

Advanced 12 Lead EKG Practice Strips

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For each EKG identify

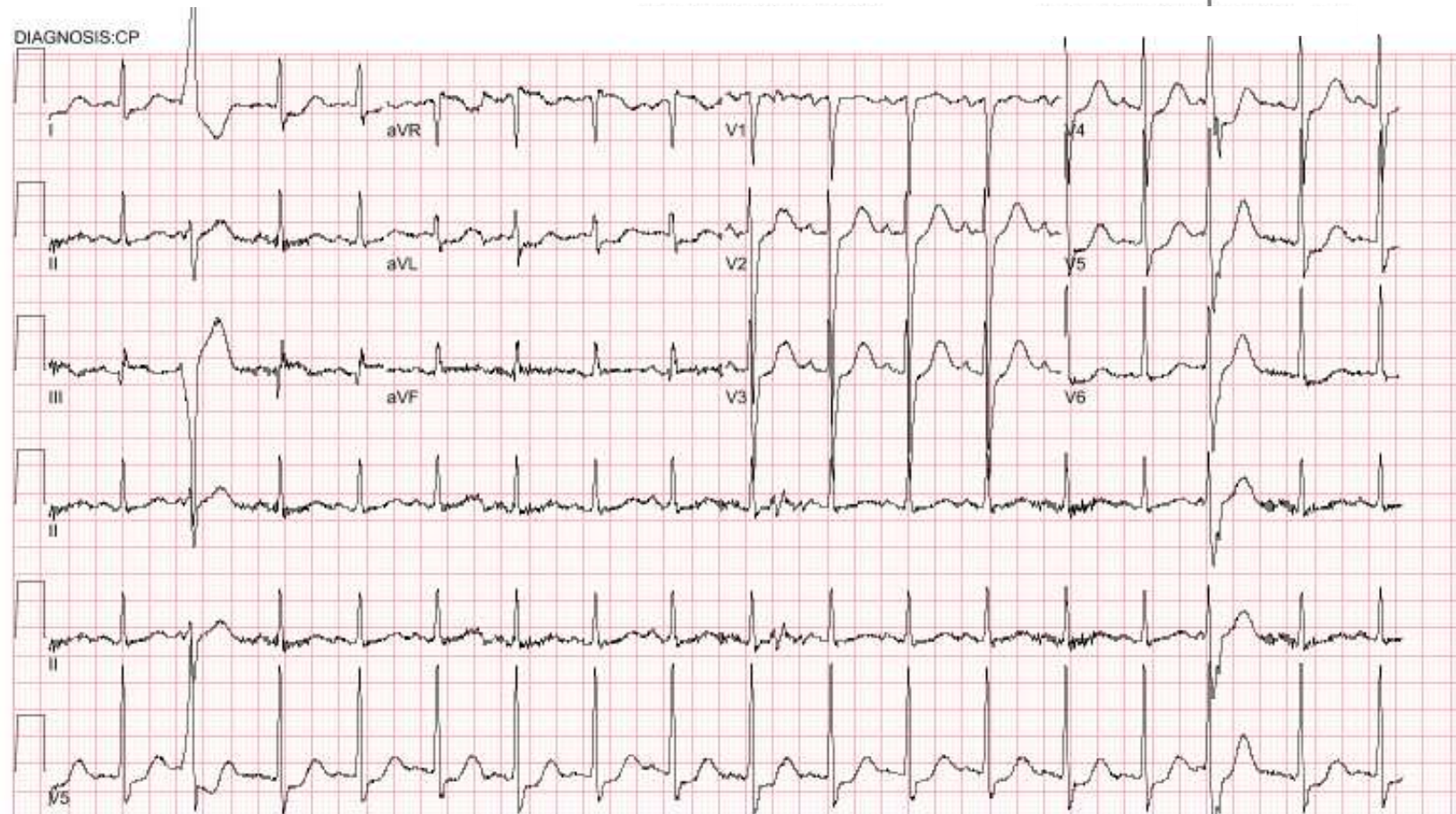
- ▶ Axis deviation
- ▶ Bundle branch block
- ▶ Hemiblock
- ▶ Atrial enlargement
- ▶ Ventricular hypertrophy



EKG 1

06-DEC-1958 (52 yr)
Male Black
68in
Room:ICU
Loc:2

Vent. rate	103	BPM
PR interval	156	ms
QRS duration	100	ms
QT/QTc	402/526	ms
P-R-T axes	55 48 47	

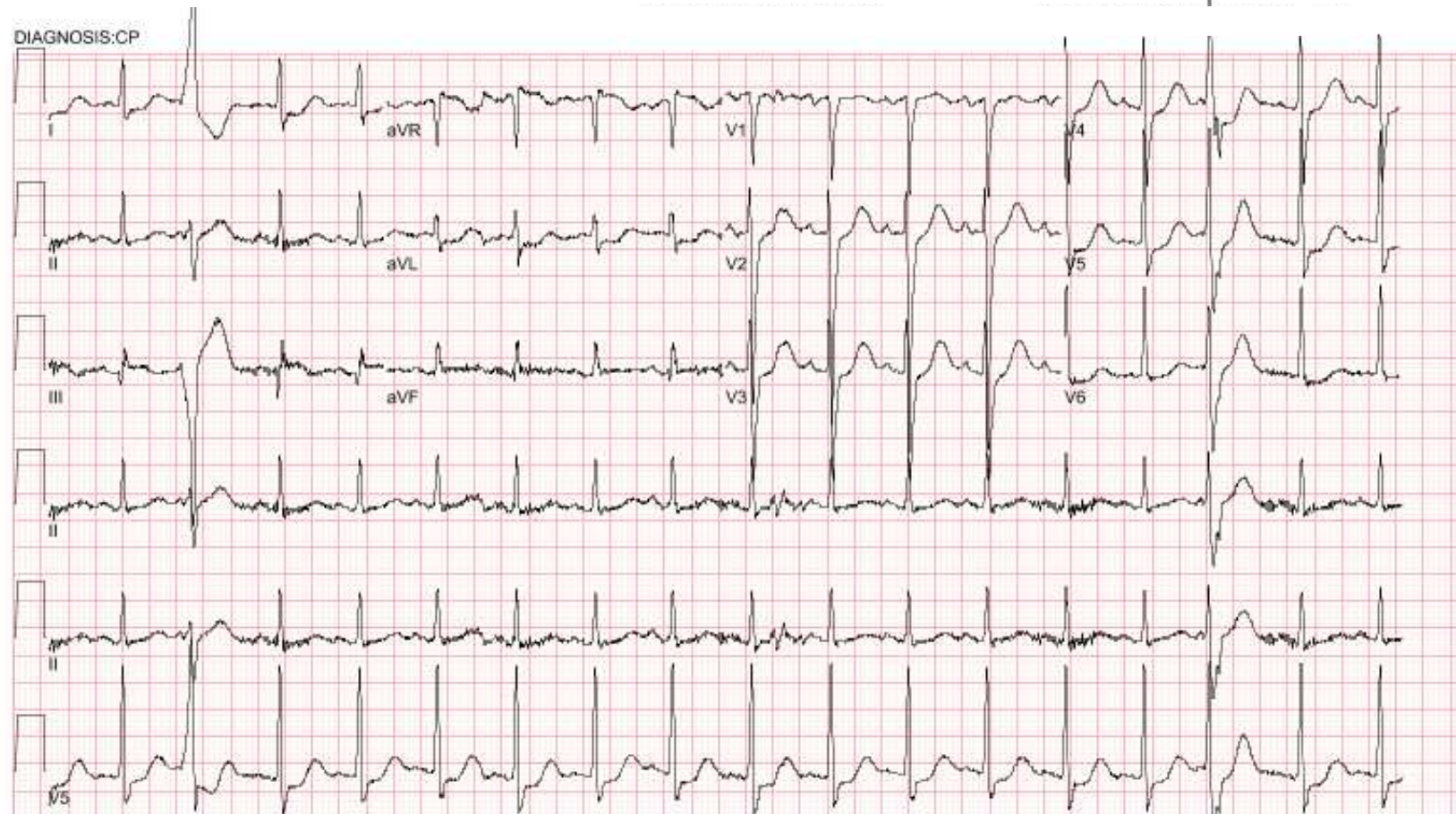


EKG 1 Answer

06-DEC-1958 (52 yr)
Male Black
68in
Room:ICU
Loc:2

Vent. rate	103	BPM
PR interval	156	ms
QRS duration	100	ms
QT/QTc	402/526	ms
P-R-T axes	55 48 47	

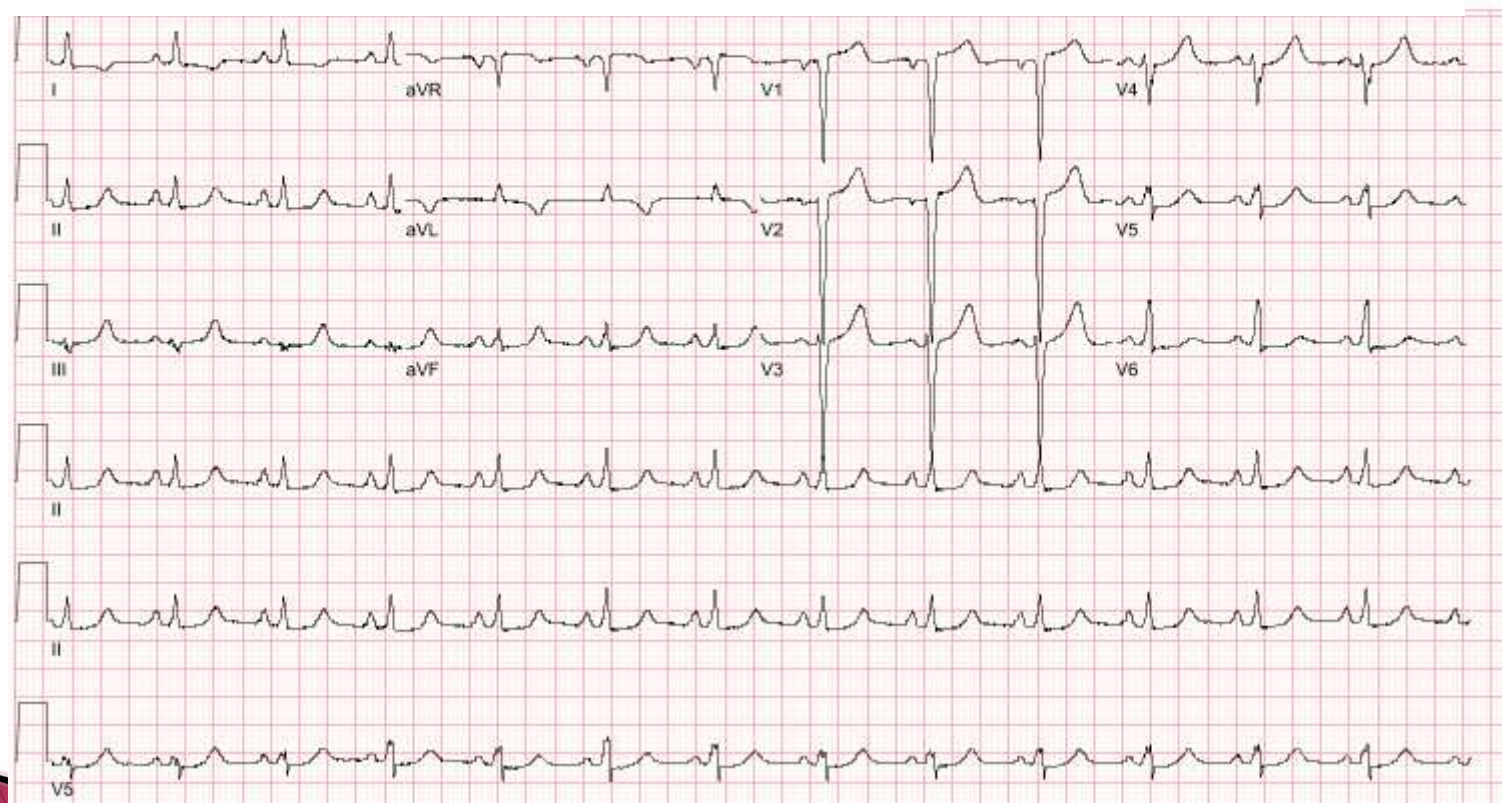
Sinus tachycardia with occasional Premature ventricular complexes
Possible Left atrial enlargement
Left ventricular hypertrophy
Marked ST abnormality, possible lateral subendocardial injury J-point elevation in lead 3
***** ACUTE MI *****
Abnormal ECG
When compared with ECG of 07-MAY-2011 13:45,
Significant changes have occurred



EKG 2

17-FEB-1971 (40 yr)
Female Caucasian
61in
Room:C512
Loc:2

Vent. rate	79	BPM
PR interval	144	ms
QRS duration	96	ms
QT/QTc	416/477	ms
P-R-T axes	56 28	107



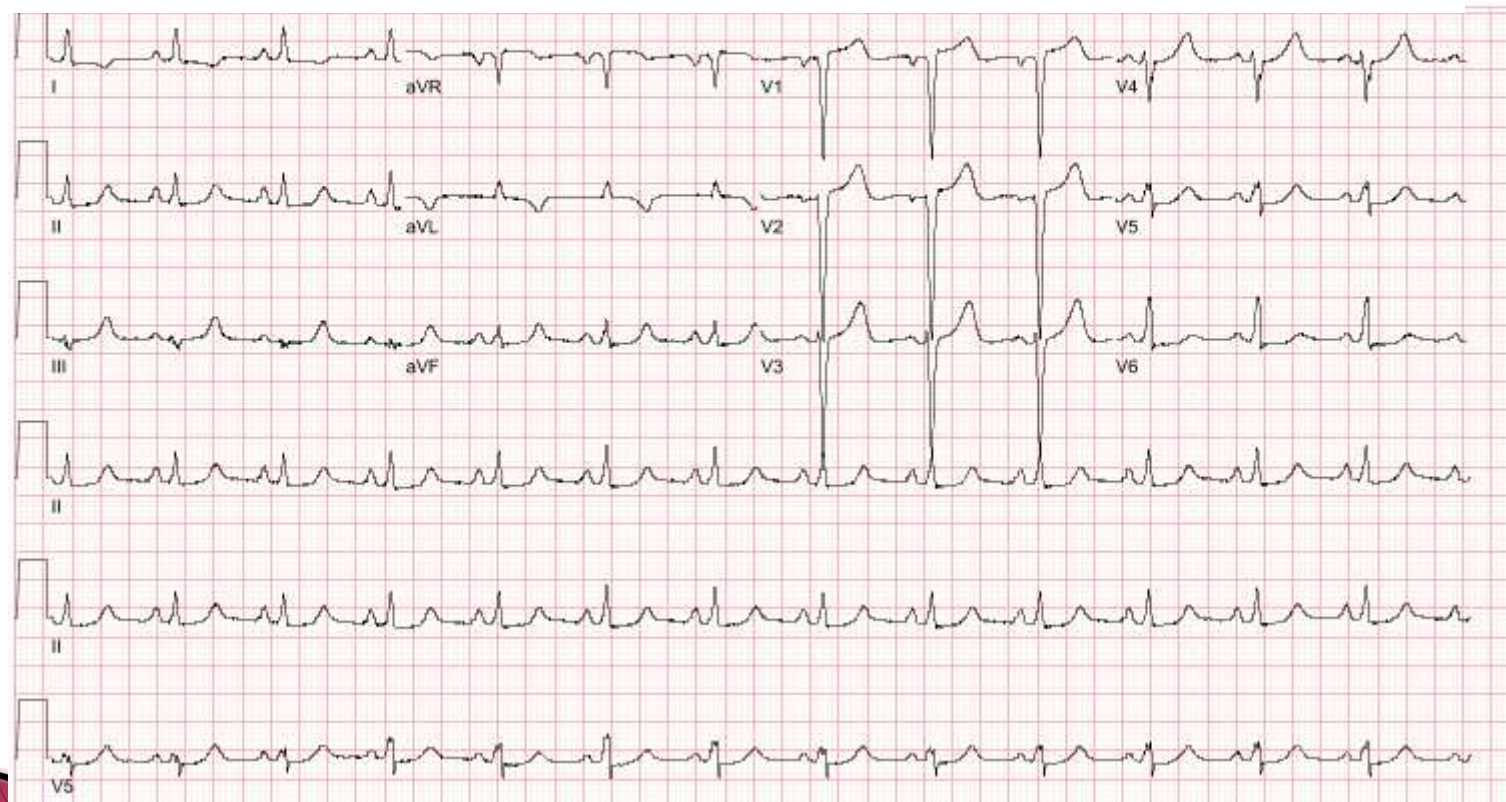
EKG 2 Answer

17-FEB-1971 (40 yr)
Female Caucasian
61in
Room:C512
Loc:2

Vent. rate	79	BPM
PR interval	144	ms
QRS duration	96	ms
QT/QTc	416/477	ms
P-R-T axes	56 28	107

Normal sinus rhythm
Possible Left atrial enlargement
ST & T wave abnormality, consider lateral ischemia
Prolonged QT
Abnormal ECG
When compared with ECG of 06-JUN-2011 12:05,
Nonspecific T wave abnormality no longer evident in inferior leads
T wave inversion less evident in Lateral leads

