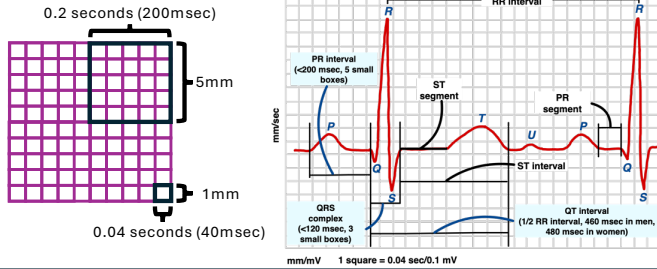


Rate
of QRS x 6
or
300 150 100 75 60 50 43 38

Rhythm
Sinus = upright P wave in II followed by a QRS
PAC = early/different P wave and QRS
PVC = wide QRS not preceded by P wave

Axis	Normal	LAD	RAD	Extreme Axis Deviation
I	+	+	-	-
aVF	+	-	+	-
II	+	- *	+	-

*If equiphasic, likely physiologic

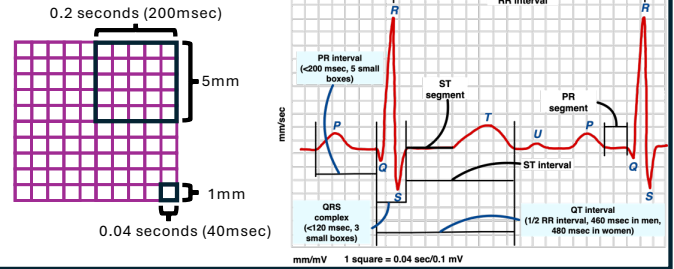


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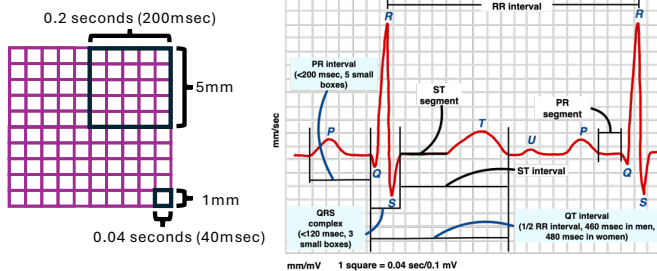
Front

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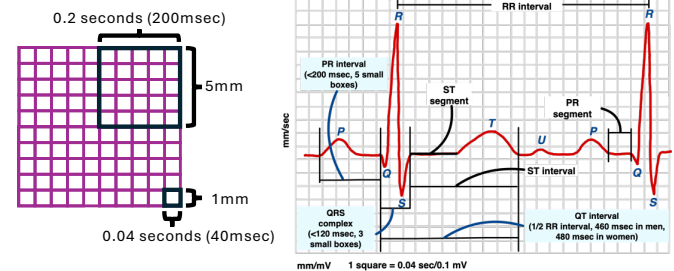


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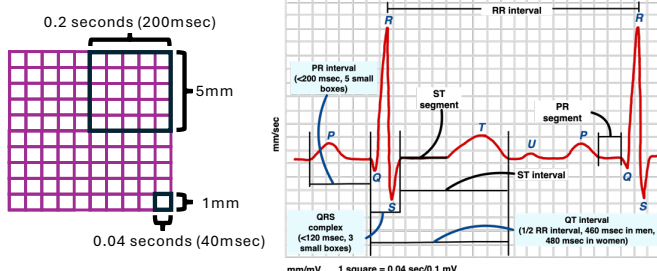


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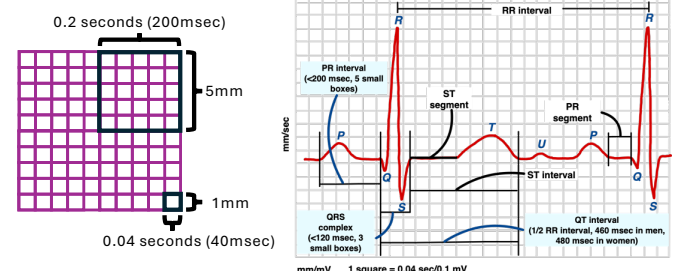


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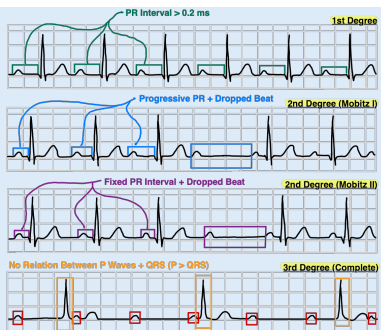
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Blocks

	V1	V6
Normal		
RBBB		
LBBB		

LAFB = QRS 90-120 with LAD
LPFB = QRS 90-120 with RAD



Ischemia

-Q wave > 25% of R indicates old infarct
Non-Specific:
-Flattened or inverted T waves
-<1 mm ST depression or elevation
-Poor R wave progression by V4

LVH

-R in aVL > 11 mm
-R in aVL + S in V3 (>24 mm men, >20 mm women)
-S in V1 + R in V5 or V6 > 35mm

Coronary Anatomy & ECG Leads

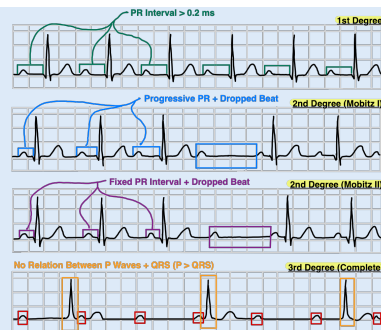
Lateral	I, aVL, V5-V6	LCx
Inferior	II, III, aVF	RCA and/or LCx
Anterior/Septal	V1-V4	LAD

TABLE - ROUNDS

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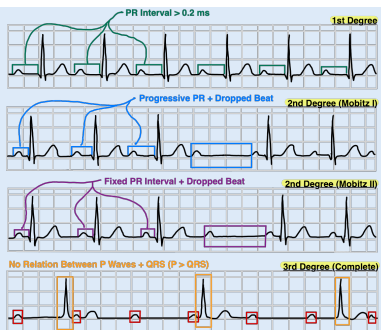
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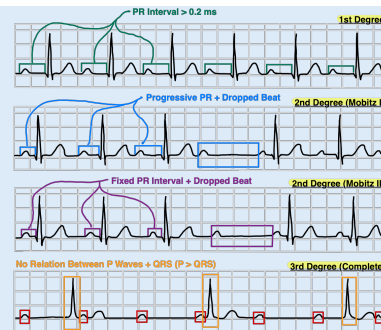
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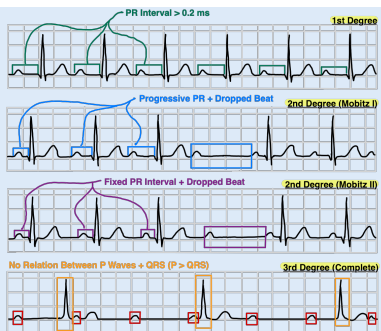
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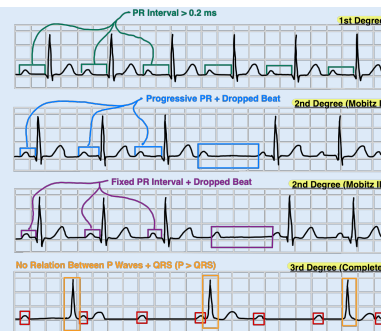
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