

Foundations EKG - Unit 1, Case 4



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

What is your interpretation of the EKG?

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

History/Clinical Picture

Rate

Rhythm

Axis

P Waves

Q/R/S Waves

T Waves

U Waves

PR Interval

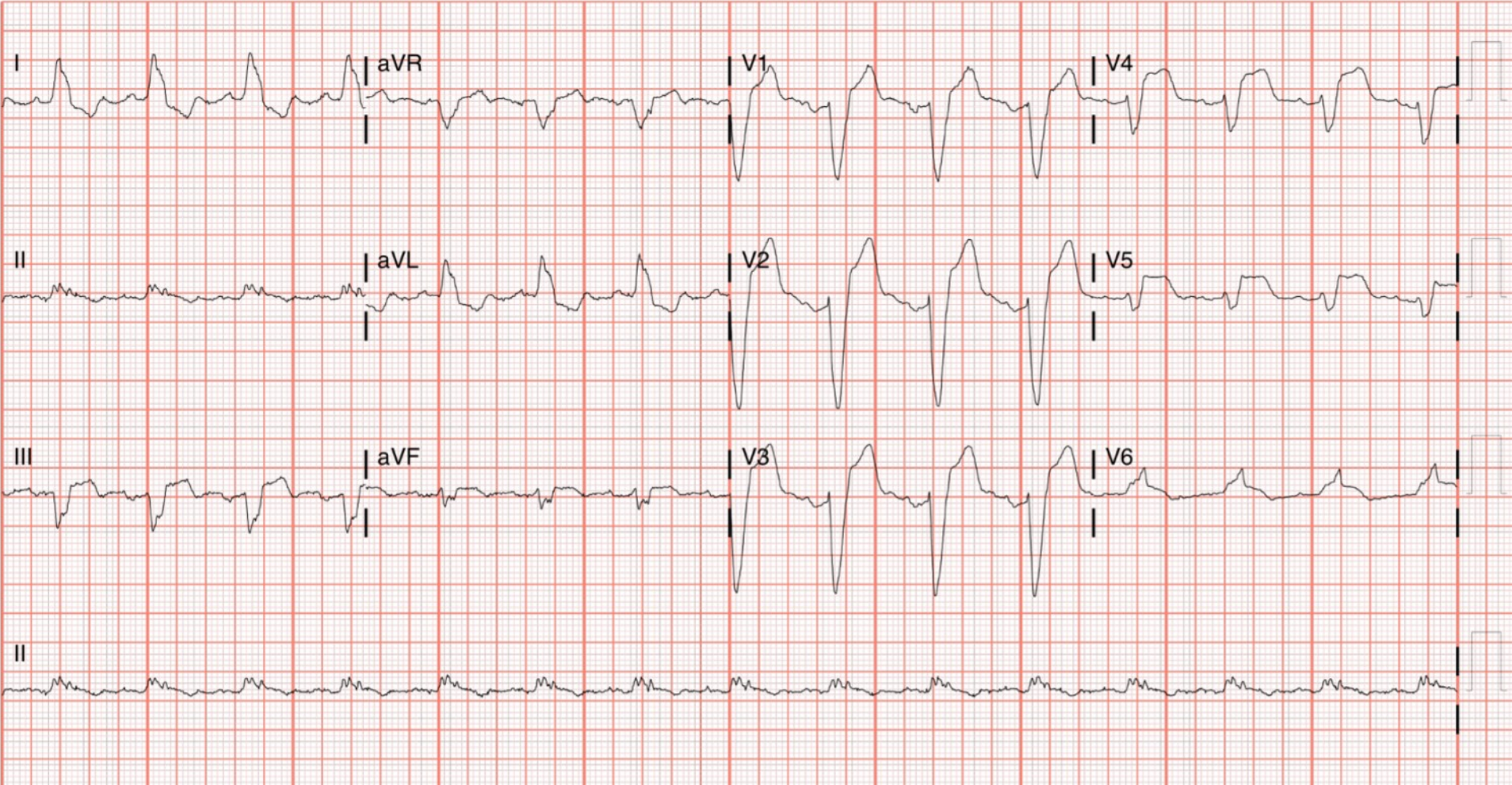
QRS Width

ST Segment

QT Interval

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

Triage EKG—Unit 1, Case 4



EKG courtesy of Robert Cooney, MD, MS