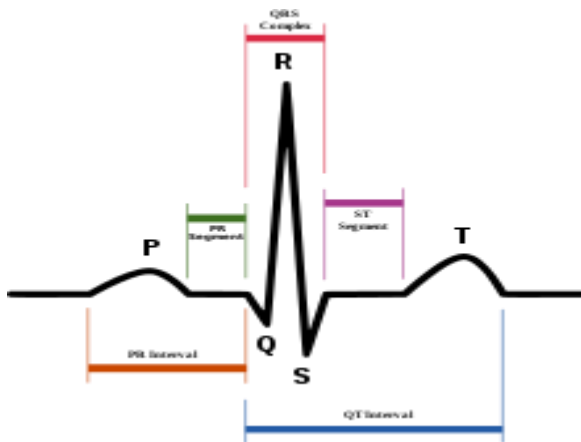


Guidelines for NON - CRITICAL CARE staff

Simple guide to cardiac rhythms

Please familiarise yourself with the 'Cardiac Flashcard' first



This is a simple PQRST complex, viewed in LEAD II on an ECG monitor – which is the standard rhythm monitoring lead



This is **normal sinus rhythm**: defined as P wave with every QRS complex, followed by a T wave. It has a REGULAR QRS pattern, a narrow QRS duration and rate 60-100bpm. In a normal sinus rhythm read from LEAD II on the monitor, the P, R and T waves should all be *positive* (pointing up)

Many patients are not in normal sinus rhythm in ICU and may have pre-existing rhythm disorders.

At the start of your shift –

- **look** at the rhythm and note what it looks like
- **ask** the handover nurse if that is the patient's 'normal' rhythm or if it is new
- **ask** the handover nurse if the patient has had any rhythm disturbances overnight

Refer to the CARDIAC FLASHCARD for management of dysrhythmias

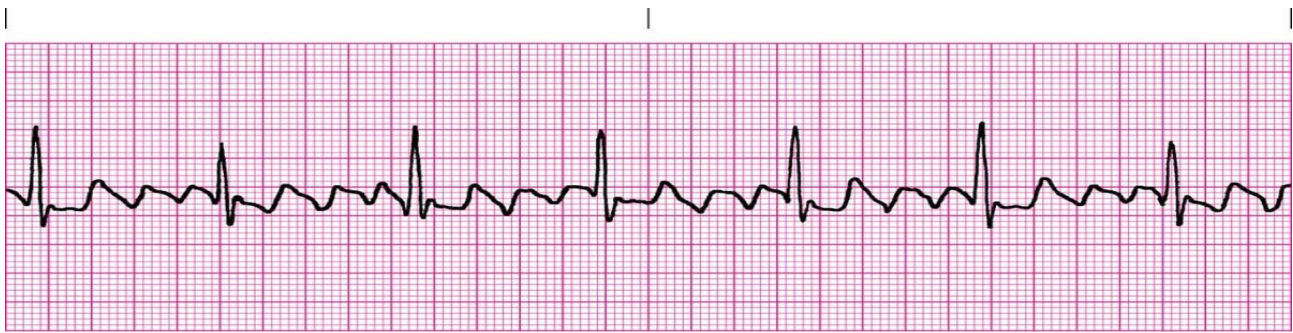
See over for COMMON cardiac dysrhythmias

Guidelines for NON - CRITICAL CARE staff

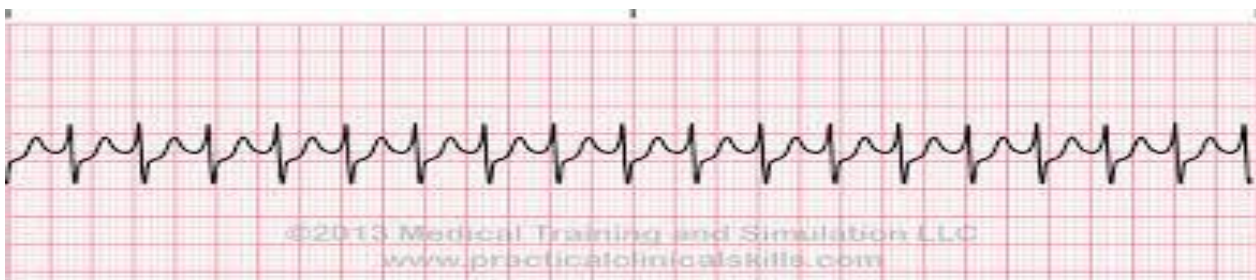
Simple guide to cardiac rhythms



ATRIAL FIBRILLATION (AF): no visible P wave, irregular QRS, narrow QRS duration. Can be fast or slow.