TECHNICIAN: MADE CAL BREATH

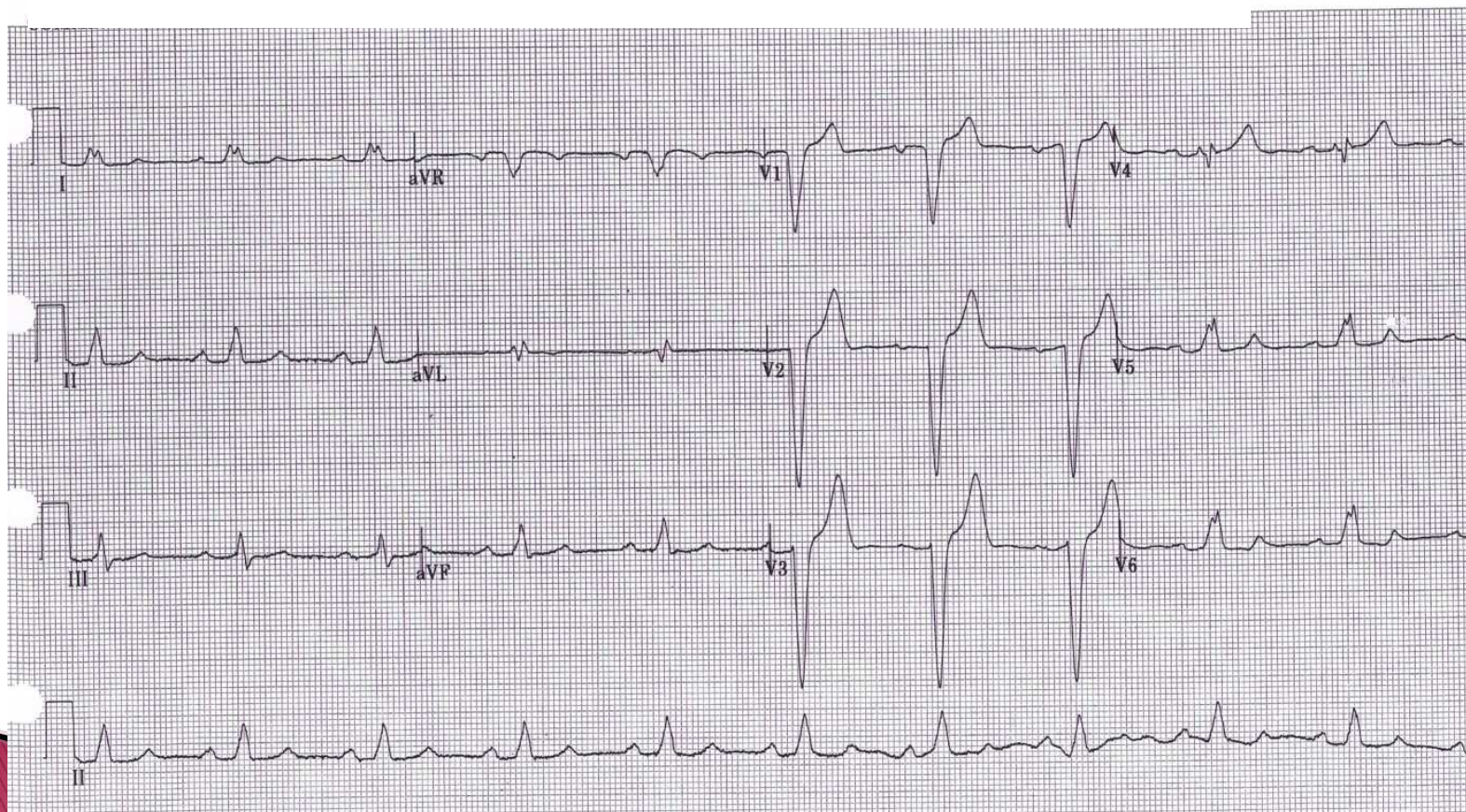


EKG #3

20-Jul-1958
Female Caucasian

Room: 15

Vent. rate 60 bpm
PR interval 228 ms
QRS duration 158 ms
QT/QTc 464/464 ms
P-R-T axes 61 64 64



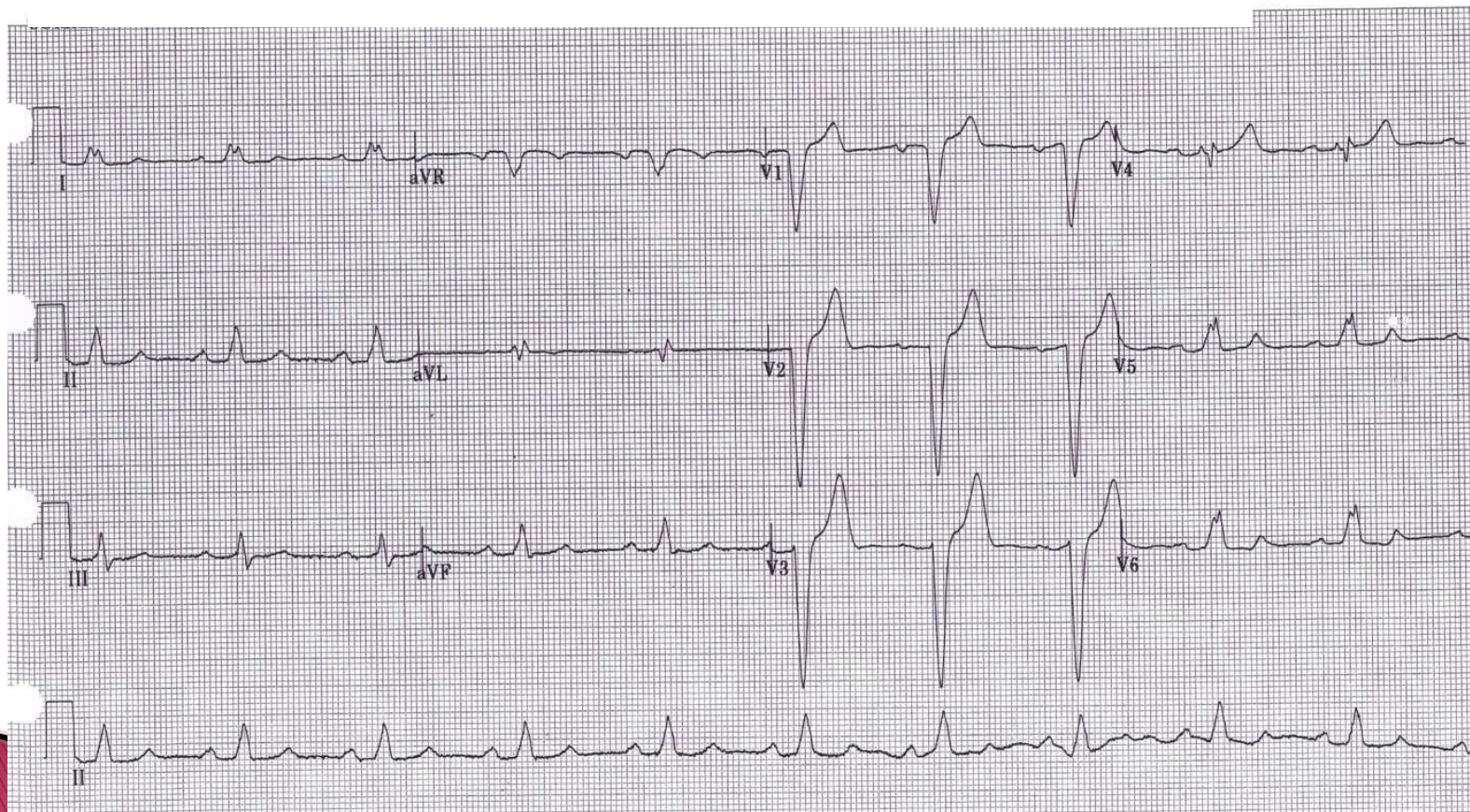
EKG #3 Answer

20-Jul-1958
Female Caucasian

Room: 15

Vent. rate 60 bpm
PR interval 228 ms
QRS duration 158 ms
QT/QTc 464/464 ms
P-R-T axes 61 64 64

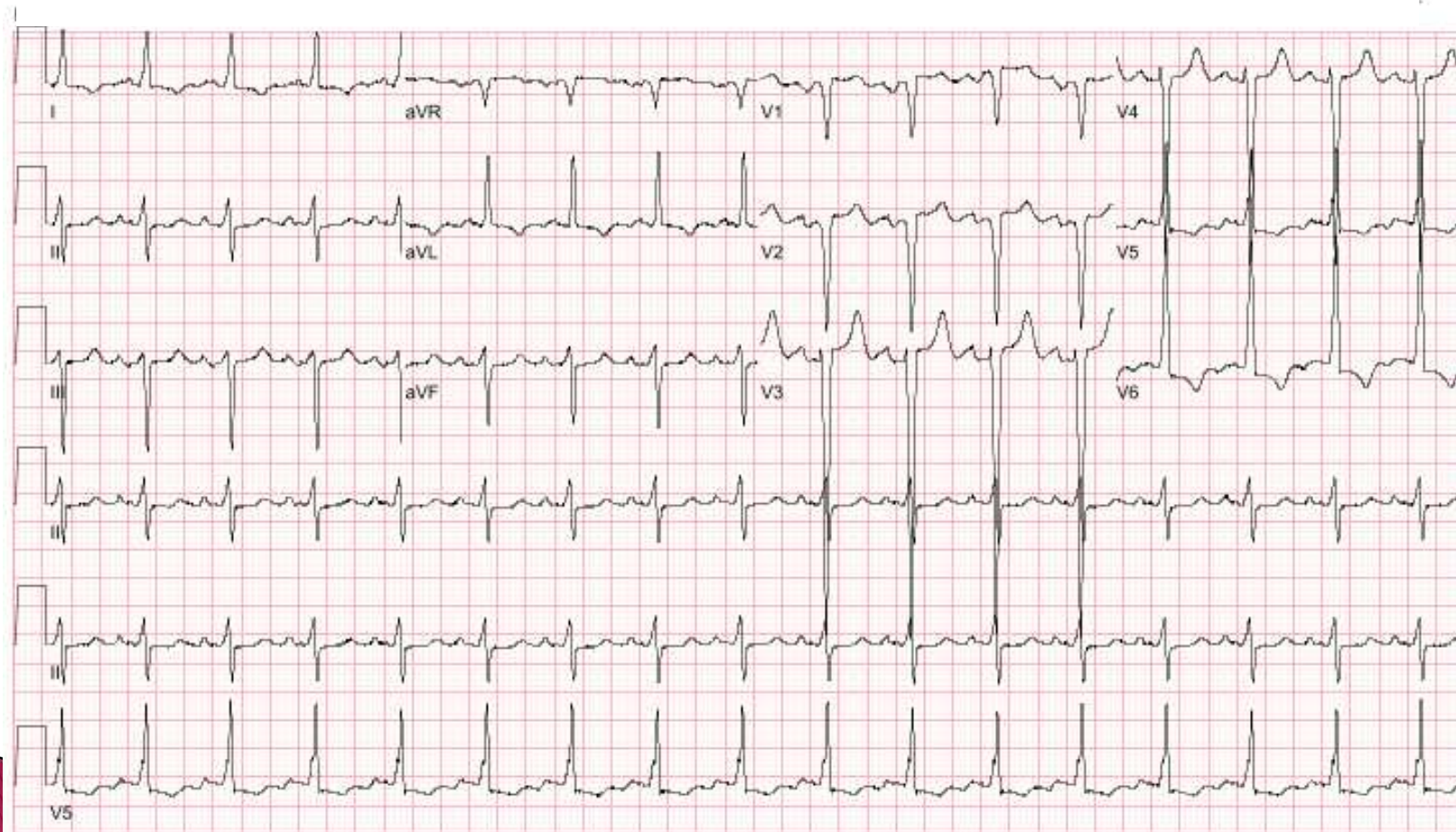
Sinus rhythm with 1st degree AV block
Possible Left atrial enlargement
Left bundle branch block
Abnormal ECG



EKG #4

24-JUL-1967 (43 yr)
Male Caucasian
Room: CVIC
Loc: 8

Vent. rate	100	BPM
PR interval	208	ms
QRS duration	94	ms
QT/QTc	370/477	ms
P-R-T axes	65 -42	134



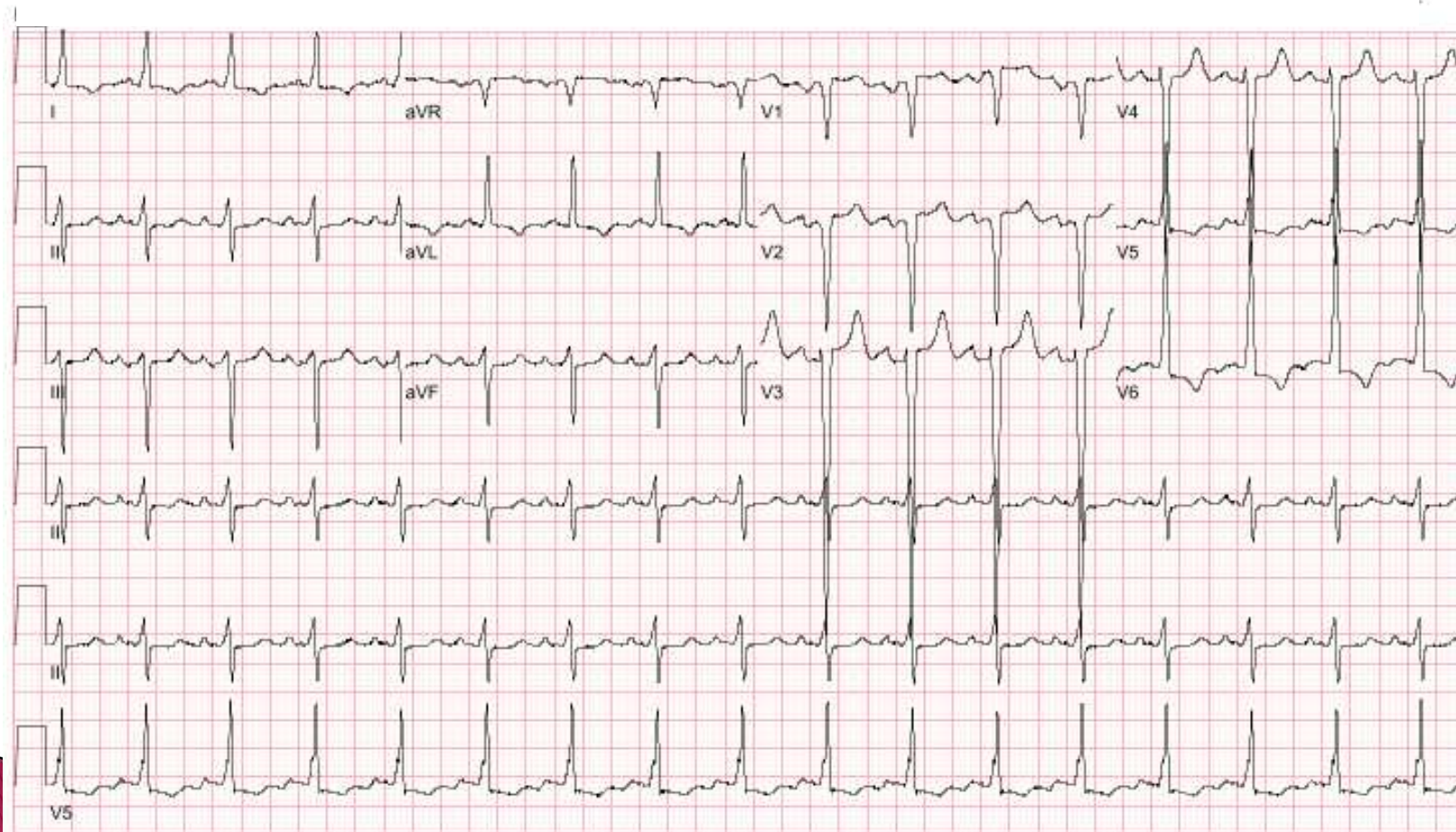
EKG #4 Answer

24-JUL-1967 (43 yr)
Male Caucasian

Room: CVIC
Loc: 8

Vent. rate	100	BPM
PR interval	208	ms
QRS duration	94	ms
QT/QTc	370/477	ms
P-R-T axes	65 -42	134

