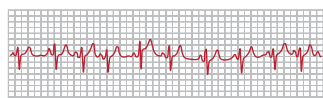


ECG Abnormalities Chart

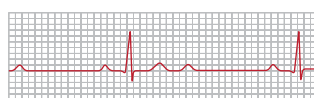
Patient name:	Date:
Patient ID:	Date of birth:

Symptoms or diagnosis:

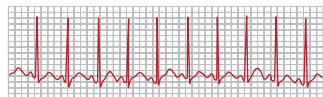
ECG abnormalities



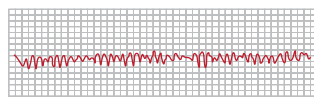
Sinus arrhythmia



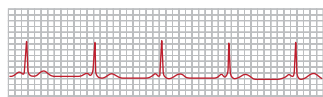
Atrioventricular block



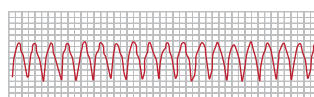
Sinus tachycardia



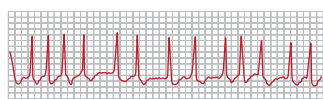
Ventricular fibrillation



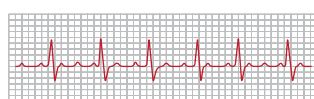
Sinus bradycardia



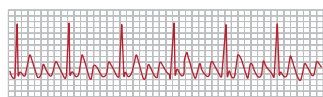
Ventricular tachycardia



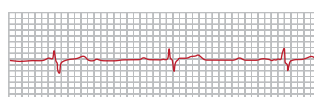
Atrial fibrillation



Second-degree partial block



Atrial flutter



Third-degree partial block

Abnormality	ECG illustration description	Probable causes
Sinus tachycardia	<ul style="list-style-type: none"> The resting heart rate is > 100 bpm in adults or above the normal range in children. P waves are discrete or hidden from the previous T wave. 	Exercise, anxiety, pain, hypoxia, pulmonary embolism, caffeine, beta-agonists, antimuscarinics.
Sinus bradycardia	<ul style="list-style-type: none"> The resting heart rate is slower than 50 bpm. Prominent U waves. 	High vagal tone, during intense emotional stress, Sinus Node Dysfunction (SND), hypothyroidism, hypothermia, hyperkalemia
Atrial fibrillation	<ul style="list-style-type: none"> Absence of P-waves. Has an irregularly irregular ventricular rate. Fibrillatory waves may be present and vary from small to large (fine to coarse). 	Ischaemic heart disease, hypertension, electrolyte disturbance, pulmonary embolus, drugs/alcohol
Atrial flutter	<ul style="list-style-type: none"> Atrial activity is from 250 bpm to 300 bpm. Regular flutter waves give the baseline a saw-tooth appearance. 	Has significant heart disease (predominantly ischemic heart disease)
Atrioventricular block	<ul style="list-style-type: none"> First-degree: PR interval is greater than 0.22 seconds. Second-degree: Not all P-waves are followed by QRS complexes. Third-degree: Independent atrial and ventricular rates. Absence of AV conduction. 	Idiopathic fibrosis, ischemic heart disease, vagal stimulation, structural heart disease, congenital, digoxin, beta blockers
Ventricular fibrillation	<ul style="list-style-type: none"> Ventricular rate of greater than 300 or heart rate anywhere between 150 to 500 per minute. Discreet or no identifiable P waves, QRS complexes, or T waves. 	Cardiac (myocardial infarction, cardiomyopathy, aortic stenosis/dissection, cardiac tamponade), Respiratory (pulmonary embolism, aspiration, sleep apnea, tension pneumothorax), Toxic and metabolic (drugs), Environmental (electrical shocks, sepsis), Neurological (seizure, CVA)
Ventricular tachycardia	<ul style="list-style-type: none"> Uniform, wide QRS complexes Equal to or more than 3 consecutive ventricular beats with rates that are more than 100 beats per minute (around 100 - 250). 	Coronary heart disease, heart failure, cardiomyopathy, valvular disease,

Notes			

Patient's results			
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Abnormality	ECG illustration description and observations	Potential causes	Notes

References

ECG and Echo Learning. (n.d.). Clinical ECG interpretation. <https://ecgwaves.com/course/the-ecg-book/>
 Life in the Fast Lane. (2018). *ECG library • LITFL • ECG library basics*. <https://litfl.com/ecg-library/>