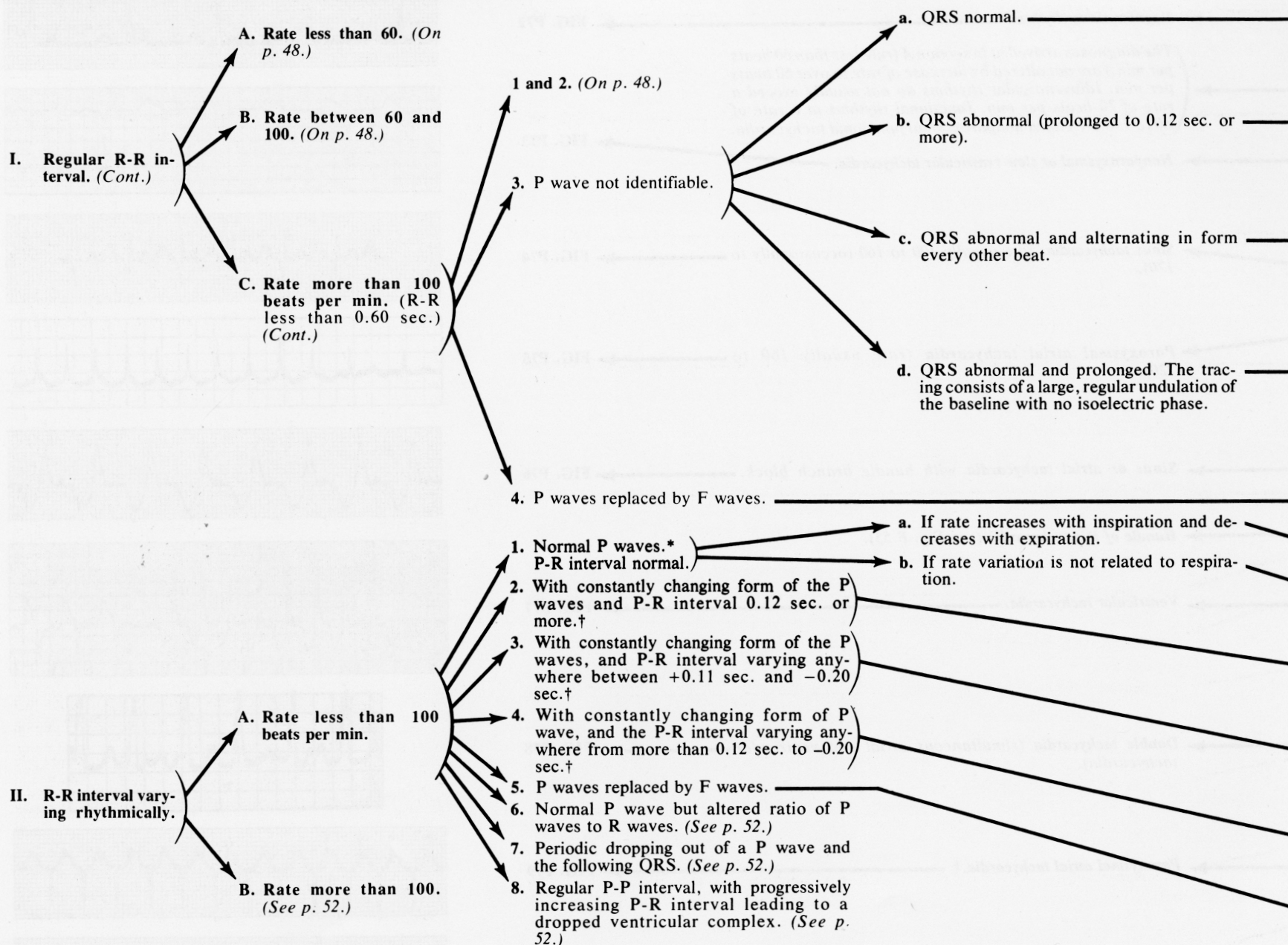


# ARRHYTHMIAS—DIAGNOSES BASED ON R-R INTERVAL (Cont.)



\*When, in addition, the QRS is prolonged to 0.12 sec. or more and the stated criteria for the diagnosis of bundle branch block are met, the diagnosis of this condition in addition to the arrhythmia may be made.

