

**Lab Practice Part B – Instructor Practice Strips**

1.



**Rate:** Atria ? Unable to determine **Ventricular:** 78-136 **Rhythm:** regular or irregular

**P wave:** indistinguishable- fibrillating waves instead **PR interval:** can't measure

**QRS:** 0.08 narrow **ST segment:** can't measure

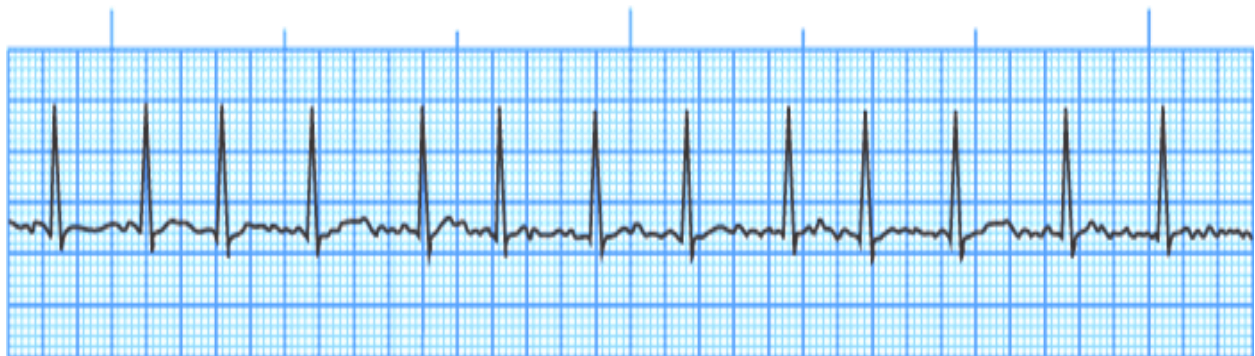
**T wave:** not visible ?? **QT interval:** can't measure

**Interpretation:** Atrial Fibrillation (rhythm is chaotic)

**Clinical Significance:** Is this new (how long in A-fib) or is this chronic a-fib, unstable symptoms-hypotension, heart failure, shock, altered LOC?

**Intervention:** Depends on how long in A-fib-may try to cardioversion (may have to anti-coagulate first); medications for rate control: CCB (diltiazem) or BB (atenolol or metoprolol)  
rhythm control medication: procainamide, propafenone, amiodarone

2.



**Rate:** Atria ? Unable to determine **Ventricular:** avg 110 (75-150) **Rhythm:** regular or irregular

**P wave:** indistinguishable- fibrillating waves instead **PR interval:** can't measure

**QRS:** 0.08 narrow **ST segment:** can't measure

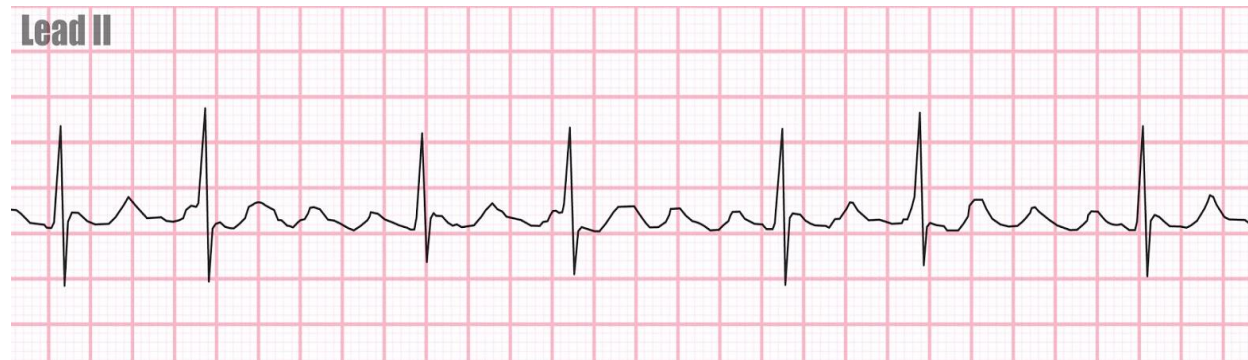
**T wave:** not visible ?? **QT interval:** can't measure

**Interpretation:** Atrial Fibrillation

**Clinical Significance:** same as above

**Intervention:** same as above

3.



**Rate:** Atrial? Unable to determine **Ventricular:** 55-85 **Rhythm:** regular or irregular  
**P wave:** classic sawtooth flutter waves **PR interval:** can't measure **QRS:** 0.12 narrow  
**ST segment:** can't measure **T wave:** ? difficult to determine **QT interval:** can't measure

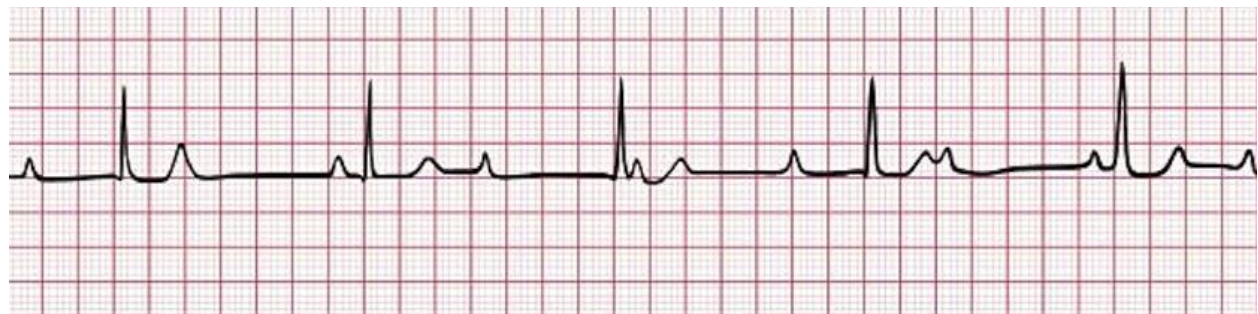
**Interpretation:** Atrial flutter with variable ventricular response (flutter rates up to 350bpm)

**Clinical Significance:** Is this new, presence of co-morbidities, how long in A-flutter, symptoms, concern that it may deteriorate into a-fib

Often due to other conditions: CHF, PE, Valve disease, alcoholism

**Intervention:** medications for rate and/or rhythm control; possibly cardioversion if pt has serious S&S of rapid ventricular response; possibly vagal manoeuvre (bearing down) or carotid sinus pressure

4.



**Rate:** Atrial 75 bpm **Ventricular:** 43 bpm **Rhythm:** regular or irregular  
**P wave:** present, upright **PR interval:** no true PR interval **QRS:** 0.08 – 0.10 seconds  
**ST segment:** isoelectric **T wave:** upright **QT interval:** 0.48 seconds

**Interpretation:** 3<sup>rd</sup> Degree Block

**Clinical Significance:** depends on S&S of pt, serious health issue that requires urgent attention

**Intervention:** Consider meds that induce AV block: atropine given but cautiously since it increases vagal tone (increases conduction through the AV node so if block is not in AVN it will only increase the atrial rate); perhaps may try BB, CCB, digoxin, antiarrhythmics, epinephrine or dopamine

Usually pt needs a permanent pacemaker (may need to be temporarily paced while waiting)