

# The Six Second ECG: Quick Steps

1. **Too fast? Too slow?** ...check the patient for signs and symptoms of low cardiac output.
2. **Is the QRS narrow** (supraventricular rhythm) or **wide** (ventricular rhythm)? \*
3. **Check the P waves.** Check shape and relationship with the QRS (1:1).

In lead II,

**Upright symmetrical P wave = SA origin**

**Peaked, Notched or Biphasic P wave = Atrial origin**

**Inverted or absent P wave = Junctional origin**

4. **Is the rhythm irregular or completely chaotic\*\*?** If irregular, hunt for normal first. Then, systematically identify abnormal items.

## AV Blocks

**1<sup>st</sup> Degree AV Block:** long PR Interval Long (>.20 seconds)

**2<sup>nd</sup> Degree AV Block Type 1:** Lonely Ps with repeat cycles of progressive lengthening of the PR interval

**2<sup>nd</sup> Degree AV Block Type II:** Lonely Ps with a fixed PR interval

**3<sup>rd</sup> Degree AV Block:** Regular rhythm with a chaotic PR interval

\*note that wide QRS complexes consistently preceded by P waves likely form a supraventricular rhythm with aberrant ventricular conduction i.e. bundle branch block

\*\* **If the rhythm is chaotic, think fibrillation.** A chaotic rhythm without recognizable QRS complexes is likely a ventricular fibrillation or artifact while a chaotic rhythm with recognizable QRS complexes is likely atrial fibrillation

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