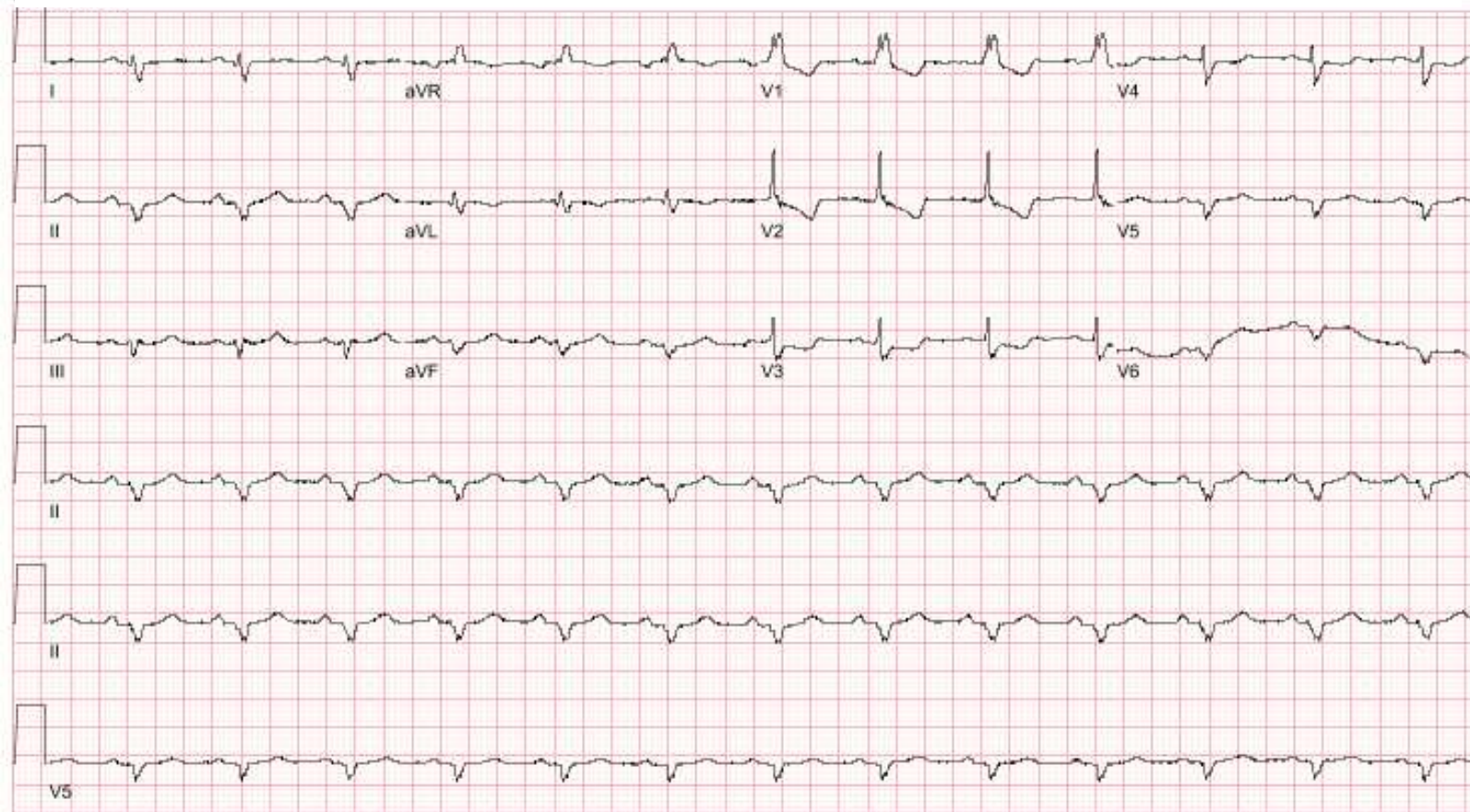
Normal sinus rhythm
Possible Left atrial enlargement
Left axis deviation
Left ventricular hypertrophy with repolarization abnormality
Cannot rule out Septal infarct (cited on or before 05-APR-2011)
When compared with ECG of 05-APR-2011 00:20,
Nonspecific T wave abnormality no longer evident in Inferior leads



EKG #5

22-DEC-1953 (57 yr)
Female Caucasian
87in
Room:CVIC
Loc:5

Vent. rate	80	BPM
PR interval	158	ms
QRS duration	124	ms
QT/QTc	412/475	ms
P-R-T axes	54 236	82

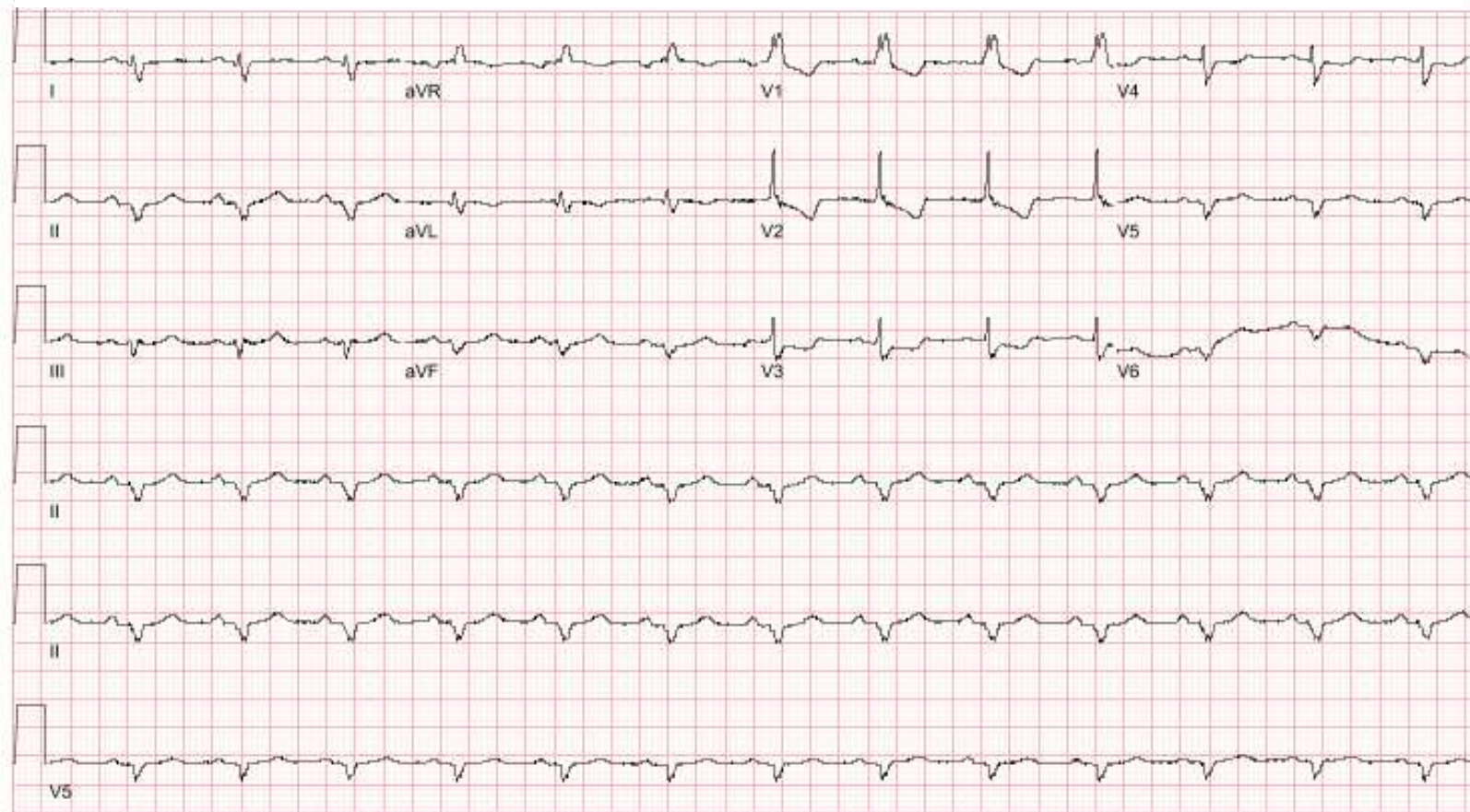


EKG #5 Answer

22-DEC-1953 (57 yr)
Female Caucasian
87in
Room:CVIC
Loc:5

Vent. rate	80	BPM
PR interval	158	ms
QRS duration	124	ms
QT/QTc	412/475	ms
P-R-T axes	54 236	82

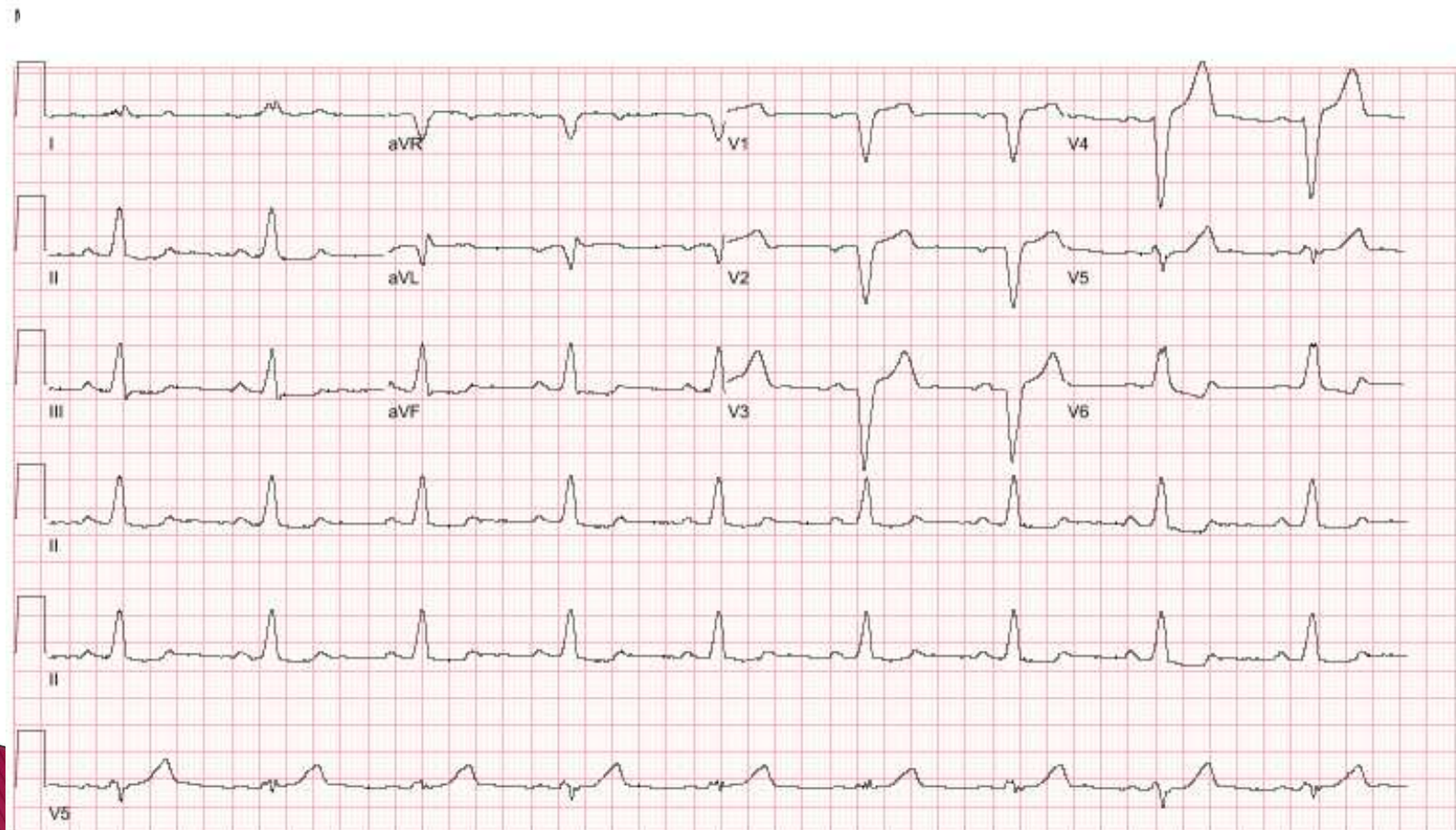
Normal sinus rhythm
Right bundle branch block
Lateral infarct (cited on or before 25-APR-2011)
When compared with ECG of 26-APR-2011 06:00,
No significant change was found



EKG #6

20-JUL-1958 (52 yr)
Female Caucasian
95in
Room:
Loc:59

Vent. rate	54	BPM
PR interval	202	ms
QRS duration	160	ms
QT/QTc	496/470	ms
P-R-T axes	105 76	53



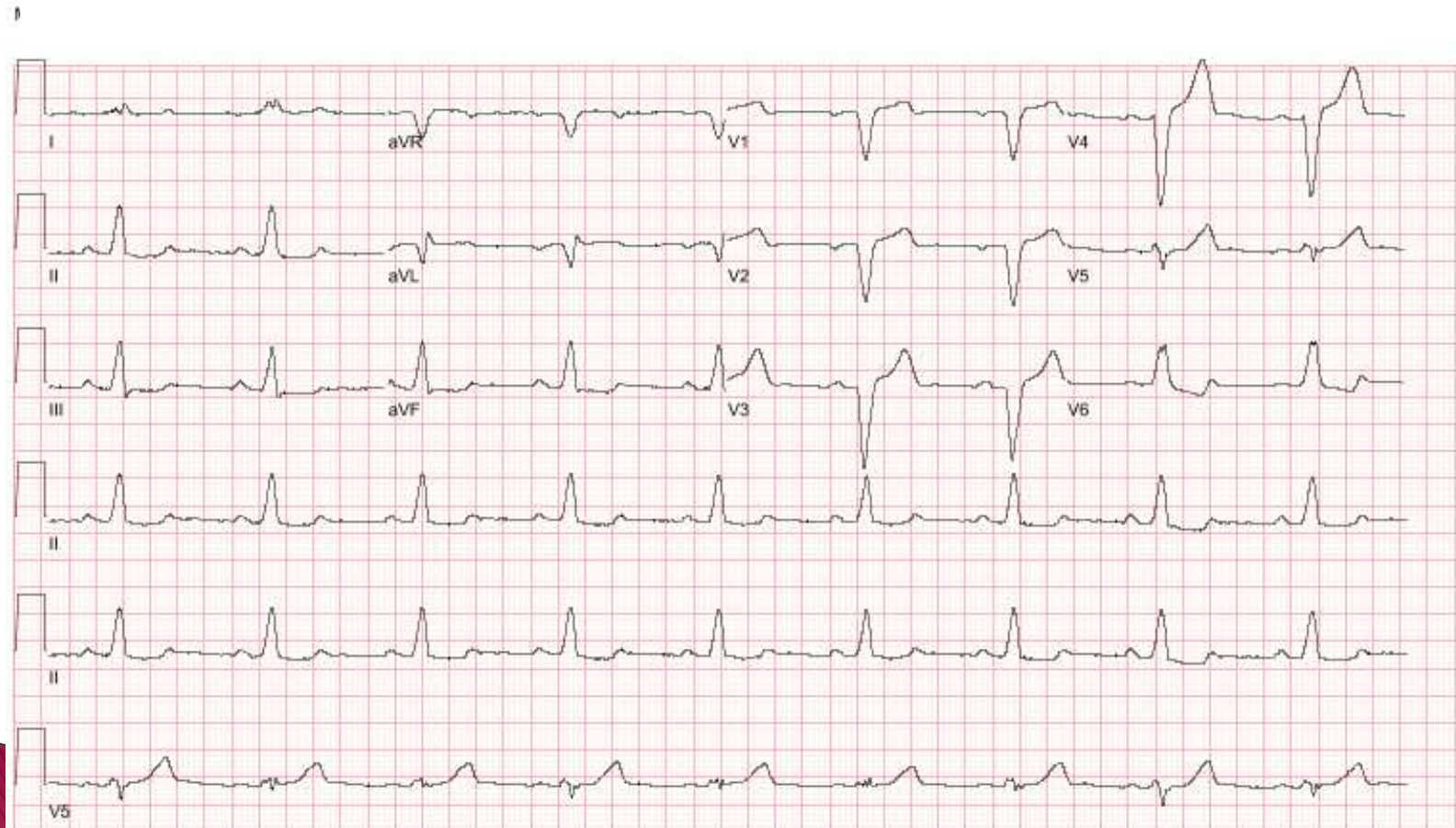
EKG #6 Answer

20-JUL-1958 (52 yr)
Female Caucasian
95in
Room:
Loc:59

Vent. rate
PR interval
QRS duration
QT/QTc
P-R-T axes

54 BPM
202 ms
160 ms
496/470 ms
105 76 53

3
Sinus bradycardia
Left bundle branch block
Abnormal ECG
No previous ECGs available

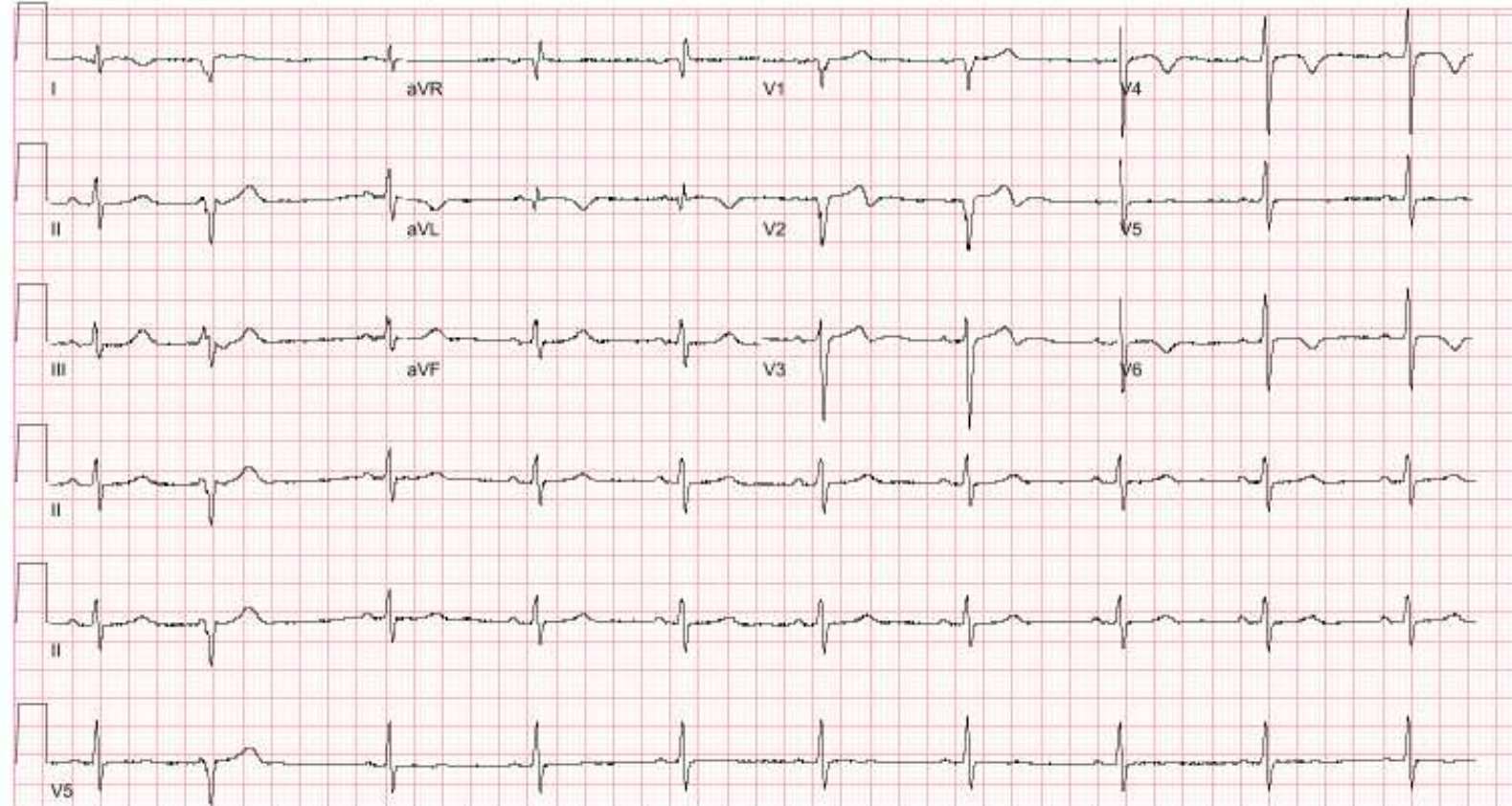


EKG #7 CS #1

10-MAR-1964 (47 yr)
Male Caucasian
Room: CVIC
Loc: 5

Vent. rate	59	BPM
PR interval	162	ms
QRS duration	100	ms
QT/QTc	450/445	ms
P-R-T axes	41 116 113	

