

Junctional Rhythms

Includes AV node and non-branching portion of the bundle of His

Retrograde- moving in the opposite direction to that which is normal

Junctional Rhythms (defined)



Junction initiates impulse at 40-60 bpm

- Sinus node fails to discharge or
- If sinus rate is < AV junction rate.
- Atria may/may not be stimulated..
- If atria are stimulated, impulse travels in a retrograde direction
- In lead II P wave will be negative.
- If atria depolarize before ventricles inverted P precedes QRS.
- If atria and ventricles depolarize simultaneously, P wave hidden.
- If atria depolarize after ventricles, an inverted P wave follows QRS.

Accelerated Junctional Rhythm



- Caused by enhanced automaticity of the bundle of His.
- Regular ventricular response @ 60-100 bpm.
- If P waves, will be inverted before, during or after QRS in lead II.
- PRI will be normal if P waves.
- QRS normal.

Junctional Tachycardia



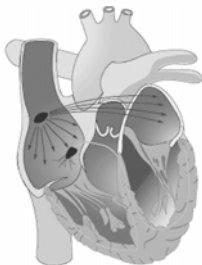
- An ectopic rhythm that originates in the bundle of His.
- Again from enhanced automaticity.
- Rate is 100-180 bpm.
- Inverted P waves may occur before, during, or after QRS in lead II.
- PRI- if P wave occurs before QRS it will be normal.
- QRS- normal

Premature Junctional Complexes



- Not an entire rhythm, a single beat.
- Identify underlying rhythm.
- From ectopic focus in junction that discharges before next expected sinus beat.
- QRS complex normal
- P wave may/not be present.
- If P is present, will be inverted, and may precede or follow QRS.
- PRI will be normal if P present.

Junctional Escape Beats



- Originates in AV junction, appears **LATE** (after the next expected sinus beat).
- Rate is usually normal.
- Rhythm is regular with **LATE** beats
- Inverted P waves may occur before, during, or after QRS in lead II.
- If P's present PRI normal.
- QRS normal
