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Ekg rhythm strips practice

The platform offers interactive EKG practice tests for users to interpret EKG strips through a multiple-choice format, providing immediate feedback after each answer. These drills can be accessed on desktops, tablets, and smartphones. The EKG practice tests present 25 tracings for interpretation, with quizzes randomly selected from over 600 tracings in the database. This feature allows users to repeat quizzes multiple times, scoring and instant feedback provided. The platform includes various quizzes tailored to specific educational objectives: - Comprehensive - Physician Assistant - Nurse Practitioner - EKGs for Nurses - ACLS - NCLEX Prep - Patient Monitor Simulator Additionally, the platform offers in-depth training modules covering EKG basics, rhythm analysis, and a wide range of EKG topics. Each module includes lessons, interactive drills, and a course quiz. An EKG coach is also provided to break down interpretation into five analysis steps followed by classification of the EKG tracing. The EKG Interpretation Cheat Sheets offer information on reading EKG strips with over forty different abnormal examples. The platform provides an annotated tracing with a summary of key features and values, aiding users in understanding various arrhythmias. It also offers a reference guide for EKG interpretation, including information on common types like Accelerated Idioventricular Rhythm, Accelerated Junctional Rhythm, Asystole, and Atrial Fibrillation. An EKG is defined as a recording of the heart's electrical activity, providing insight into heart rate, regularity, strength, and timing of electrical signals. It captures cardiac electrical impulses moving from the atrium to the ventricles, causing the heart to contract and pump blood. Medical professionals interpret EKGs to understand possible abnormal conditions and various types of arrhythmias. Atria flutter, bundle branch block, first degree av block, idioventricular rhythm, junctional escape rhythm, junctional tachycardia, multifocal atrial tachycardia, pacemaker failure to capture, pacemaker failure to pace, pacemaker single chamber atrial Complex heart rhythms can manifest in various ways. Premature atrial complexes are characterized by a normal or slightly elevated heart rate and an irregular EKG rhythm, with P waves appearing prematurely. In premature junctional complexes, the heart rate is typically the underlying rate, and the EKG rhythm appears regular. The QRS complex is usually shorter than 0.10 seconds. Premature ventricular complexes are marked by an irregular EKG rhythm and a wide QRS complex (> 0.10 seconds) with a bizarre appearance. Bigeminy, trigeminy, and quadrigeminy refer to PVCs that occur on every second, third, or fourth beat, respectively. Second-degree heart block type I is characterized by an irregular EKG rhythm with progressively longer PR intervals until a QRS complex is missed. Second-degree heart block type II is marked by a regular atrial rate and an irregular ventricular rate, with more P waves than QRS complexes. Sinoatrial block causes an irregular EKG rhythm at a normal or slow heart rate, with a pause time that is an integer multiple of the p-p interval. Sinus arrest results in an irregular rhythm due to a pause, with a normal heart rate. Pause time is not necessarily an integer multiple of the p-p interval. Sinus arrhythmia is characterized by an irregular EKG rhythm that varies in frequency and amplitude, often accompanied by changes in blood pressure or other physical factors. *Sinus Normocardia*: Respiration-induced changes in heart rate, normal P wave and PR interval, and normal QRS complex. *Sinus Bradycardia*: Slow heart rate (100 bpm), regular EKG rhythm with normal P wave but potentially merging with T wave at high rates, and normal QRS complex. *Supraventricular Tachycardia*: Fast heart rate (150-250 bpm), regular EKG rhythm with merged P wave and T wave, normal PR interval, and normal QRS complex. *Third Degree Heart Block*: Regular EKG rhythm but independent atrial and ventricular rhythms, normal P wave shape, absent PR interval, and potentially wide QRS complex. *Ventricular Fibrillation*: Unmeasurable heart rate, highly irregular EKG rhythm with absent P wave, not measurable PR interval, and no QRS complex. *Ventricular Tachycardia Monomorphic*: Fast (100-250 bpm) heart rate, regular EKG rhythm with absent P wave and not measurable PR interval, wide and bizarre looking QRS complex. *Ventricular Tachycardia Polymorphic*: Fast (100-300 bpm) heart rate, potentially irregular EKG rhythm, absent P wave, not measurable PR interval, normal or wide QRS complex with bizarre shape. *Ventricular Tachycardia Torsade de Pointes*: Irregular EKG rhythm at fast (200-250 bpm) heart rates, absent P wave, not