muscle, alcohol, smoking, HF & pericarditis, meds, irritability of cardiac muscle

Supraventricular Tachycardia (SVT)



P-waves = buried in T-waves, hard to see
PR interval = usually not possible to measure

QRS = normal (0.06-0.10) but may be wide if abnormally conducted through ventricles

Person symptomatic

Perfusion and CO affected

Treat with adenosine & flush w/ 20 mL NSS

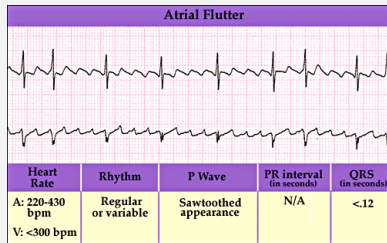
➔ heart restarts

Causes: anxiety, caffeine, amphetamines, irritability of atrial muscle

More Rhythm Disorders

Atrial Flutter Atrial Fibrillation

Atrial Flutter



Saw-toothed appearance

Ectopic pacemaker

Causes: *pulmonary emboli, CHF, pericarditis, cardiac ischemia*

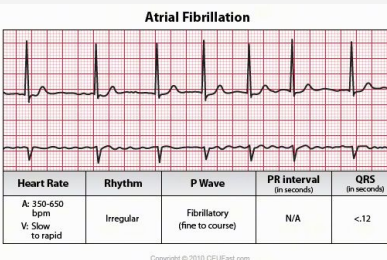
Can walk around if low rate

Want to control rate - digoxin, CCB, anti-arrhythmics; override pacing to fix rhythm, ablation therapy

May see ratio of beats to QRS's

Similar shape = coming from same site

Atrial Fibrillation



Biggest concern = blood pooling → clots (a fib → NSR = clots → stroke/PE)

Dec. CO < 30%

Not effective beats, rapid & chaotic

Causes: MI, CHF, **cardiomyopathy** (anything that causes heart to expand)

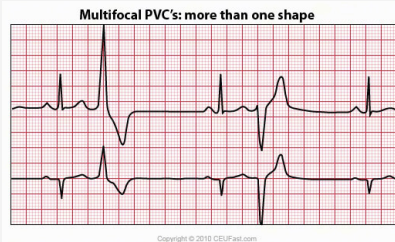
Ventricular Rhythms

Premature Ventricular Contractions (PVC)

Ventricular Tachycardia

Ventricular Fibrillation

Premature Ventricular Contractions (PVC)



Unifocal: 1 ectopic site on ventricle

Multifocal: 1+ site on ventricle - more dangerous!

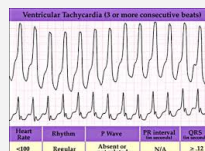
Inc w/... age, **ischemia**, CHF, **hypokalemia**, acidosis, hypomagnesemia, **stress**, **caffeine**, **nicotine**

Symptoms: palpitations

Runs of PVCs → V-tach

May not treat if limited number

Ventricular Tachycardia



Usually w/ significant heart disease (CHF, MI)

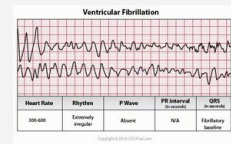
Causes: anything that inc. automaticity of heart

Symptoms: r/t dec. CO

Treatment: anti-arrhythmics (amiodarone, lidocaine, cardizem); beta-blockers (control rate); betapace (controls rate & rhythm); cardiovert (ICD)

If not treated → V-fib

Ventricular Fibrillation



Ventricles quivering

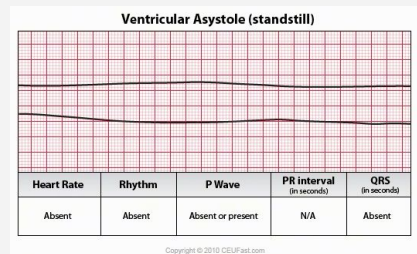
O₂ demand is through the roof → ischemia