DIAGNOSIS: CHEST PAIN



EKG #7 CS #1 Answer

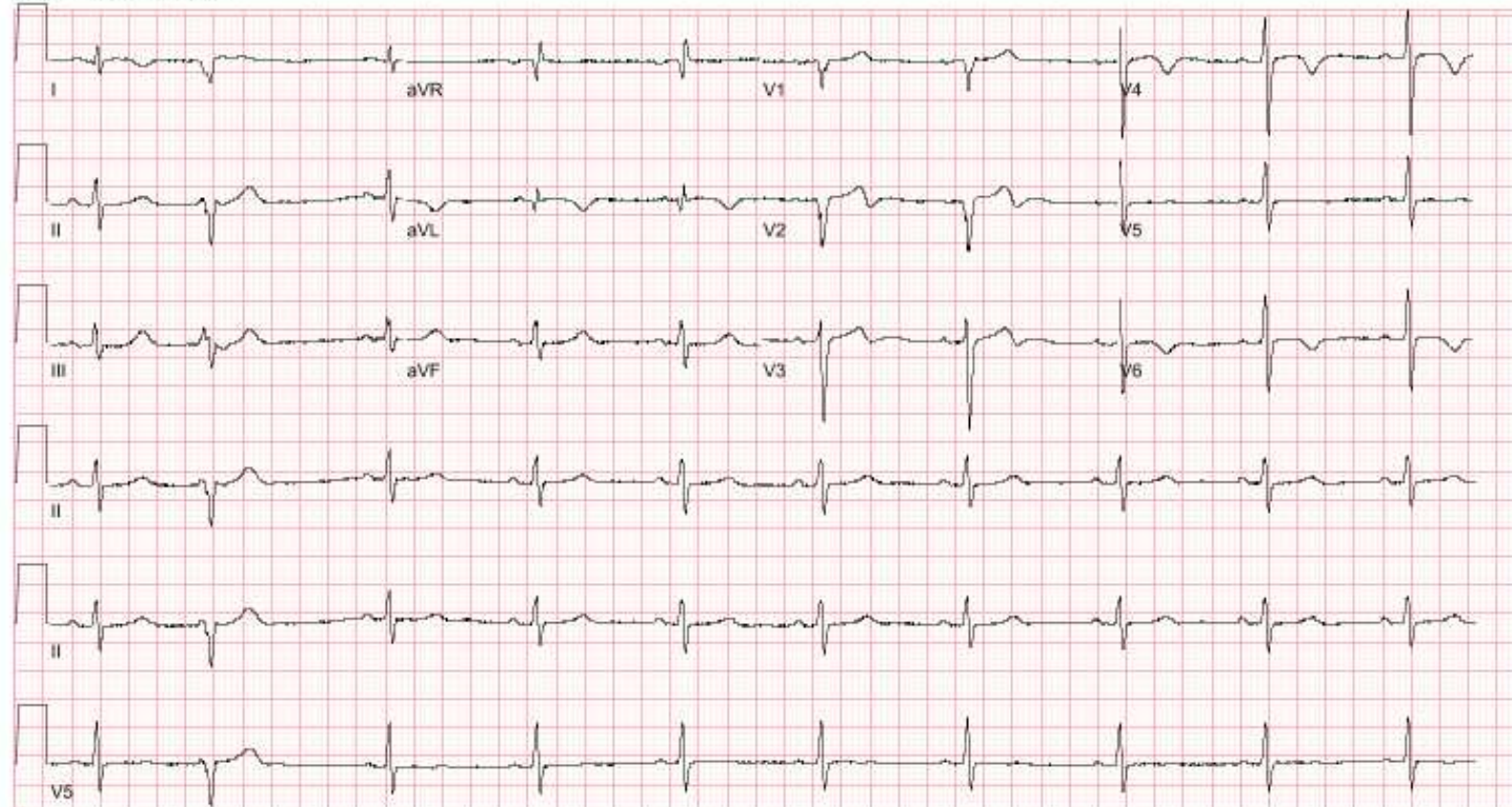
10-MAR-1964 (47 yr)
Male Caucasian

Room: CVIC
Loc: 5

Vent. rate	59	BPM
PR interval	162	ms
QRS duration	100	ms
QT/QTc	450/445	ms
P-R-T axes	41 116 113	

Sinus bradycardia with occasional Premature ventricular complexes
Right axis deviation
Pulmonary disease pattern
Septal infarct (cited on or before 17-JUN-2011)
T wave abnormality, consider lateral ischemia
Abnormal ECG
When compared with ECG of 17-JUN-2011 11:29,
Premature ventricular complexes are now Present
Left anterior fascicular block is no longer Present
Serial changes of Septal infarct Present

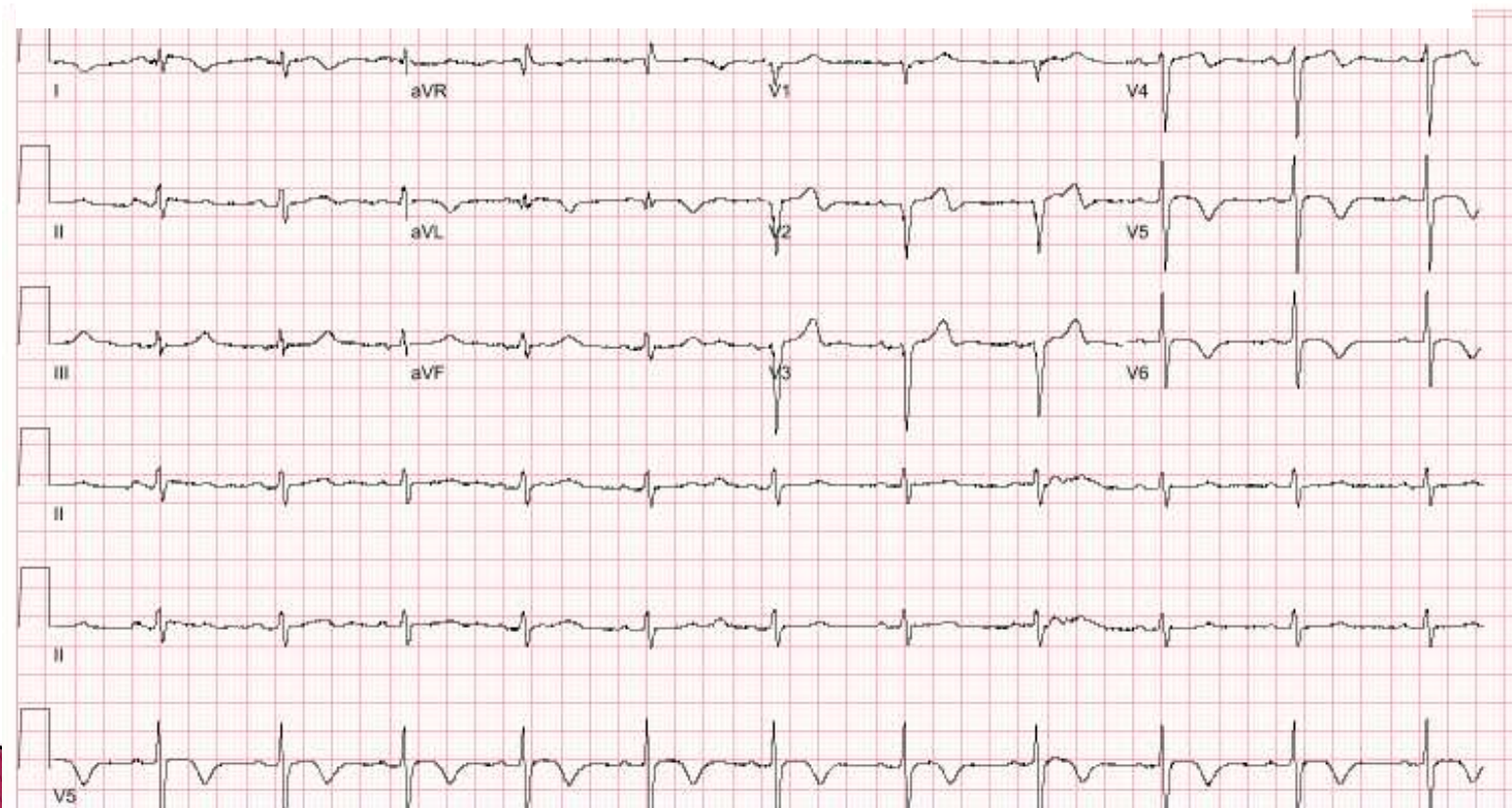
DIAGNOSIS: CHEST PAIN



EKG #8 CS #2

10-MAR-1964 (47 yr)
Male Caucasian
Room: CVIC
Loc: 5

Vent. rate	68	BPM
PR interval	168	ms
QRS duration	98	ms
QT/QTc	450/478	ms
P-R-T axes	44 170 118	

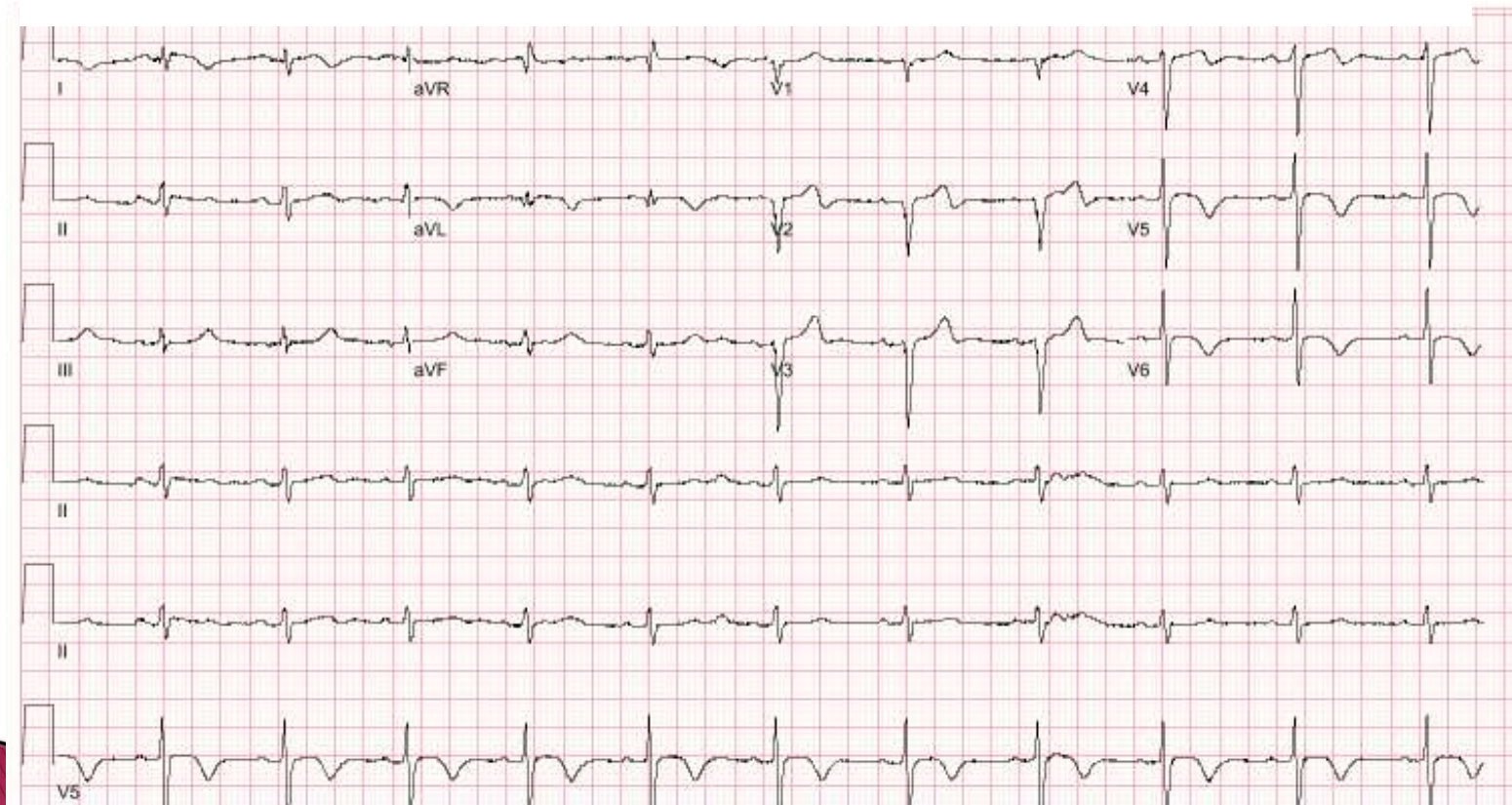


EKG #8 CS #2 Answer

10-MAR-1964 (47 yr)
Male Caucasian
Room: CVIC
Loc: 5

Vent. rate	68	BPM
PR interval	168	ms
QRS duration	98	ms
QT/QTc	450/478	ms
P-R-T axes	44 170 118	

Normal sinus rhythm
Right axis deviation
Septal infarct (cited on or before 17-JUN-2011)
T wave abnormality, consider lateral ischemia
Abnormal ECG
When compared with ECG of 17-JUN-2011 16:17,
No significant change was found