measurable PR interval, and wide QRS complexes with twisting shape. *Wandering Atrial Pacemaker*: Variable EKG rhythm with normal heart rate, potentially changing shape and size of P waves from beat to beat. Duration: Normal QRS complex (0.06-0.10 sec), normal T wave. If heart rate exceeds 100 bpm, multifocal atrial tachycardia (MAT) may occur. Wolff-Parkinson-White Syndrome: Regular rhythm unless atrial fibrillation present. Heart rate normal (60-100 bpm). Normal P wave, short PR interval (0.12 sec) with delta wave (positive or negative). Sources: Electrocardiography for Healthcare Professionals, 5th Edition Rapid Interpretation of EKG's, Sixth Edition 12 Lead EKG for Nurses: Simple Steps to Interpret Rhythms... Heart Sounds and Murmurs: A Practical Guide with Audio CD-ROM The Virtual Cardiac Patient: A Multimedia Guide to Heart Sounds... Types of rhythms: 1. Sinus brady (heart rate < 60) 2. Normal sinus rhythm 3. Supraventricular tachycardia (SVT) narrow complex tachycardia 4. Sinus tachycardia (heart rate > 100) 5. Atrial fibrillation (rate 140): irregular without discernible P waves 6. Sinus arrhythmia (rhythm slightly irregular) 7. Wandering atrial pacemaker (p waves look different) 8. Second degree AV block type I (Wenckebach) PR longer, longer, dropped beat 1. Normal heart rhythms: The majority of the listed ECGs (electrocardiograms) show normal sinus rhythm, where the heart beats at a regular pace, typically above 60 beats per minute. 2. Atrial fibrillation and flutter: These are abnormal rhythms where the upper chambers of the heart beat irregularly or too quickly, often without distinct P waves on an ECG. They can be seen in ECGs 29, 30, 33, 44, 51, 57, 62, 65, 71. 3. Second-degree AV block: This indicates that not all heartbeats are being conducted from the atria to the ventricles, with some beats being dropped or skipped. Examples include ECGs 31 and 68. 4. Junctional rhythms: These occur when the heart's electrical activity originates in the lower chambers (ventricles) rather than the upper chambers (atria), resulting in a regular but slower heartbeat, as seen in ECGs 38, 40, 66, and 78. 5. Supraventricular tachycardia: This is a fast, narrow complex rhythm usually originating from above the ventricles, often treated as ECG 68. 6. Ventricular rhythms: These include conditions like ventricular fibrillation (ECGs 46 and 48), which is an extremely dangerous and life-threatening arrhythmia where the heart muscle doesn't contract in a coordinated manner. 7. Premature contractions: Some listings mention premature atrial contractions (PACs) or ventricular premature contractions (PVCs), indicating that additional, unwanted heartbeats are occurring before the regular beats of an ECG pattern. Examples include ECGs 41, 43, 56, and 84. 8. Bradycardia: This refers to a heart rate that is slower than normal, such as in sinus bradycardia (ECGs 54 and 60), where the heartbeat is less than 60 beats per minute. 9. Asystole: ECG 82 indicates a state of electrical silence, meaning no cardiac activity is present, which can occur when a person's heart stops beating, either during or after death. gets longer, then dropped: QRS rhythms; Sinus tachycardia — heart rate greater than 100. Other cardiac arrhythmias include Atrial flutter with 2:1 conduction, Ventricular tachycardia, and others like Sinus bradycardia, Sinus rhythm with PVCs, Atrial fibrillation, Junctional rhythm, Accelerated junctional rhythm, Sinus arrhythmia, etc. These arrhythmias can be further classified into types such as Normal sinus rhythm, Sinus tachycardia, 1st degree AV block, Mobitz I heart block, 3rd degree heart block, Multifocal atrial tachycardia, Wandering atrial pacemaker, and others. Some of these arrhythmias can be accompanied by PACs or PVCs, while others may have a sawtooth baseline or ST elevation. The list contains various heart conditions with corresponding codes: Sinus tachycardia is listed as number 156 and 171. Supraventricular tachycardia, including narrow complex tachycardia, appears at numbers 157 and 172. Atrial flutter with variable block can be found at code 158, while sinus rhythm with a 1st degree AV block is listed as 159 and also reappears in code 164. Ventricular tachycardia is mentioned multiple times (160, 166, and 174), including polymorphic VT or torsades de pointes at number 166. Atrial fibrillation is listed as 161, while complete heart block with ventricular response can be found at code 162. Second degree AV block mobitz type II appears at number 163, and sinus rhythm with a run of PAT (or SVT) is listed as 165. Ventricular bigeminy and quadrigeminy are also mentioned at codes 167 and 168, respectively. Sinus arrhythmia can be found at code 169, while sinus bradycardia is listed as number 170. Other conditions include ventricular fibrillation (173 and 176) and asystole (175).