

Science / Medicine / Cardiology

Basic Dysrhythmia-Relias

★ 4.2 (13 reviews)

Terms in this set (29)

normal sinus rhythm

heart rhythm originating in the sinoatrial node with a rate in patients at rest of 60 to 100 beats per minute



Sinus Arrhythmia

Appearance is ALMOST NORMAL:
Respiratory - Circulatory interaction
Rate INCREASES with INSPIRATION (IN=IN)



Sinus Bradycardia

<60
normal sinus rhythm



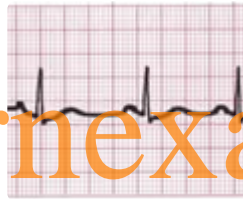
Basic Dysrhythmia-Relias

Sinus Tachycardia



Premature Atrial Contraction (PAC)

Heart Rate: Depends on underlying rhythm
Regularity: Interrupts the regularity of underlying rhythm
P-Wave: can be flattened, notched, or unusual. May be hidden within the T wave
PRI: measures between .12-.20 seconds and can be prolonged; can be different from other complexes
QRS: <.12 seconds

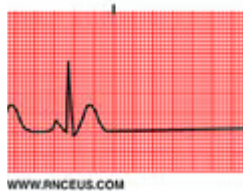


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Sinus Arrest/Pause

- SA node doesn't fire
- notice absence of P-wave for a complete cycle (a missed cycle)

length of pause \neq multiple of normal rate (block)



Basic Dysrhythmia-Relias

Atrial Fibrillation (A-Fib)



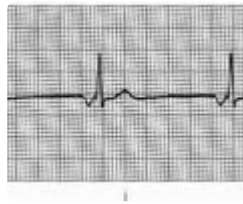
Atrial Flutter



irregular beating of the atria; often described as "a-flutter with 2 to 1 block or 3 to 1 block"

Junctional Rhythm

- 40-60 Regular!
- impulse from AV node w/ retro/antegrade transmission
- P wave often inverted/buried/follow QRS
- slow rate
- narrow QRS (not wide like ventricular)



Junctional Tachycardia

- >60 bpm (ms. K; 150-250)
- KEY: will be regular (consistent)
- AV junction produces a rapid sequence of QRS-T cycles
- p-wave often inverted/buried/follow QRS



Basic Dysrhythmia-Relias

Premature Junctional Contraction

Normal QRS



Supraventricular Tachycardia (SVT)

an abnormal heart rhythm arising from aberrant electrical activity in the heart; originates at or above the AV node



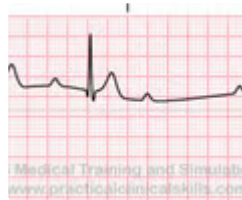
First degree heart block

atrioventricular (AV) block in which the atrial electrical impulses are delayed by a fraction of a second before being conducted to the ventricles



2nd degree heart block type 1 (Wenkebach)

Progressively longer PR interval until the P wave is not followed by a QRS



Basic Dysrhythmia-Relias

2nd Degree Heart Block
(Mobitz II)

P-waves are nl, but some aren't followed by a QRS complex
PR & RR intervals are constant



3rd degree heart block

no obvious correlation between p and qrs, need
pace maker



premature ventricular
contraction (PVC)

a ventricular contraction preceding the normal
impulse initiated by the SA node (pacemaker)



Bigeminy PVC

every other beat is a PVC



Basic Dysrhythmia-Relias

PVC couplets



monomorphic ventricular tachycardia



presents with wide QRS complexes of a common shape.

Torsades de pointes

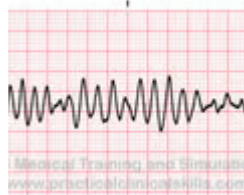
Rate: 120 - 200 usually

P wave: Obscured by ventricular waves

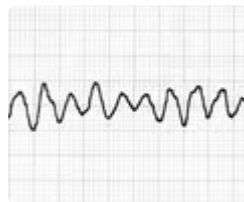
QRS: Wide QRS - "Twisting of the Points"

Conduction: Ventricular only

Rhythm: Slightly irregular



Ventricular fibrillation (V-fib)



abnormal heart rhythm which results in quivering of ventricles

Basic Dysrhythmia-Relias

Idioventricular Rhythm

- no P waves (from vent foci)
 - Wide QRS
- (serious, death like rhythm)
- called "dying heart" rhythm...occasional ventric beat b4 death (asystole)

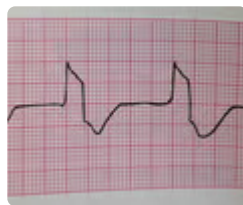


Accelerated Idioventricular Rhythm

- Rate: 50 - 100 usually (usually slow)
- P wave: Obscured by ventricular waves (occur during ventricular contraction) - SA node slower than faster ventricular pacing than should be
- QRS: Wide QRS
- Conduction: Ventricular only
- Rhythm: Regular

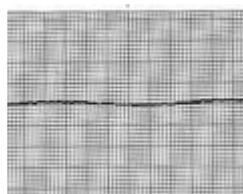
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- benign rhythm that is sometimes seen during acute MI or early after reperfusion. - Rarely sustained, does not progress to vfib, rarely requires treatment



asystole

absence of contractions of the heart



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Failure to capture (pacemaker)



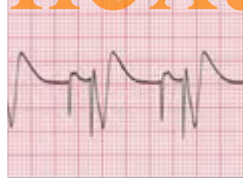
failure to sense (pacemaker)



Atrial paced rhythm



spike before P wave



Ventricular paced rhythm

ventricular contractions which occur in cases of complete heart block.

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