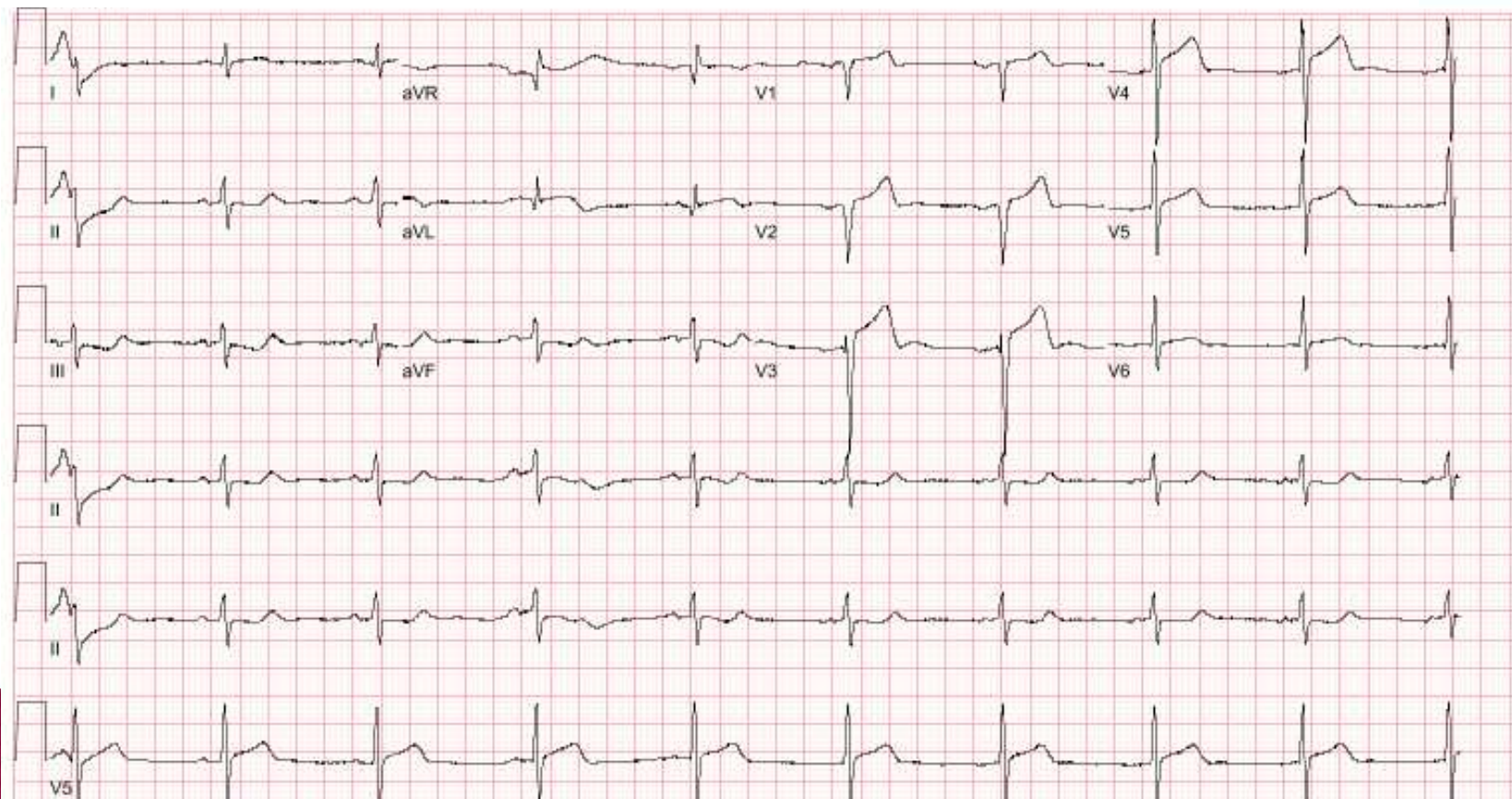


- ▶ Admitted for Chest pain. Plan for angio. Signed out AMA

EKG #9 CS #3

10-MAR-1964 (47 yr)
Male Caucasian
78in
Room: TRB
Loc: 2

Vent. rate	55	BPM
PR interval	176	ms
QRS duration	96	ms
QT/QTc	410/392	ms
P-R-T axes	-41 -40	-30

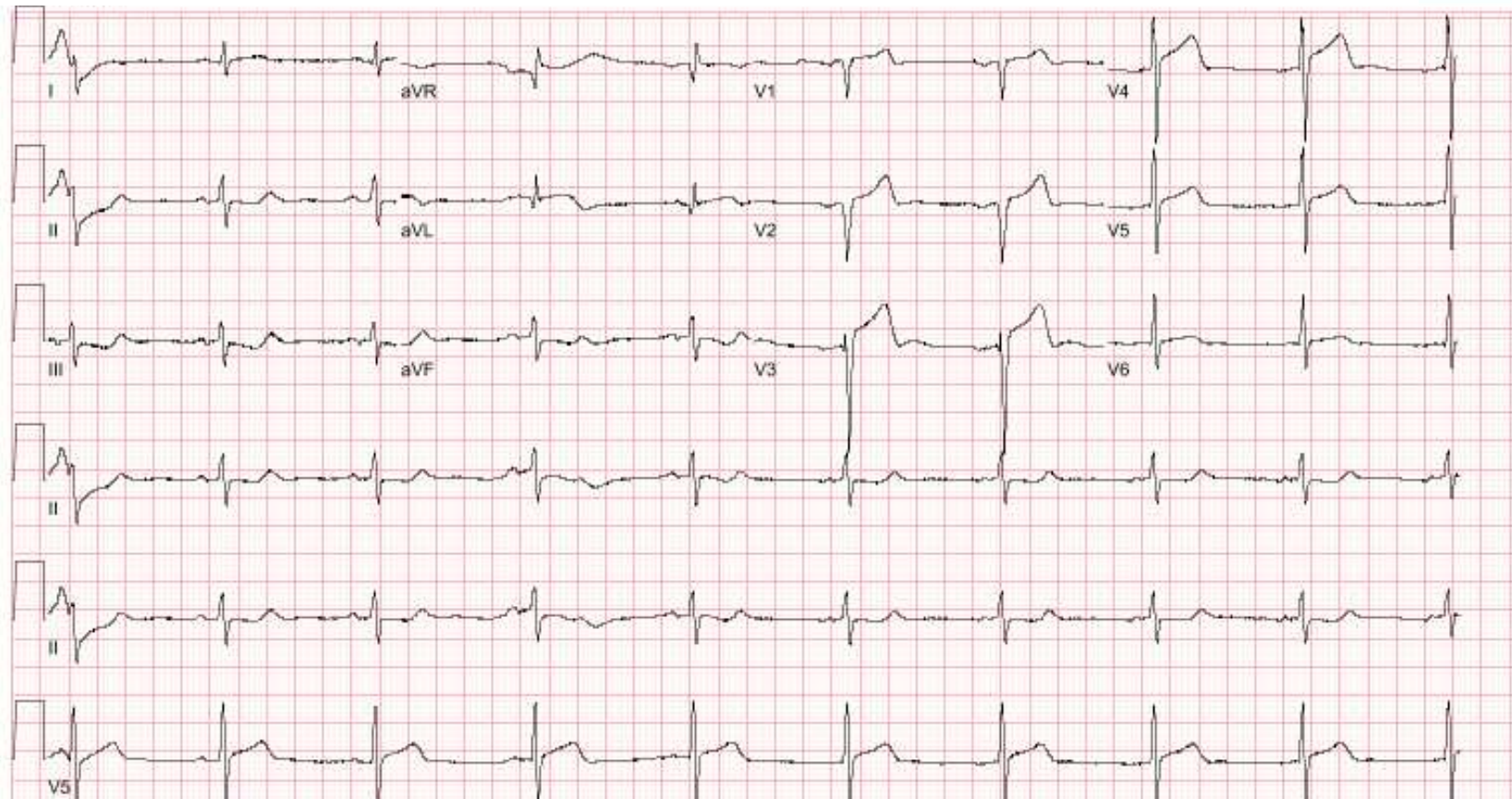


EKG #9 CS #3 Answer

10-MAR-1964 (47 yr)
Male Caucasian
78in
Room: TRB
Loc: 2

Vent. rate 55 BPM
PR interval 176 ms
QRS duration 96 ms
QT/QTc 410/392 ms
P-R-T axes -41 -40 -30

Unusual P axis, possible ectopic atrial bradycardia
Left axis deviation
Anteroseptal infarct (cited on or before 17-JUN-2011)
***** ACUTE MI *****
Abnormal ECG
When compared with ECG of 18-JUN-2011 05:02,
Significant changes have occurred

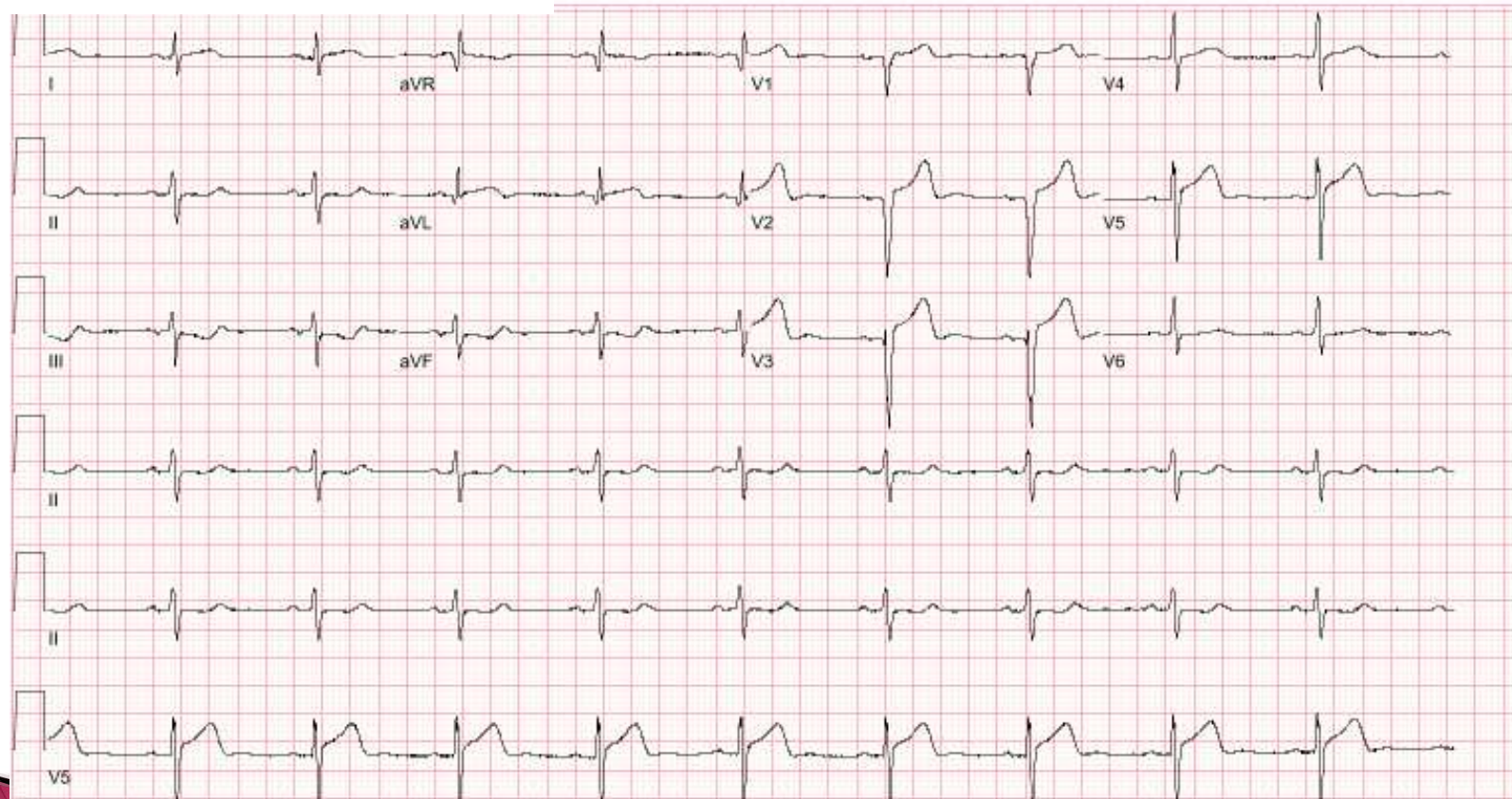


► Readmitted 3 hours later. Stent to LAD

EKG #10 CS #4

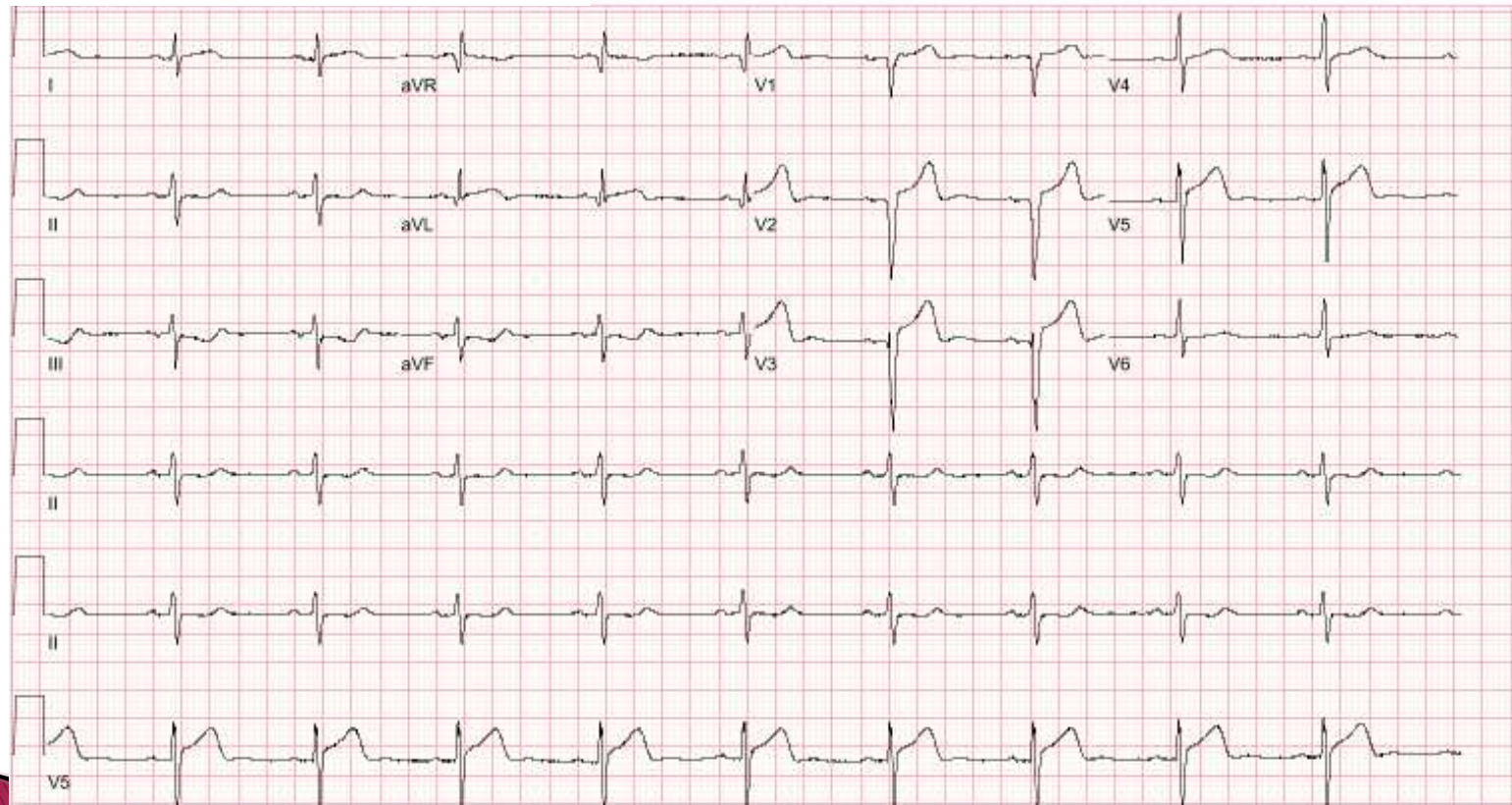
47 yr
Male Caucasian
78in
Room:B
Loc:2

Vent. rate 59 BPM
PR interval 164 ms
QRS duration 100 ms
QT/QTc 408/403 ms
P-R-T axes 39 -63 -23



EKG #10 CS #4 Answer

47 yr		Vent. rate	59	BPM	Sinus bradycardia
Male	Caucasian	PR interval	164	ms	Left anterior fascicular block
78in		QRS duration	100	ms	Anteroseptal infarct (cited on or before 17-JUN-2011)
Room:B		QT/QTc	408/403	ms	***** ACUTE MI *****
Loc:2		P-R-T axes	39 -63	-23	Abnormal ECG
					When compared with ECG of 22-JUN-2011 23:02,
					Sinus rhythm has replaced Ectopic atrial rhythm
					Serial changes of Anteroseptal infarct Present

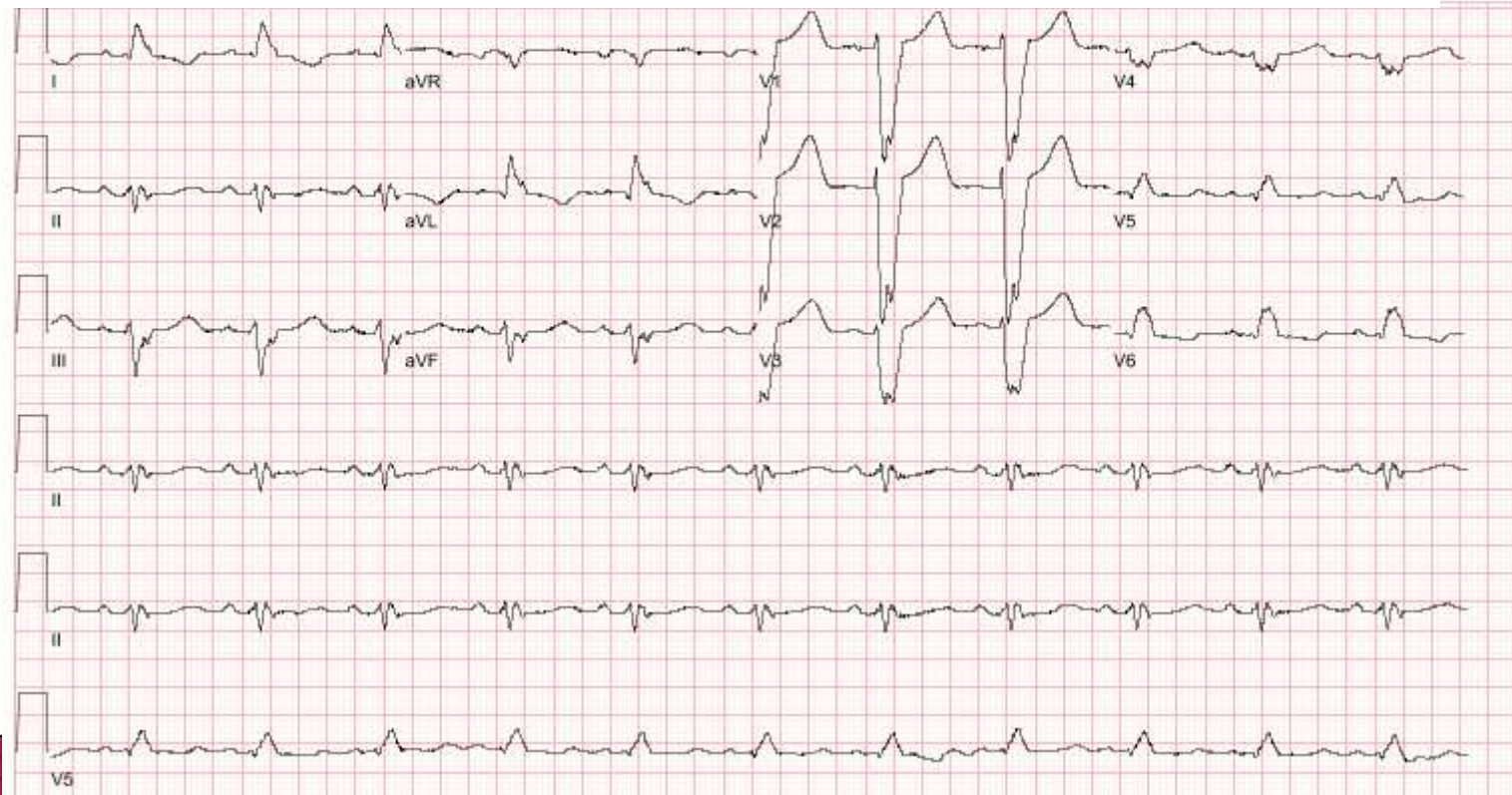


- ▶ D/C two days ago after stent to LAD. Then presented to ED with chest pain and this EKG. Angio: subacute stent thrombosis. Aspiration thrombectomy and stenting of LAD

