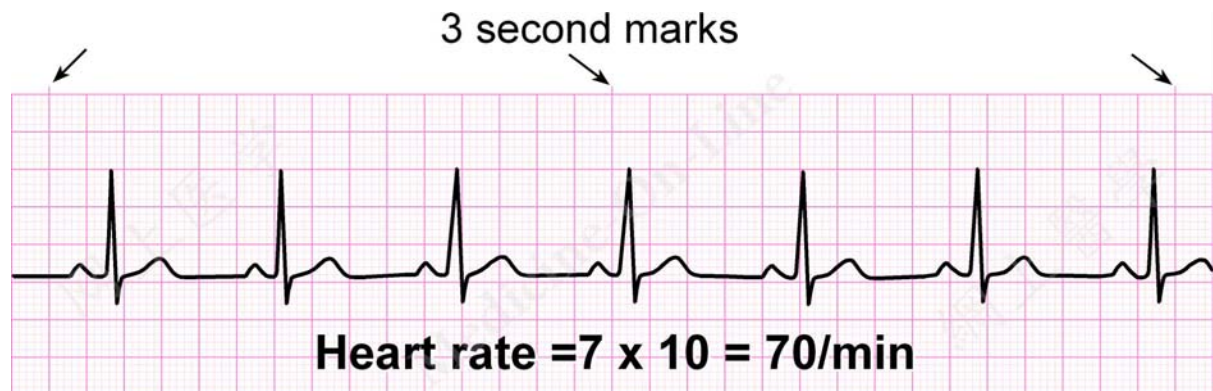


A third method applies to single-lead rhythm strips printed from ECG monitors in critical care areas:



These rhythm strips have 3-second marks and heart rate is a matter of multiplying the number of QRS complexes in a 6-second period by 10. For very slow heart rates in which there are few QRS complexes in a 6-second interval, accuracy can be improved by multiplying the number of QRS complexes in a 12-second period by 5.

Rhythm

Normal cardiac rhythm arises from the SA node (sinus rhythm) but pacemaker impulses can come from ectopic foci in the atria, the AV junction, and the ventricles under abnormal conditions. When an ectopic impulse occurs singly, it generates a beat; when the beat repeats itself, it becomes a rhythm. In addition, ectopic impulses can arise through an escape mechanism or through prematurely. Each of these terms is explained in the sections that follow.

Sinus Rhythm

Sinus rhythm implies that the SA node is the pacemaker and normal sinus rhythm (NSR) is simply sinus rhythm with heart rate in the normal range of 60 – 100 beats/min. The P waves in sinus rhythm have normal axis and are positive in lead II and negative in lead aVR. The QRS width in sinus rhythm is normal because the ventricles are activated rapidly by