Treatment: defibrillate

Causes: CAD, MI, CHF, **hypokalemia**, **hypomagnesemia**

Pt is often... unconscious, no pulses, no BP, acidotic, may seize

Asystole



Cannot shock → CPR & epi

Occurs w/ myocardial hypoxia

Atrioventricular (AV) Blocks

First Degree

Second Degree

Third Degree

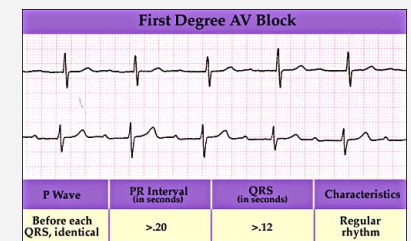
Bundle Branch

Diagnosis: EKG

Asymptomatic unless HR is too low

Treatment (w/ slow HR): O₂, atropine, pacemaker

First Degree AV Block

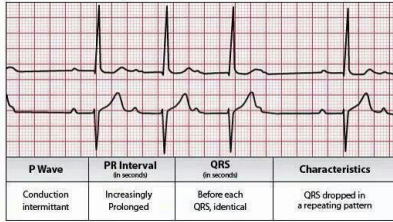


Causes: ischemia, MI

Not usually treated

Second Degree AV Block

Second Degree AV Block - Mobitz (Wenckebach)



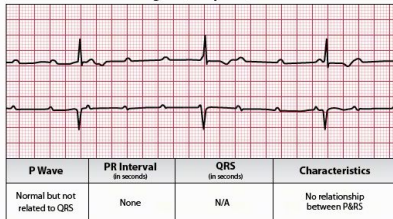
Causes: MI, digoxin, Lyme's disease

Symptoms: usually none unless HR is too low

Treatment: atropine, pacemaker

Third Degree (Complete) AV Block

Third Degree (complete) AV Block

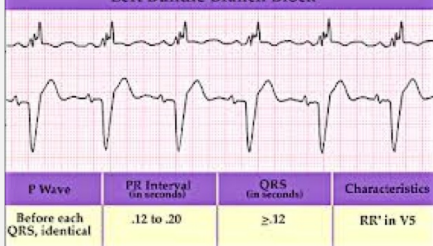


Causes: ischemia, CAD, MI

Treatment: pacemaker

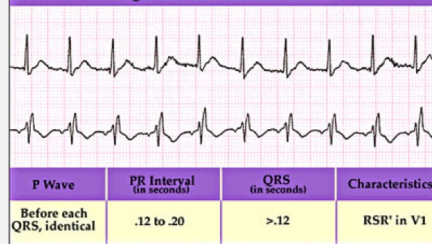
Left Bundle Branch Block

Left Bundle Branch Block



Right Bundle Branch Block

Right Bundle Branch Block

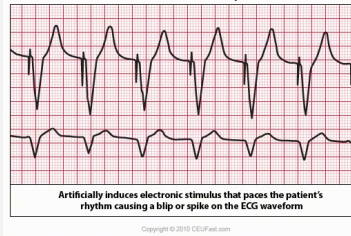


Analysis

Dec. CO Tissue Perfusion

Pacemaker Spikes

Electronic Pacemaker Spikes



Pharmacological Interventions

Anti-Arrhythmics Beta-Blockers

Calcium Channel Blockers

Implantable Cardioverter Defibrillator (ICD)

What is it?

An internal defibrillator

Who are candidates?

Pts who have survived an episode of sudden cardiac arrest
Documented life-threatening dysrhythmias

Uncomfortable, not necessarily painful

Defibrillation vs. Cardioversion

Defibrillation: shock heart in emergency

Cardioversion: sync w/ heart, want normal rhythm

- Want to medicate beforehand

- Fibrillate in middle → shock & defib.

External Defibrillator Vests



Worn 24/7 except showers

Ablation Therapy

Want to go in & stop abnormal beats

3 Types - all cause destruction to area of heart causing problem

- Chemical
- Mechanical (cut, lasers)
- Radiofrequency

Used w/ electrophysiology/conduction problems

Evaluation of Treatment

Improved CO Improved tissue perfusion

Improved EKG