EKG #11

05-SEP-1942 (68 yr)
Male Caucasian
113in
Room: CVIC
Loc: 5

Vent. rate	68	BPM
PR interval	190	ms
QRS duration	206	ms
QT/QTc	574/610	ms
P-R-T axes	56 -39	121

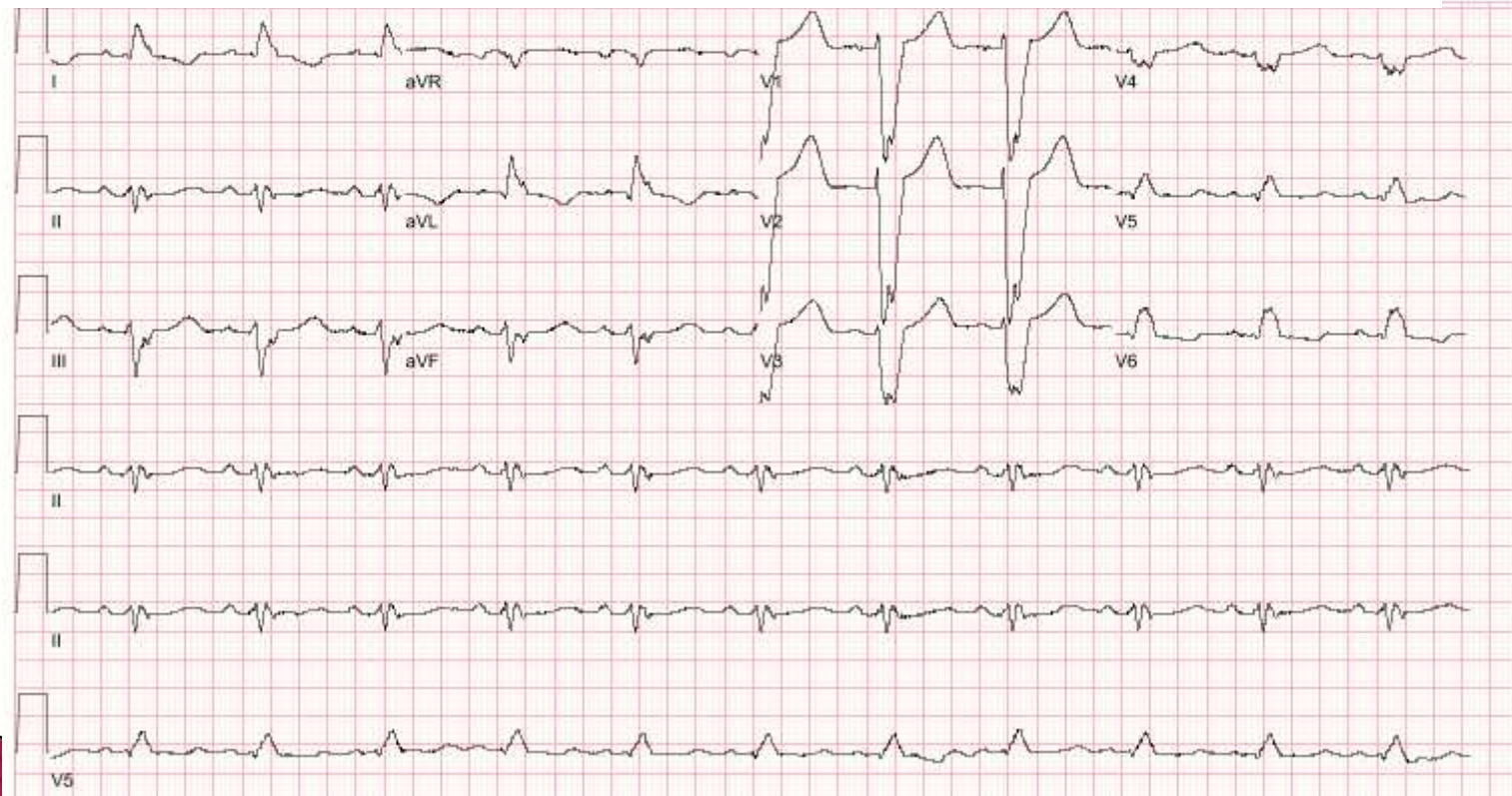


EKG #11 Answer

05-SEP-1942 (68 yr)
Male Caucasian
113in
Room:CVIC
Loc:5

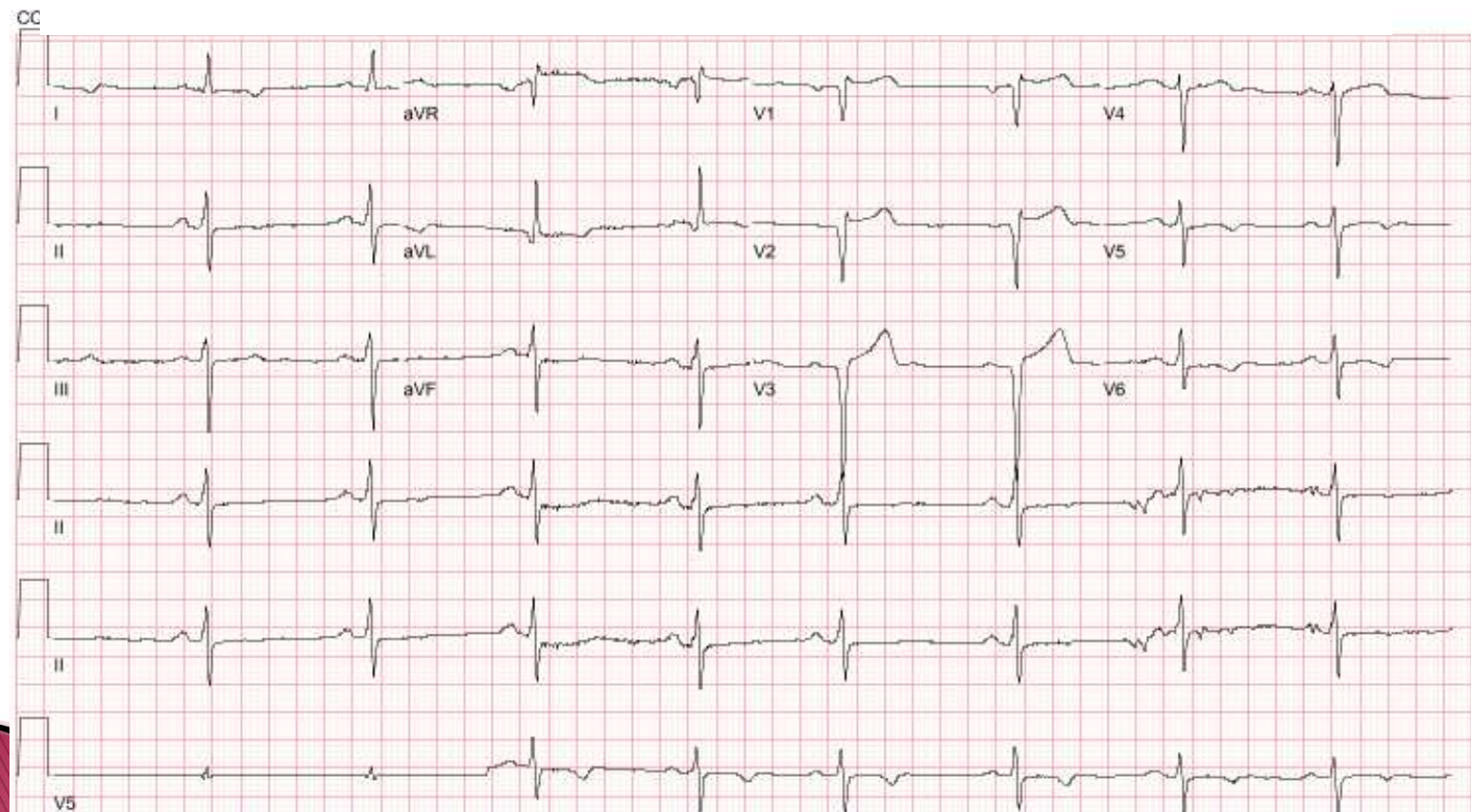
Vent. rate 68 BPM
PR interval 190 ms
QRS duration 206 ms
QT/QTc 574/610 ms
P-R-T axes 56 -39 121

Normal sinus rhythm
Left axis deviation
Left bundle branch block
Abnormal ECG
When compared with ECG of 05-JUL-2011 13:44,
No significant change was found



EKG #12

Male	Caucasian	Vent. rate	52	BPM
		PR interval	194	ms
		QRS duration	92	ms
Room:		QT/QTc	472/438	ms
Loc:63		P-R-T axes	60 -48 173	

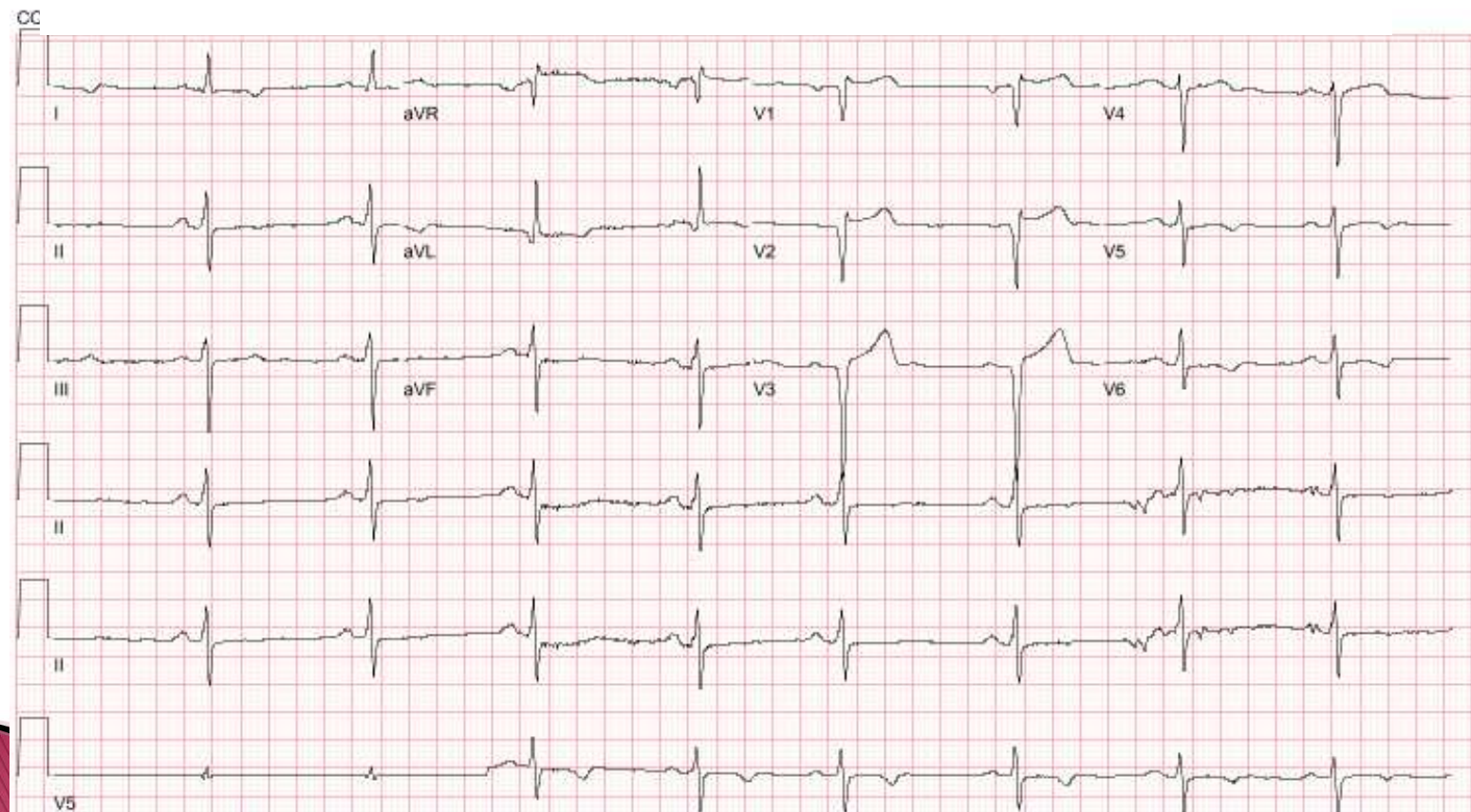


EKG #12 Answer

Male Caucasian
Room:
Loc:63

Vent. rate 52 BPM
PR interval 194 ms
QRS duration 92 ms
QT/QTc 472/438 ms
P-R-T axes 60 -48 173

*** Poor data quality, interpretation may be adversely affected
Sinus bradycardia
Possible Left atrial enlargement
Left anterior fascicular block
Left ventricular hypertrophy
Anteroseptal infarct (cited on or before 30-JUN-2003)
ST & T wave abnormality, consider lateral ischemia
Abnormal ECG



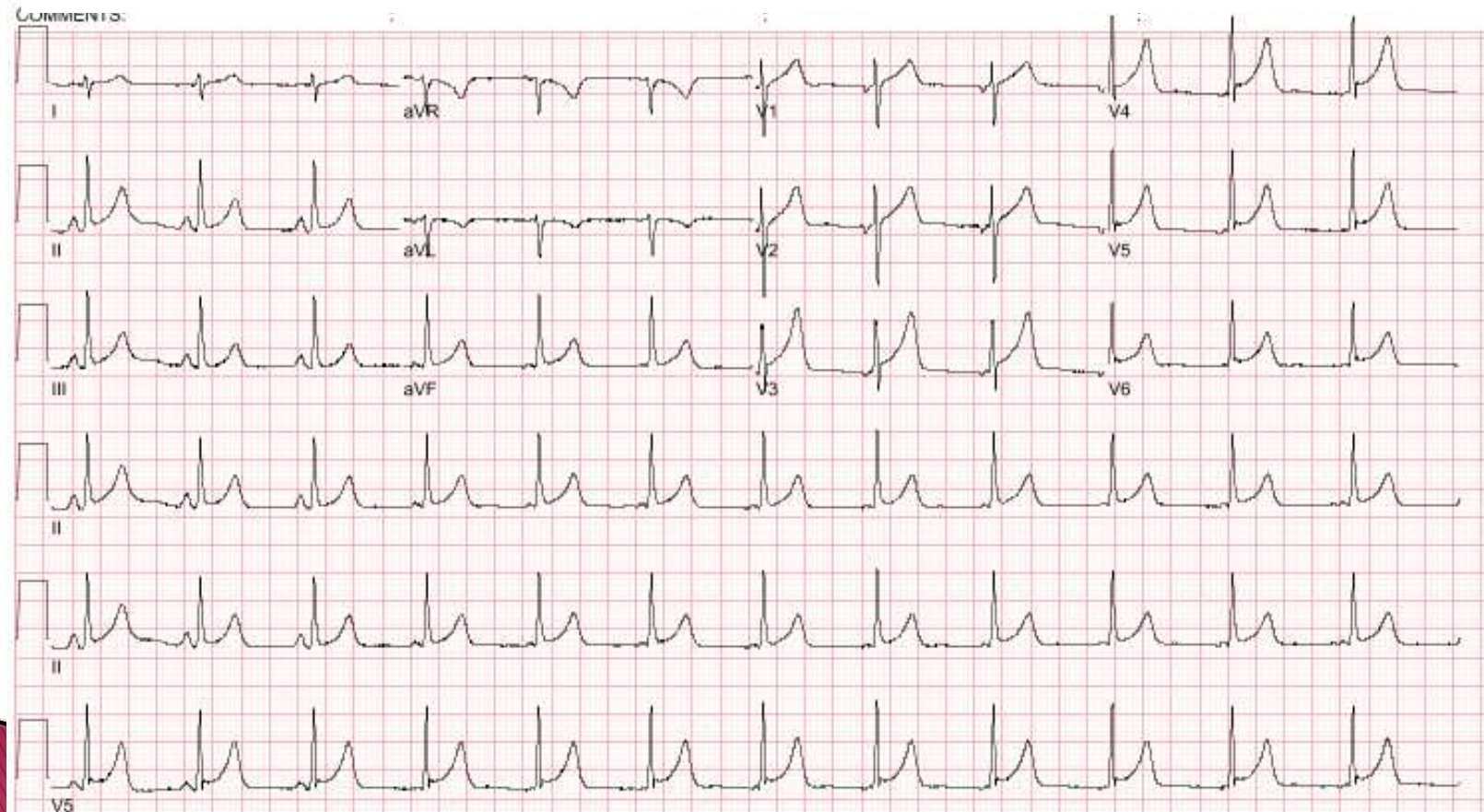
EKG # 13

Female Caucasian

Room: ICU14

Loc: 1

Vent. rate	73	BPM
PR interval	80	ms
QRS duration	66	ms
QT/QTc	370/407	ms
P-R-T axes	85 92	74



