

# EKG Interpretation Cheat Sheet

## Client & Physician Details

Client Name:

Date of Birth:

EKG Date:

Physician Name:

Specialty:

Contact:

## Basic EKG Interpretation

Heart Rate:

Normal: 60-100 bpm	Bradycardia: <60 bpm	Tachycardia: >100 bpm
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Rhythm:

Regular	Irregular	Sinus	Atrial Fibrillation	Others
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P Wave:

Presence	Absence	Morphology
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PR Interval:

Normal: 0.12-0.20 sec
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QRS Complex:

Normal: <0.12 sec	Wide: >0.12 sec
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QT Interval:

Normal: <0.44 sec
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T Wave:

Normal	Inverted	Peaked
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### ST Segment:

Elevation	Depression	Normal
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### Arrhythmias

#### Sinus Bradycardia:

HR <60 bpm	Regular	Normal P wave
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#### Sinus Tachycardia:

HR >100 bpm	Regular	Normal P wave
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#### Atrial Fibrillation:

Irregularly irregular	No distinct P waves
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#### Ventricular Tachycardia:

Wide QRS, >100 bpm
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### Ischemia & Infarction

#### ST Elevation:

Indicates STEMI
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#### ST Depression:

Possible ischemia
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#### T Wave Inversion:

Ischemia or infarction
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## Conduction Blocks

### 1st Degree AV Block:

Prolonged PR interval  $>0.20$  sec

### 2nd Degree AV Block:

Type I (Wenckebach)

Type II

### 3rd Degree AV Block:

Complete dissociation between P and QRS

## Hypertrophy

### Left Ventricular Hypertrophy:

Tall R in V5-V6, Deep S in V1-V2

### Right Ventricular Hypertrophy:

Tall R in V1-V2

## Electrolyte Disturbances

### Hyperkalemia:

Peaked T waves

### Hypokalemia:

Flat T waves, Prominent U waves

## Quick Reference

<b>Rate Calculation:</b>	Count QRS in 6 sec strip x 10
<b>Rhythm Analysis:</b>	Check regularity of R-R intervals
<b>Axis Determination:</b>	Look at leads I and AVF

### Notes:

- This cheat sheet is a quick reference guide.
- Always correlate EKG findings with clinical context.
- Consult with a cardiologist for complex cases.

**Physician's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_