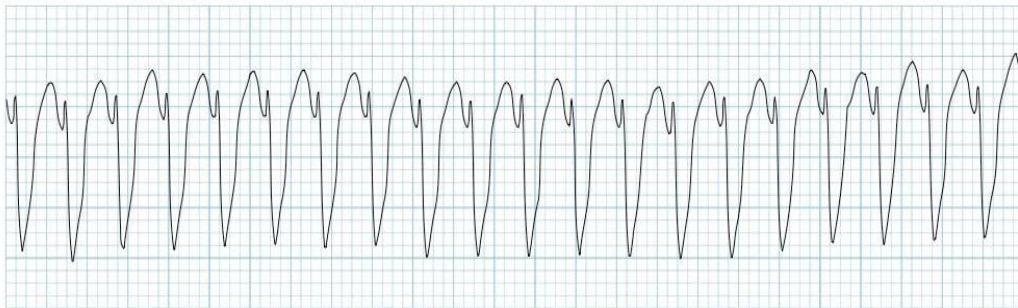
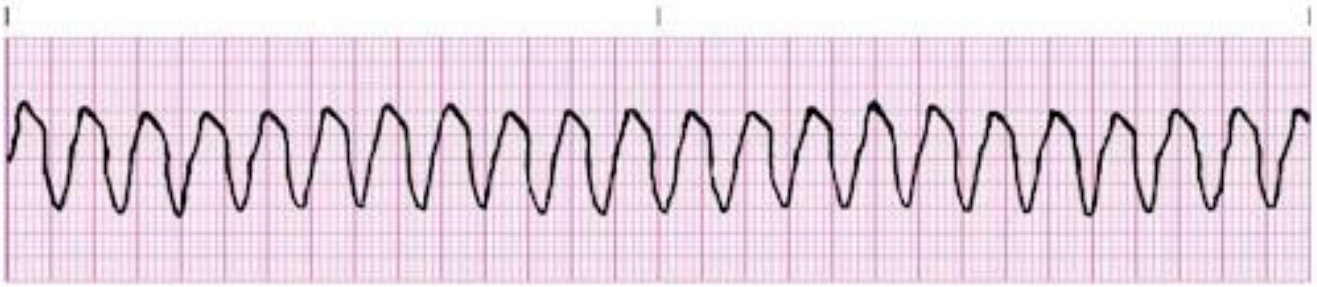
ATRIAL FLUTTER: no P waves, but strange 'saw tooth' or 'shark fin' waves before the QRS. Regular QRS pattern and narrow QRS duration.



SUPRAVENTRICULAR TACHYCARDIA (SVT): **very fast – 160-200bpm.** No visible P wave, regular QRS pattern and narrow QRS duration.

Guidelines for NON - CRITICAL CARE staff

Simple guide to cardiac rhythms



VENTRICULAR TACHYCARDIA (VT) – 2 examples: very fast – 160-220bpm. No P wave, regular QRS pattern and BROAD QRS duration. **VT is 'FAT QRS, FAST, REGULAR'**



VENTRICULAR FIBRILLATION (VF) – patient is in cardiac arrest and needs CPR. No recognisable complexes can be seen. No organised electrical activity is present.

WHEN WORKING IN ICU PLEASE ENSURE –

- You know the ALS/BLS algorithms and where the emergency trolley & defib are
- You have read the 'CARDIAC FLASH CARD'
- You have been shown how to use 5 lead cardiac monitoring

Changes to rate, rhythm or ANYTHING that you think 'looks different' may be significant – please inform a senior colleague and

“WHEN IN DOUBT, PRINT IT OUT”

TAKE A 12 LEAD ECG AND SHOW TO A SENIOR ICU COLLEAGUE