EKG # 13 Answer

Female Caucasian

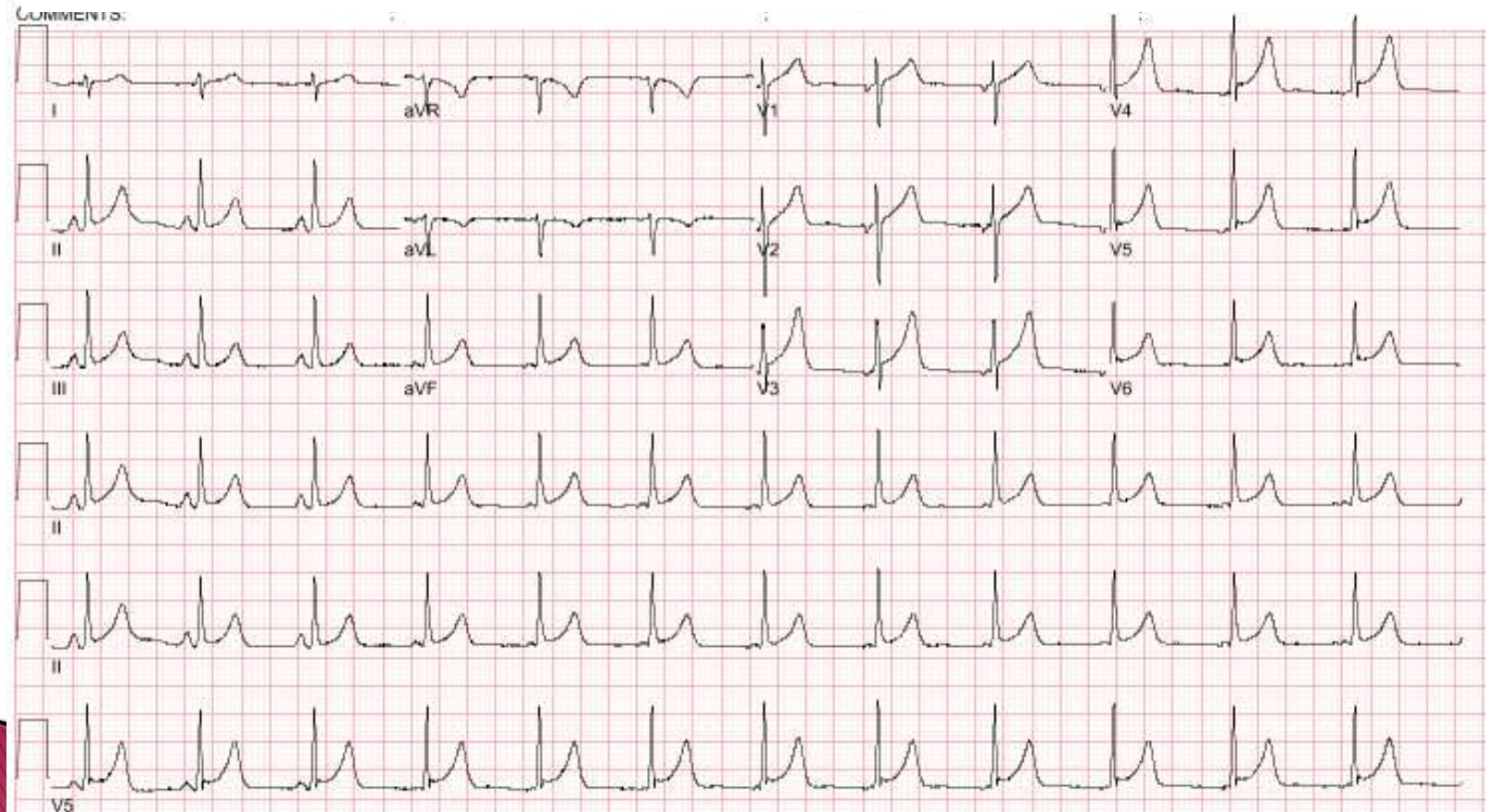
Room: ICU14

Loc: 1

Vent. rate
PR interval
QRS duration
QT/QTc
P-R-T axes

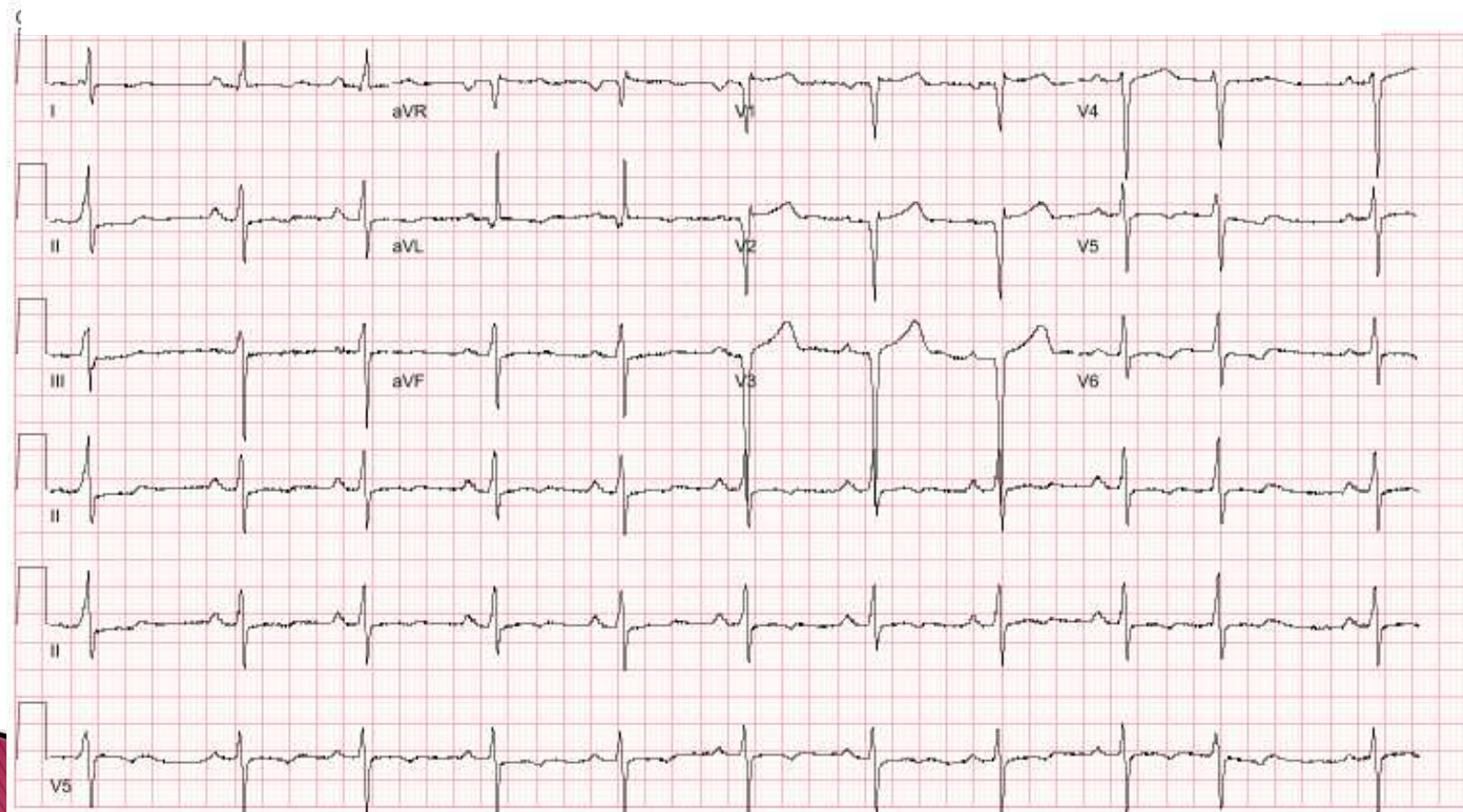
73 BPM
80 ms
66 ms
370/407 ms
85 92 74

Sinus rhythm with short PR
Rightward axis
Consider Pericarditis
When compared with ECG of 09-OCT-1992 11:17,
Diffuse ST elevation is noted



EKG #14

Male	Caucasian	Vent. rate	64	BPM
		PR interval	200	ms
		QRS duration	104	ms
Room: G		QT/QTc	462/476	ms
Loc: 63		P-R-T axes	42 -34	67

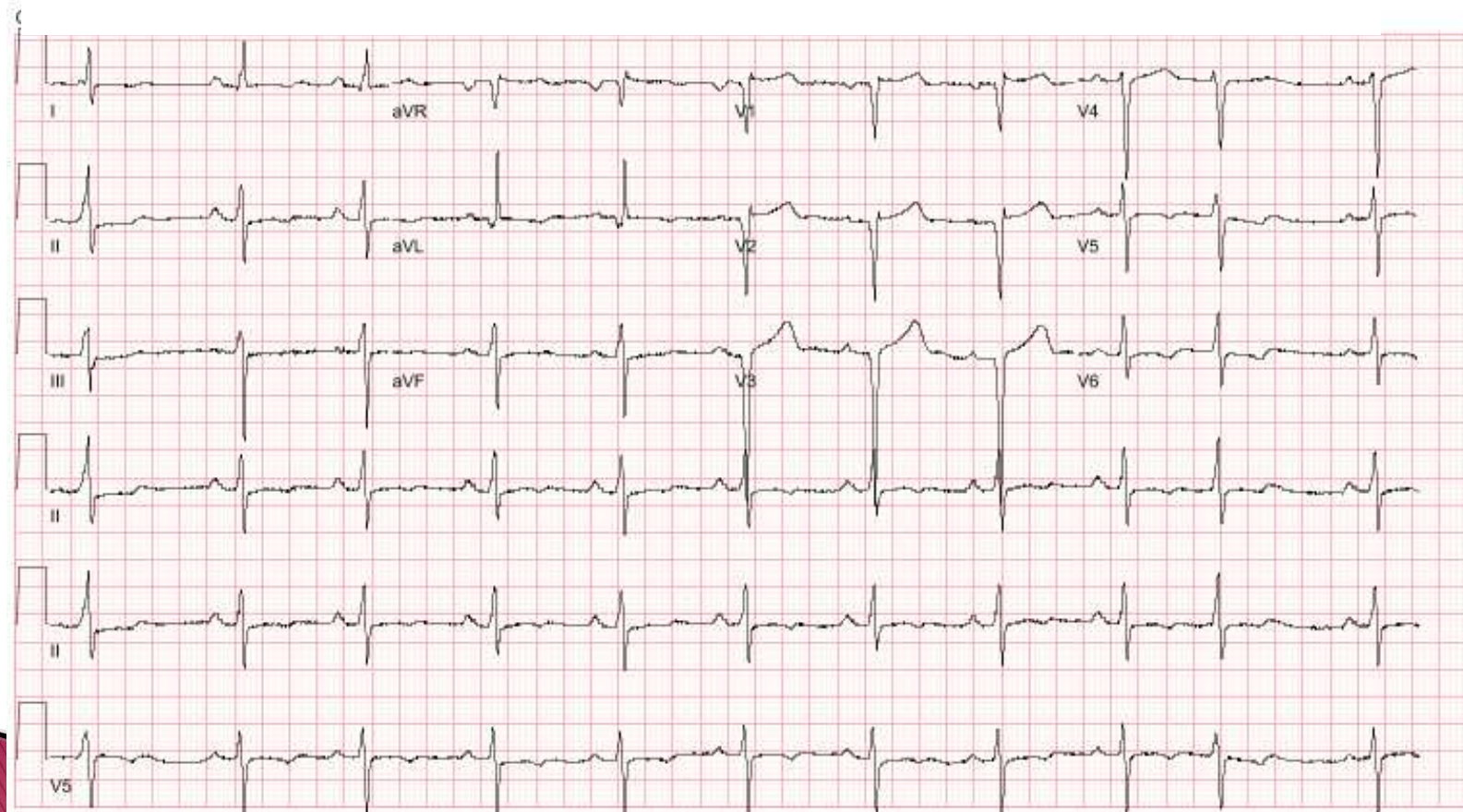


EKG #14 Answer

(
Male Caucasian
Room: G
Loc: 63

Vent. rate 64 BPM
PR interval 200 ms
QRS duration 104 ms
QT/QTc 462/476 ms
P-R-T axes 42 -34 67

Sinus rhythm with Premature supraventricular complexes
Left axis deviation
Incomplete right bundle branch block
Anteroseptal infarct (cited on or before 30-JUN-2003)
ST & T wave abnormality, consider lateral ischemia
Abnormal ECG

