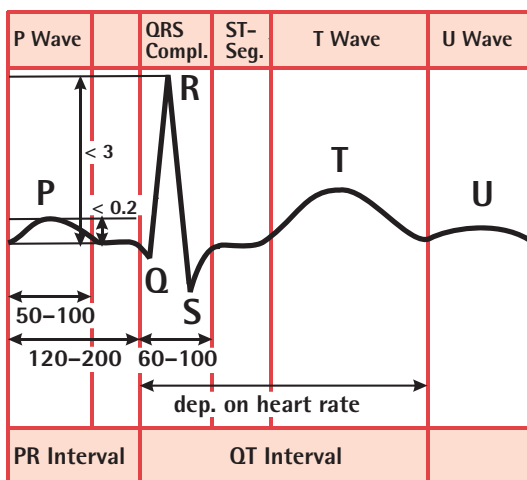
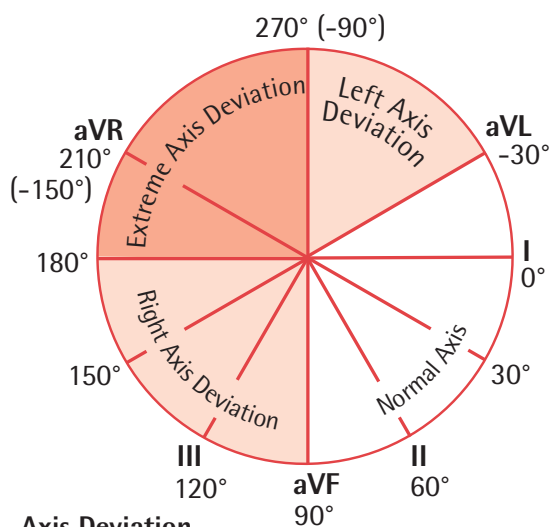


ECG pocketcard Set



ECG Normal Values periods in ms, amplitudes in mV



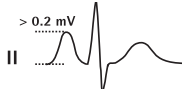
Axis Deviation

HR (/min)	PR Inter. max. (s)	QT Inter. (s)
60	0.2	0.35-0.43
70	0.19	0.32-0.40
80	0.18	0.30-0.37
90	0.17	0.29-0.35
100	0.16	0.27-0.33

Hypertrophy

Right Atrial Enlargement

Elevated, peaked P wave > 0.2 mV, particularly in II, III and aVF.



Left Atrial Enlargement

Widening of P wave > 0.1 s, partic. in I, II and V₁-V₃. In V₁ often biphasic P with a marked negative deflection.



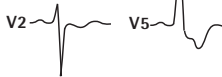
Right Ventric. Hypertrophy

Sokolow index: R V₂ + S V₅ > 1.05 mV; right axis deviation, sometimes RBBB-like ECG.



Left Ventric. Hypertrophy

Sokolow index: S V₂ + R V₅ > 3.5 mV; left axis deviation



Bundle Branch Blocks

Left Ant. Fascicular Block

No widening of the QRS, but left axis deviation.

Left Post. Fascicular Block

No widening of the QRS, but right axis deviation.

Incomplete LBBB

Widening of the QRS > 0.10 s, but < 0.12 s, often R-reduction over the anterior wall.

Complete LBBB

Widening of the QRS ≥ 0.12 s, delay of terminal negativity in V₆ > 0.05 s, freq. loss of R on ant. wall, left precordial repolariz. disturb. and ST-elevation.

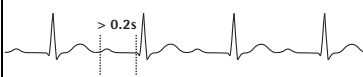
Complete RBBB

Widening of the QRS ≥ 0.12 s, delay of terminal negativity in V₁ > 0.03 s, freq. rSr' compl. in V₁, repolar. disturb. in V₁-V₃.

AV Conduction Defects

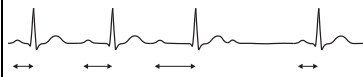
1° AV Block

Consistent delay in conduction, PR interval > 0.20 s.



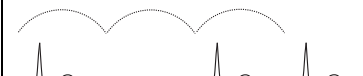
2° AV Block Mobitz Type I

Intermitt. conduction failure with missing QRS complexes, progressive prolongation of PR interv. until a P wave is blocked.



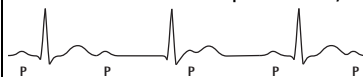
2° AV Block Mobitz Type II

Intermittent failure of the AV conduction, the PR interval remains within normal limits.



3° AV Block (Total Block)

Complete conduction block of all electrical impulses between atria and ventricles, atria and ventricles beat independently.



Carditis, Cardiomyopathy

Acute Pericarditis

Simultaneous ST elevations on the anterior and posterior wall, typically originating from the S wave, can be misinterpreted as MI.



Hypertrophic (Obstructive) Cardiomyopathy

Signs of left ventricular hypertrophy (Sokolow index), varying ST segment changes without classic localization and deep inverted T waves.

Dilated Cardiomyopathy

Nonspecif. repolariz. disturban.

Bradyarrhythmias

Junctional Escape Rhythms

- Upper Junctional Rhythm:** P waves in I, II, III, aVF are neg., PR Interval can be short.
- Central Junction. Rhythm:** P waves are hidden in the QRS.
- Lower Junctional Rhythm:** P waves are negative in I, II, III and located behind QRS compl.

1° SA Block

Prolong. of sinoatrial conduction time. Not visible on ECG.

2° SA Block, Wenckebach

Progress. prolongation of the SA conduct. with an ultimate interruption in conduction. Sinus intervals shorten until a break occurs which is shorter than two PP intervals.



2° SA Block, Mobitz

Intermitt. sinus pauses that are a multiple of the sinus interval.



3° SA Block

Complete block. Cardiac arrest, escape rhythm from a junction. or ventricular depolar. site.

Reflex Bradycardia

1. Carotid Sinus Syndrome

Pressure on the carotid sinus can cause sinus bradycardia and AV block, sometimes with vasodilat. and hypotension.

