Researchers have proven that working with evil or stupid people causes heart disease.

Ha ha! I wonder if the amount of stupidiousness makes a difference.

Your witty banter stinks today.
- Inferior Infarct
- Sinus Rhythm, 2:1 conduction
- 1st degree AV block
- 100% mid Cx
• Sinus Rhythm
• Right Ventricular Pacing
Pacing axis

- Biventricular pacing
- Right superior quadrant axis
- RV apical pacing
- Left (superior) axis
- LV pacing
- Normal axis
- RV outflow tract pacing
Same Patient...
<table>
<thead>
<tr>
<th>Room: 3S</th>
<th>Vent rate</th>
<th>PR interval</th>
<th>QRS duration</th>
<th>QT/QTc</th>
<th>P-R-T axes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loc: 2</td>
<td>129 BPM</td>
<td>126 ms</td>
<td>162 ms</td>
<td>352/515 ms</td>
<td>123 -64 103</td>
</tr>
</tbody>
</table>

Same Patient...

- Atrial Tachycardia
- LAD
- Inferior infarct, old
- RBBB
- Note inverted p waves in II
Same Patient...

What is going on here???
Same Patient...

- Atrial Tachycardia
- Right ventricular pacing
- Pacemaker Wenkebach/Upper rate behavior
- ...To be discussed later

What is going on here???
- Sinus rhythm
- LBBB with secondary T wave changes
- LAD
Same Patient...
Same Patient…

- Atrial Fibrillation
- Wide complex tachycardia
- Underlying LBBB vs VT?
Same Patient...
Same Patient...

- Regular Wide complex tachycardia
- Underlying LBBB vs VT?
VT vs SVT with aberrency

1. Triphasic morphology
   a. rsR' variant in V1
   b. qRs variant in V6
2. Initial deflection identical to normal beat (if RBBB)
3. Immediately preceding atrial activity
4. Second-in-the-row phenomenon
5. Alternating BBB patterns separated by single normal beat
6. Identical wide QRS pattern previously diagnosed as aberrency

Favors SVT with aberrency
Marriott

• AV dissociation
• Fusion/Capture beats
• QRS >0.14s
• Northwest Axis
• Precordial Concordance

Favors VT
Hurst
Arm lead reversal
• Atrial Fibrillation
• Ashman phenomena
• Inferior/Lateral t wave changes
• Sinus rhythm
• LVH
• Secondary ST-T changes
28-MAY-1992 14:33:00

VA MEDICAL CENTER, DAYTOI

18-OCT-1947 (44 yr)
Male Caucasian
Room: OPT
Loc: 13 Option: 5

Vent rate 62 BPM
PR interval 152 ms
QRS duration 104 ms
QT/QTc 392/398 ms
P-R-T axes -52 128 6
• Sinus vs ectopic atrial rhythm
• Left posterior fascicular block
Fascicular Blocks

QRS Duration <120ms

LAHB (LAFB)
*Severe LAD without explanation*
• Deep S waves in II, III, aVF
• Frontal Axis < -45 to -60 degrees
• Positive in I, Negative in aVF
• Not explained by LBBB, LVH, inferior infarct

LPHB (LPFB)
*Opposite of LAFB, Rare*
• Usually Right Axis deviation
• Negative in I, Positive in aVF
• Positive in II, III, aVF
• Not explained by RVH, anterolateral infarct

Schedit, S. Basic Electrocardiography. CIBA-GEIGY Pharmaceuticals, USA, p 49.
- Sinus rhythm
- Biatrial abnormality
• Sinus rhythm
• Right atrial abnormality
• Sinus rhythm
• Left anterior fascicular block
• Old anteroseptal infarct
• LVH (Cornell)
• Sinus rhythm
• RBBB with secondary T wave changes
- Atrial Fibrillation
- LAFB
- Ashman phenomena
- Long QTc
- Sinus rhythm (bradycardia)
- PAC's
- Anterolateral t wave changes
• Sinus rhythm
• SA exit block (Wenkebach 3:2)
- Sinus rhythm
- RBBB
- LAFB
- (Bifascicular block)
- LVH (aVL >=11mm)
What are these called?
• Sinus rhythm
• Frequent PVC’s
• Interpolated PVC’s
• LAFB

What are these called?
Atrial Fibrillation with WPW