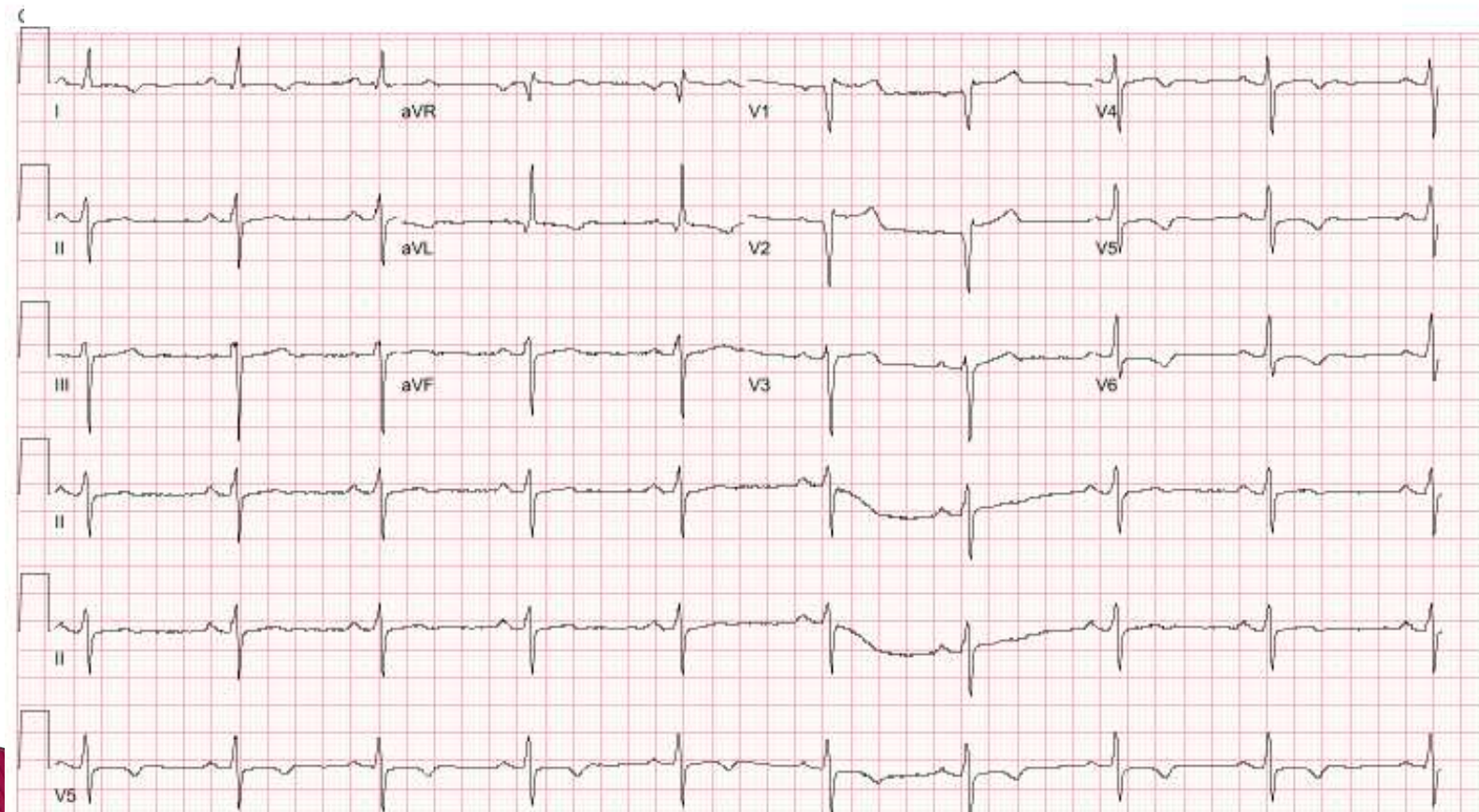


EKG #15

Male Caucasian

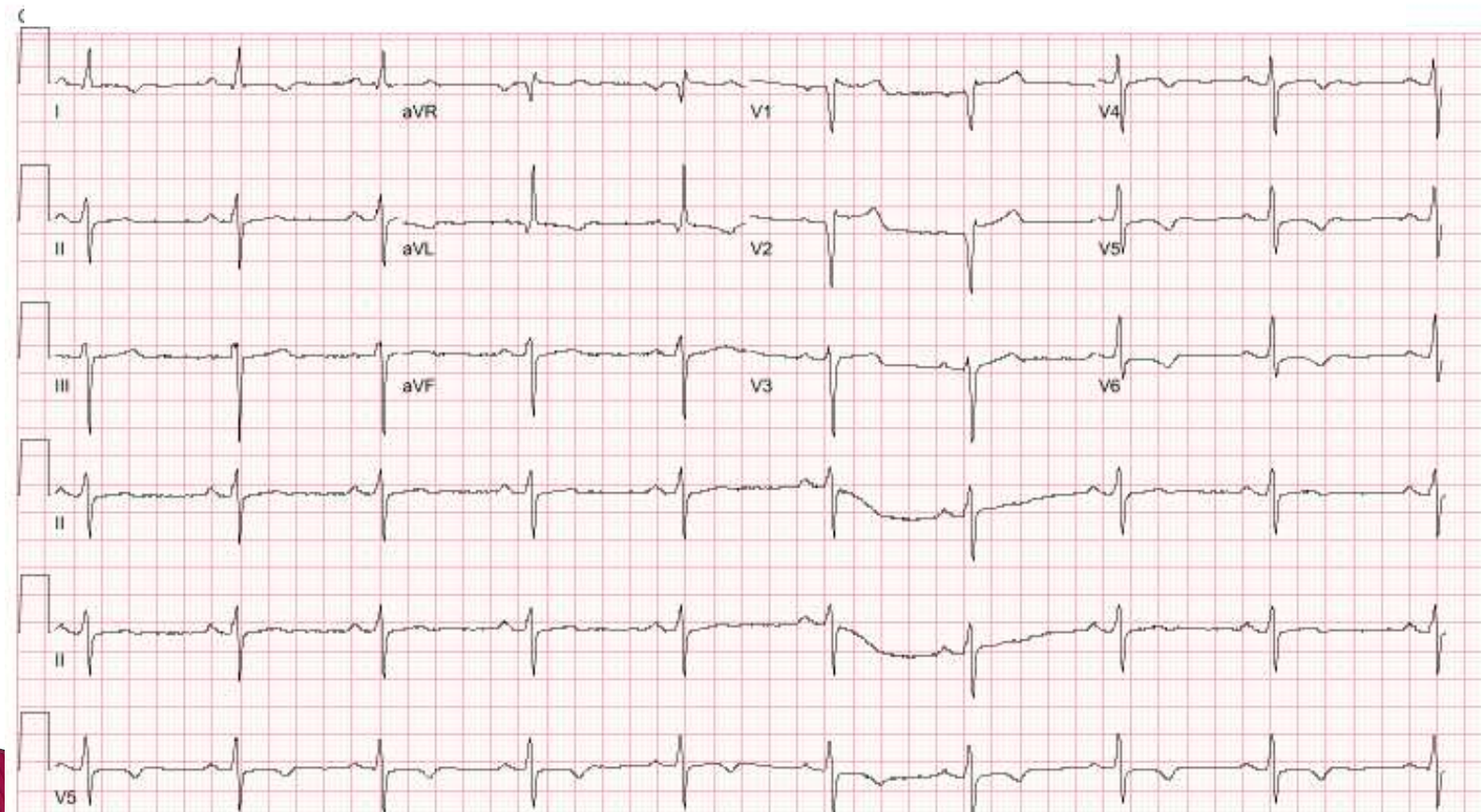
Room:
Loc:63

Vent. rate	55	BPM
PR interval	192	ms
QRS duration	96	ms
QT/QTc	468/447	ms
P-R-T axes	53 -58	138



EKG #15 Answer

Male	Caucasian	Vent. rate	55	BPM	Sinus bradycardia
		PR interval	192	ms	Left anterior fascicular block
Room:		QRS duration	96	ms	Minimal voltage criteria for LVH, may be normal variant
Loc:63		QT/QTc	468/447	ms	Septal infarct, age undetermined
		P-R-T axes	53 -58	138	ST & T wave abnormality, consider lateral ischemia
					Abnormal ECG

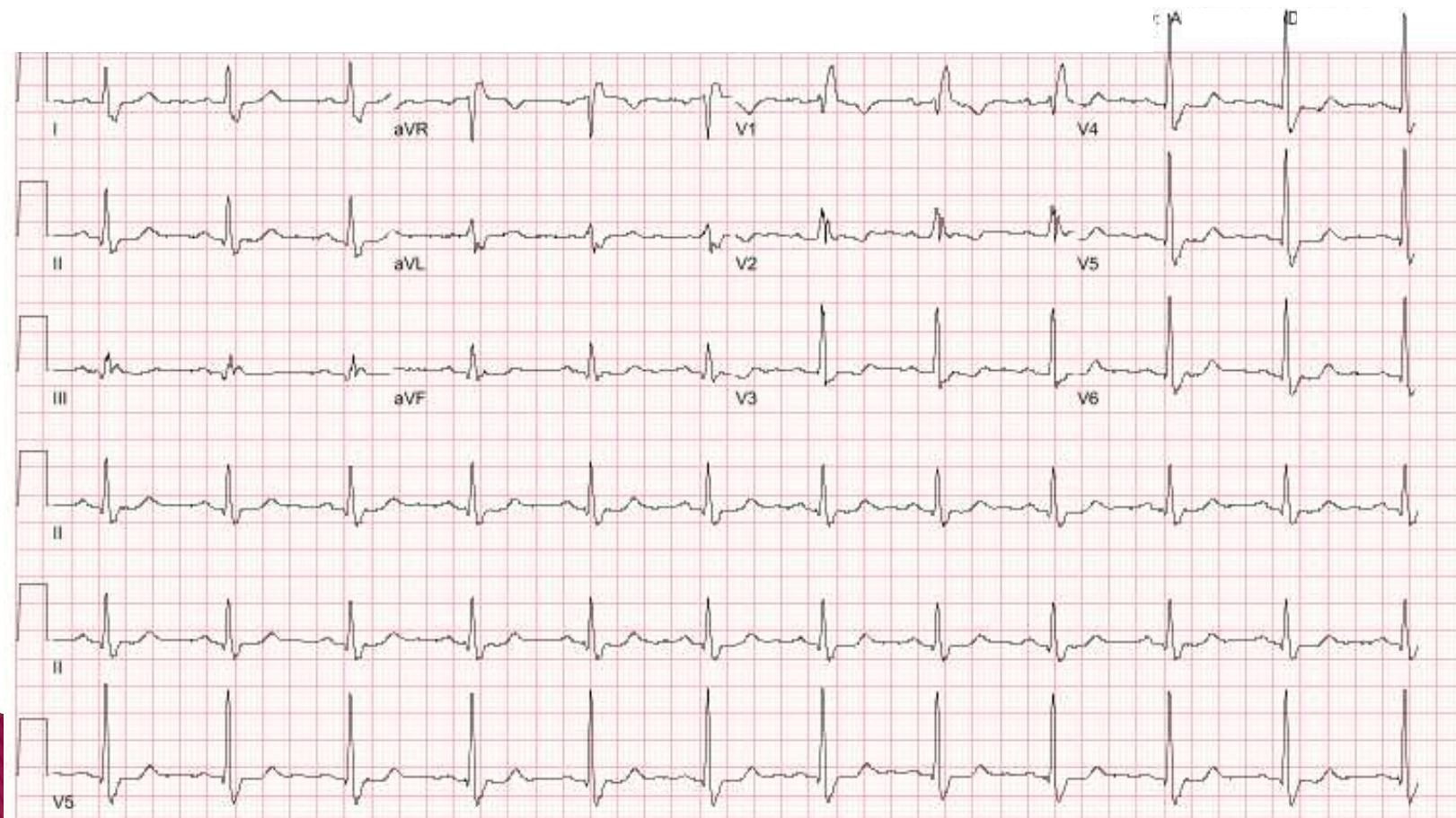


EKG #16

68 yr
Male Caucasian

Room:
Loc:99

Vent. rate	69	BPM
PR interval	182	ms
QRS duration	150	ms
QT/QTc	440/471	ms
P-R-T axes	59 55 34	

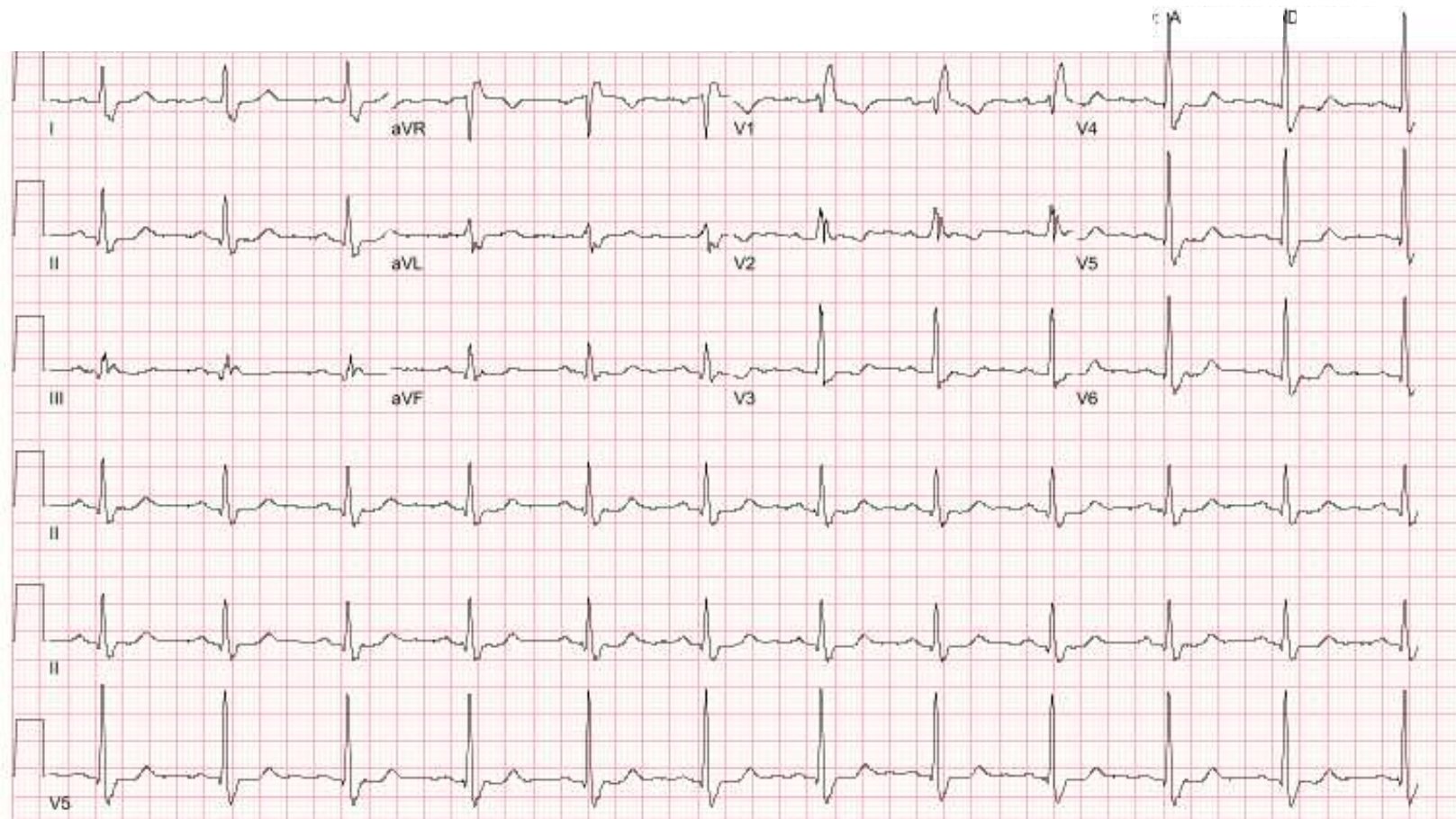


EKG #16 Answer

68 yr
Male Caucasian
Room:
Loc:99

Vent. rate 69 BPM
PR interval 182 ms
QRS duration 150 ms
QT/QTc 440/471 ms
P-R-T axes 59 55 34

Normal sinus rhythm
Right bundle branch block
Abnormal ECG
No change From 2/14/97

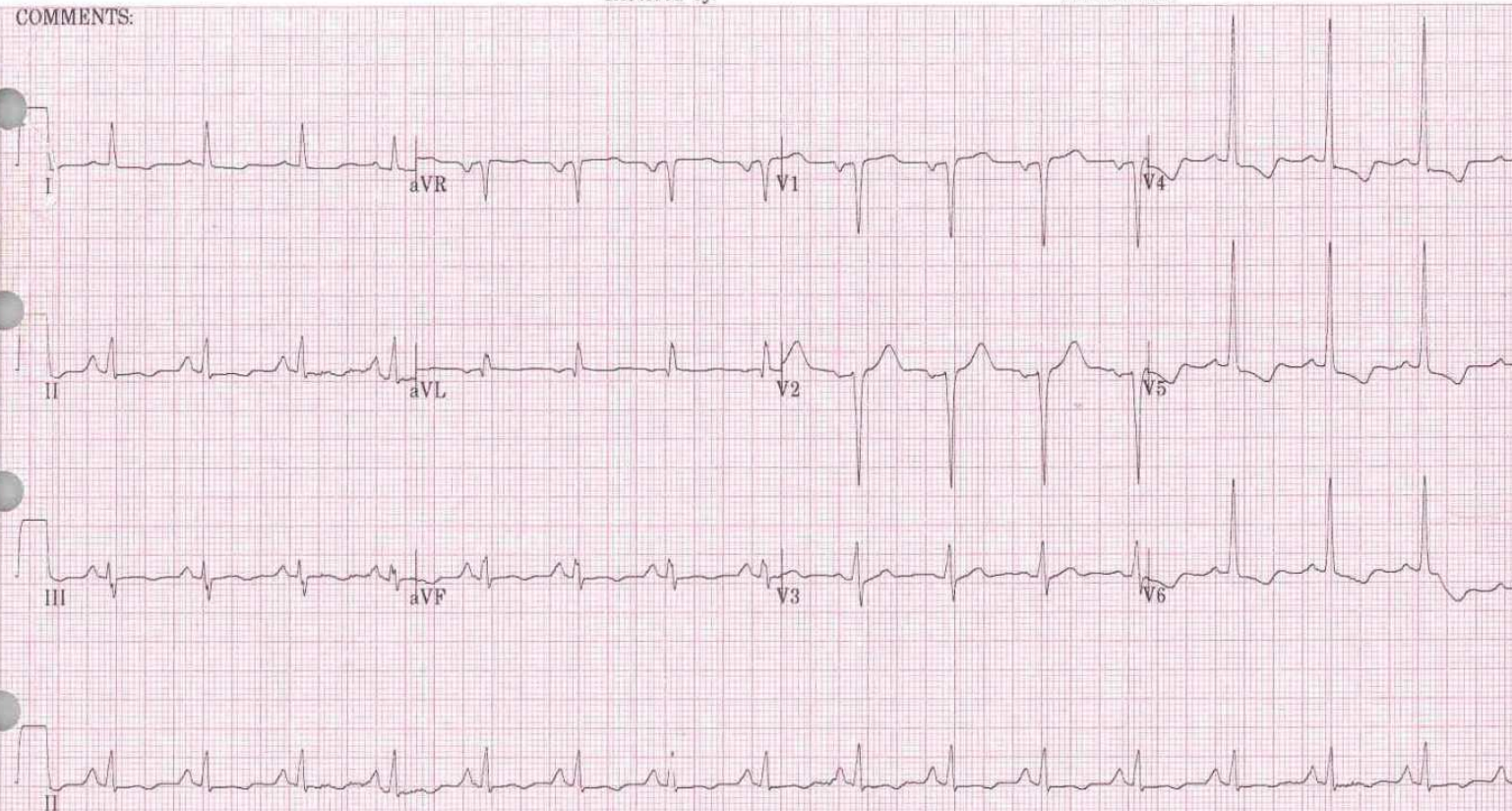


EKG #17

53years
Male Black
Room: CV-8

Vent. rate 94 bpm
PR interval 154 ms
QRS duration 90 ms
QT/QTc 380/475 ms
P-R-T axes 74 20 180

COMMENTS:



40 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm ld

MAC55 009A

12SL™ v237

Premium

GE Medical Systems

EKG #17 Answer

53years
Male Black
Room: CV-8

Vent. rate 94 bpm
PR interval 154 ms
QRS duration 90 ms
QT/QTc 380/475 ms
P-R-T axes 74 20 180

Normal sinus rhythm
Biatrial enlargement
Left ventricular hypertrophy with repolarization abnormality
Abnormal ECG

COMMENTS:

