

EKG Fundamentals

67yM with history of CAD, DM2, HTN c/o crushing CP & diaphoresis for 45 minutes. No old EKG but he states his doctor told him to tell others MDs that he has a LBBB.

HR: 95	BP: 140/90
RR: 16	O2 Sat: 100%

What is your interpretation of the EKG?

History/Clinical Picture

P Waves

Rate

Q/R/S Waves

Rhythm

T Waves

Axis

U Waves

PR Interval

QRS Width

ST Segment

QT Interval

How relevant is a prior LBBB to the diagnosis of STEMI?

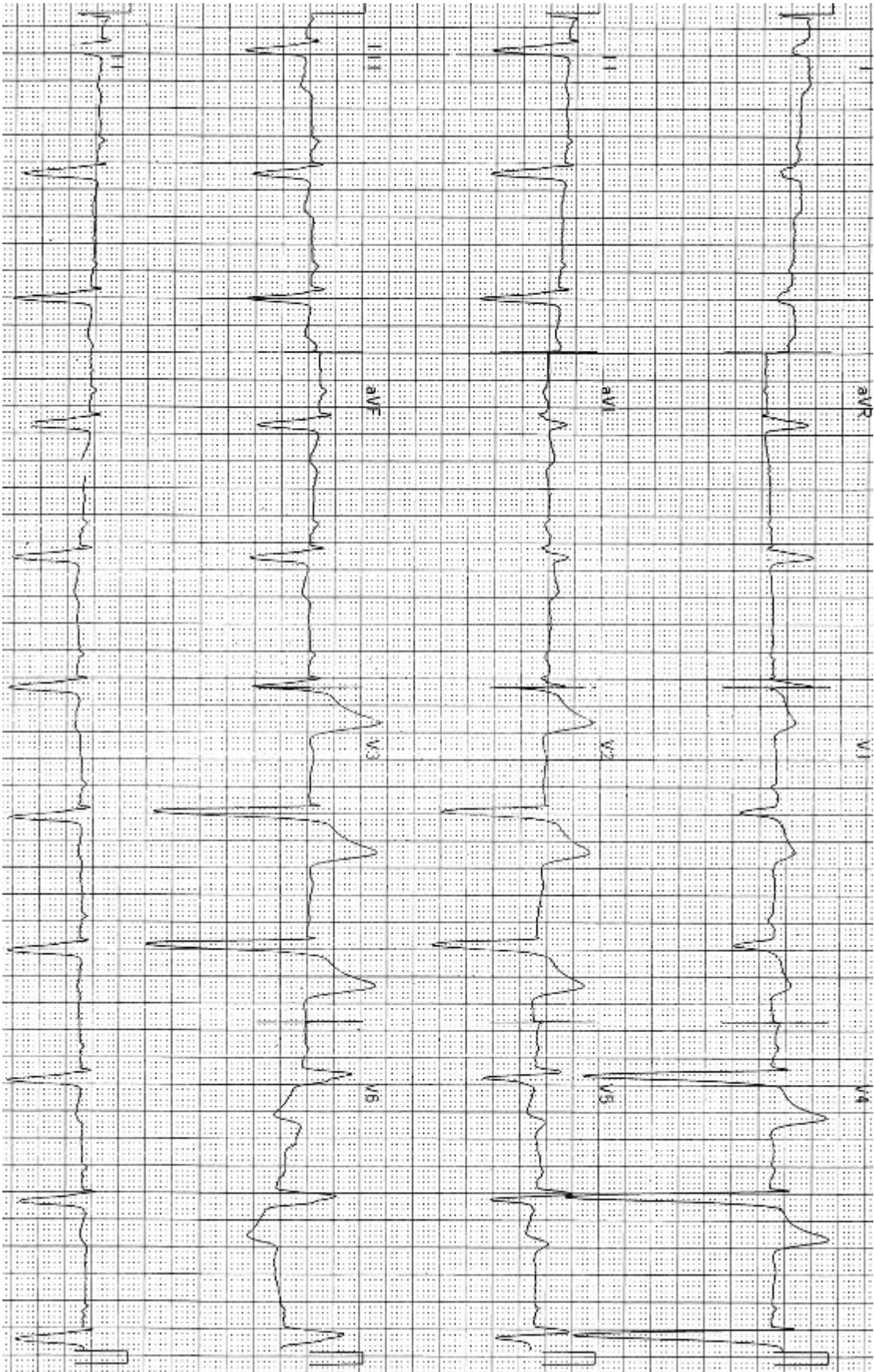
What criteria should be used when evaluating this EKG for signs of ischemia?

Resource Links:

[Dr. Steve Smith's Blog](#)—Great lecture

[Life in the Fast Lane](#)—General information

Triage EKG



Courtesy of Edward Burns of [Life in the Fast Lane](#)

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