

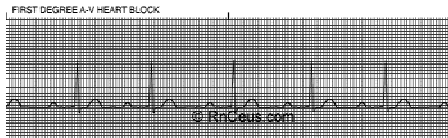
EKG Interpretation Continued: Heart Blocks & Paced Rhythms

Heart Blocks:

- Most commonly effect the AV junction
- The impulse is either slowed at the AV junction or stopped at the AV junction

1st Degree Heart Block

The impulse is delayed at the AV junction
Results in a prolonged PR interval > 0.20
QRS conducts in normal fashion

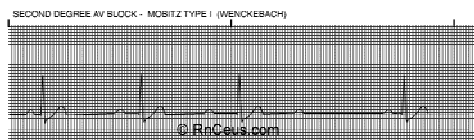


2nd Degree Heart Block Type I

Mobitz Type I; Wenckebach

Characterized by a progressively increasing, abnormally long delay at the AV node.

Causes a longer and longer PR interval, until no QRS complex is conducted



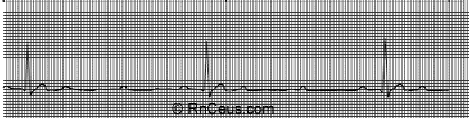
2nd Degree Type II Heart Block

Mobitz Type II

Intermittent block at the AV node that conducts some QRS's normally, but blocks other QRS's completely.
This rhythm is considered dangerous enough to indicate a pacemaker.



SECOND DEGREE AV BLOCK- MOBILZ TYPE II



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3rd Degree Heart Block

Complete Heart Block

No communication between the atria and the ventricles
P waves are generated in a regular rhythm by the atria, QRS complexes are generated in a regular rhythm by the ventricles, BUT there is no orchestration between the P's and QRS's

THIRD DEGREE (COMPLETE) AV BLOCK



HEF



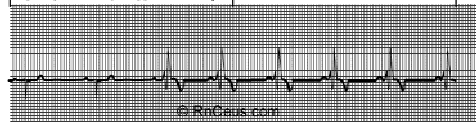
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Bundle Branch Block

Delay in conduction through one or both of the bundle branches
Results in a QRS longer than 0.12 seconds
Differentiate from ventricular beats because there is a P wave
Often no treatment is necessary.

RIGHT BUNDLE BRANCH BLOCK

Lead V₁



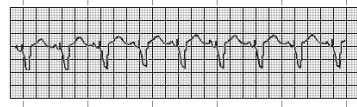
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Paced Rhythms

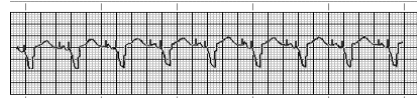
Pacemaker spikes appear as a vertical spike before the p or qrs
Pacemaker beats are very often wide and distorted



Atrial



Ventricular



Dual