†More fully described and differentiated under heading "P-R Interval" (p. 42).

→ *Supraventricular tachycardia of unknown source.* → FIG. P81

→ *Supraventricular tachycardia with bundle branch block; or ventricular tachycardia.* → FIG. P82

→ *Bidirectional junctional tachycardia.* → FIG. P83

→ *Ventricular flutter.* → FIG. P84

→ *Atrial flutter.\** → FIG. P85

→ *Sinus arrhythmia (phasic).\** → FIG. P86

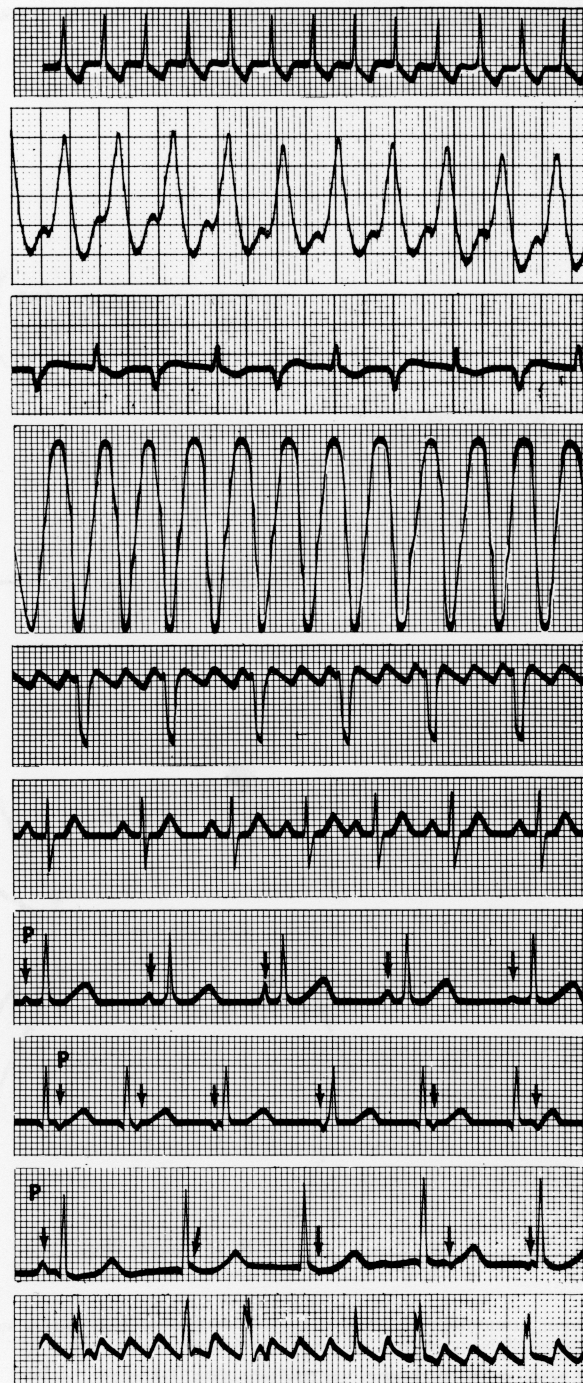
→ *Nonphasic sinus arrhythmia.\**

→ *Pacemaker wandering in the atria.\** → FIG. P87

→ *Shifting junctional pacemaker.\** → FIG. P88

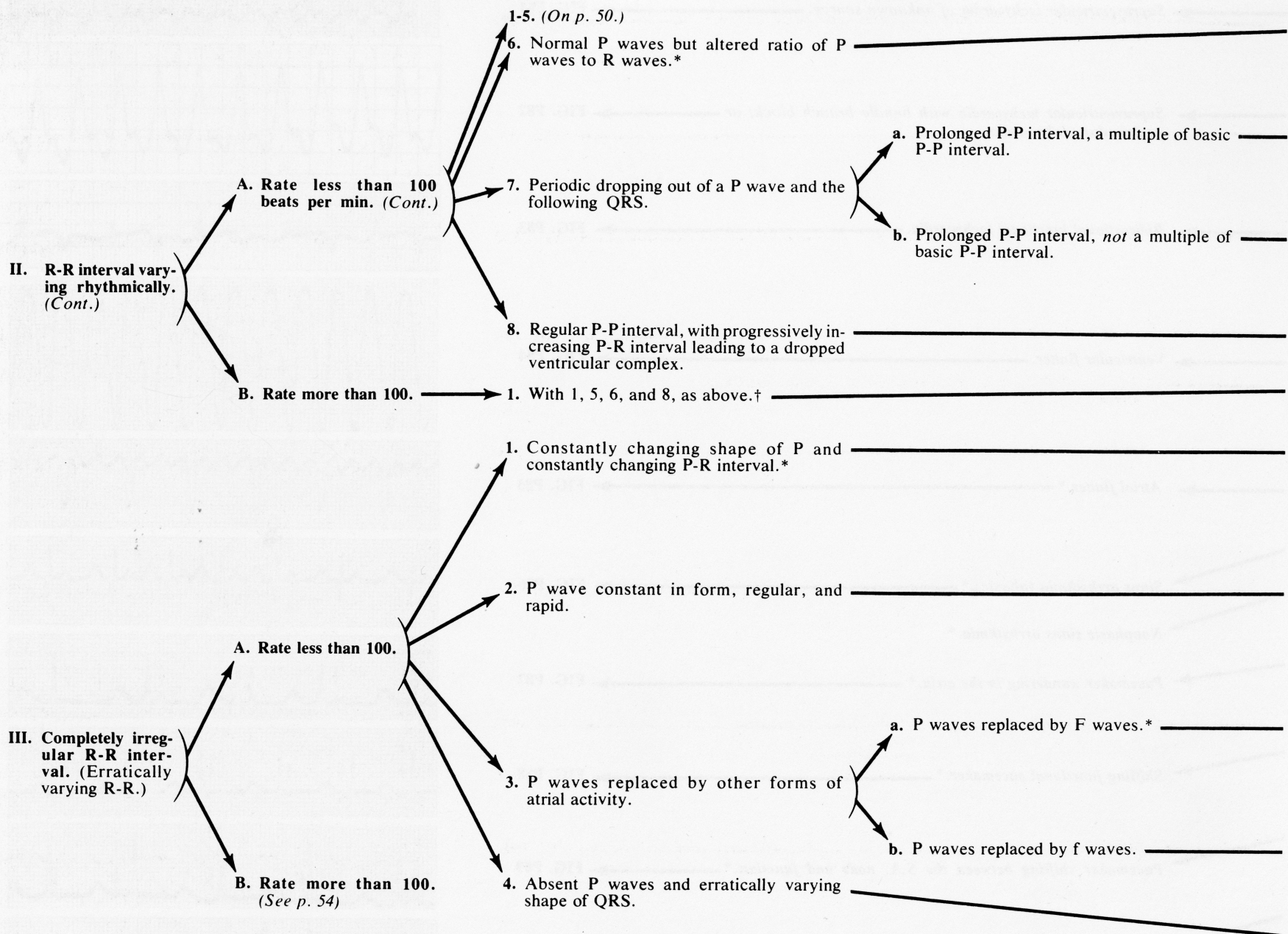
→ *Pacemaker shifting between the S.A. node and junction.\** → FIG. P89

→ *Atrial flutter with constantly varying block.\** → FIG. P90





# ARRHYTHMIAS—DIAGNOSES BASED ON R-R INTERVAL (Cont.)



\*When, in addition, the QRS is prolonged to 0.12 sec. or more and the stated criteria for the diagnosis of bundle branch block are met, the diagnosis of this condition in addition to the arrhythmia may be made.

†P waves may not be visible at very rapid rates. (See "P-P section," p. 38.)

→ *Sinus rhythm with intermittent 2 degree heart block (2:1, 4:1, etc.).\** → FIG. P91

→ *Intermittent S-A block.* → FIG. P92

→ *Intermittent or occasional sinus arrest.\** → FIG. P93

→ *Sinus rhythm with Wenckebach periods.\** → FIG. P94

→ *Additional diagnosis of tachycardia of a supraventricular origin.*

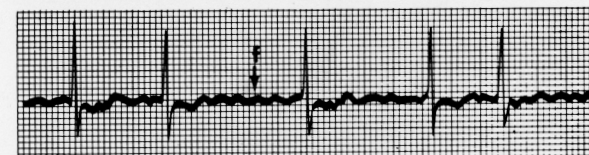
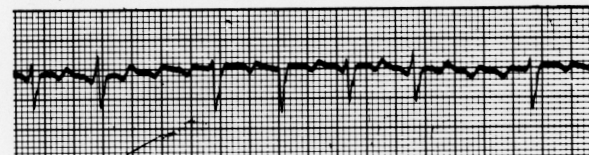
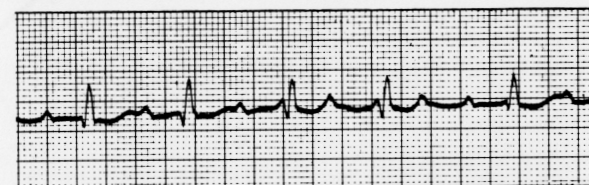
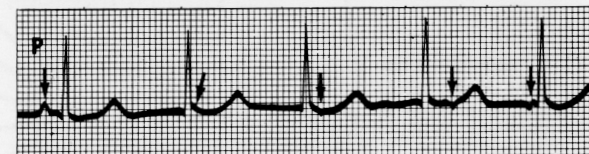
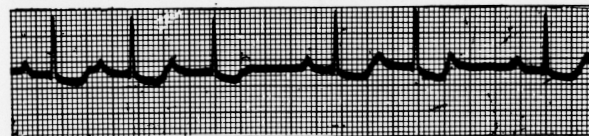
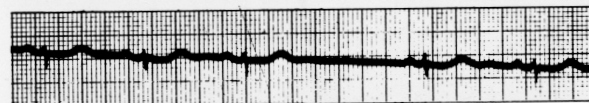
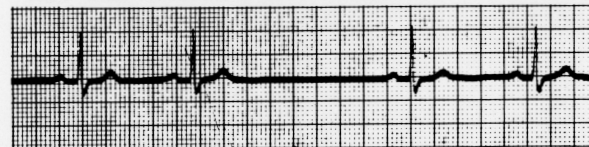
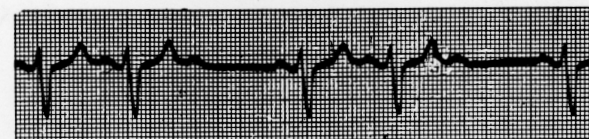
→ *Shifting pacemaker. (See p. 53.)* → FIG. P95

→ *Paroxysmal atrial tachycardia with irregular block.* → FIG. P96

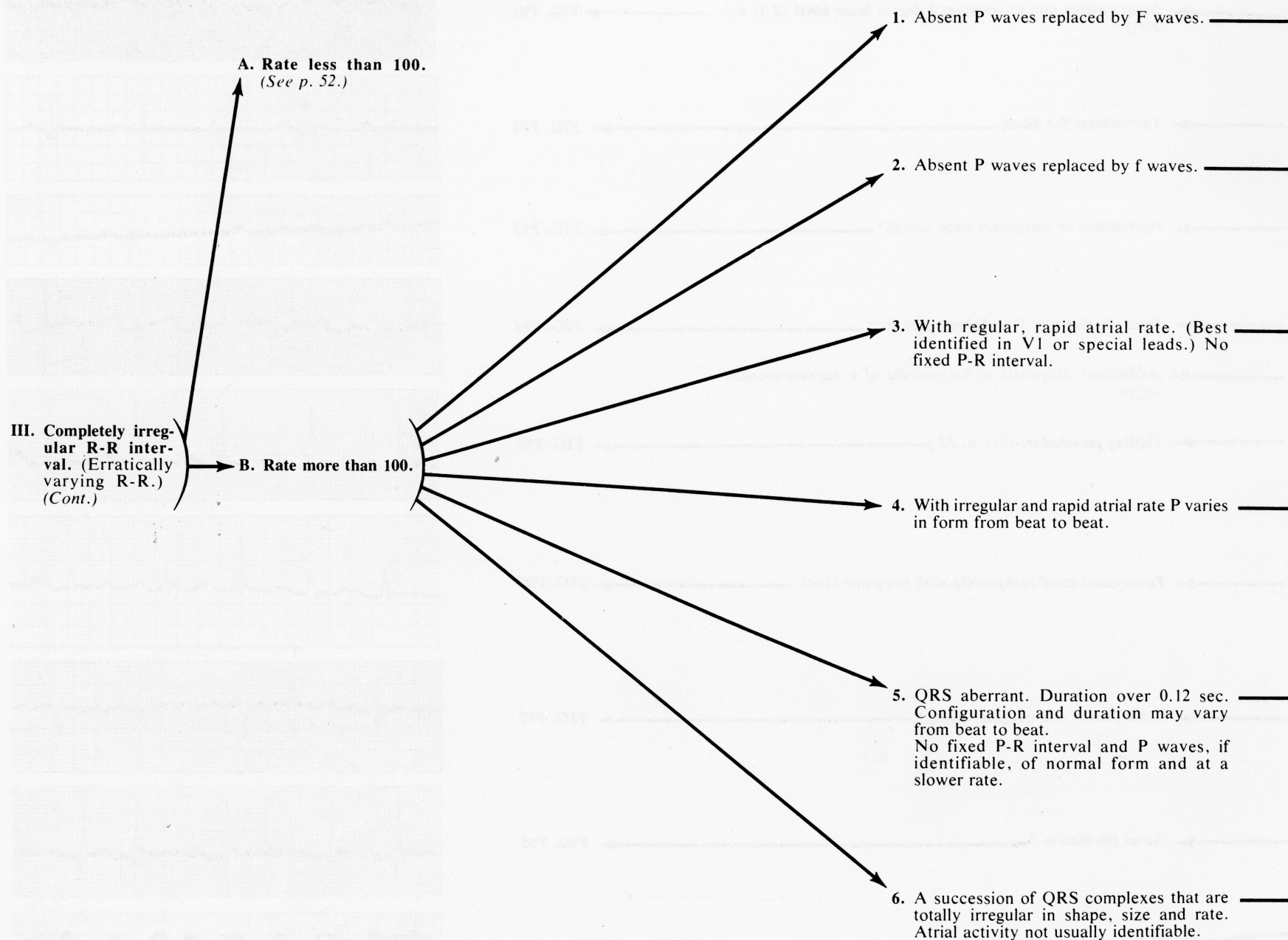
→ *Atrial flutter with irregular block.\** → FIG. P97

→ *Atrial fibrillation.\** → FIG. P98

→ *Chaotic action of the heart (dying heart).* → FIG. P99

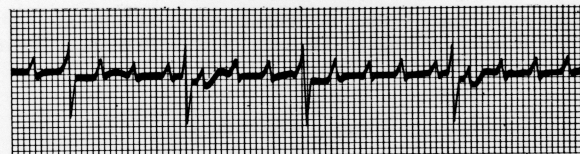




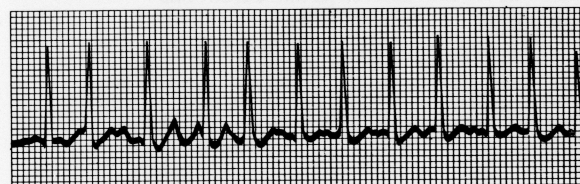


\*When, in addition, the QRS is prolonged to 0.12 sec. or more and the stated criteria for the diagnosis of bundle branch block are met, the diagnosis of this condition in addition to the arrhythmia may be made.

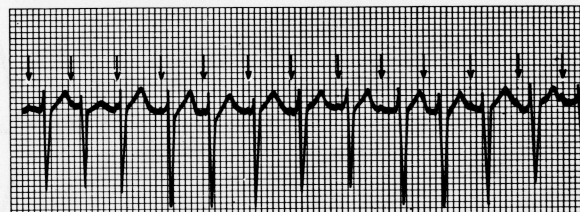
→ *Atrial flutter with irregular block.\** → FIG. P100



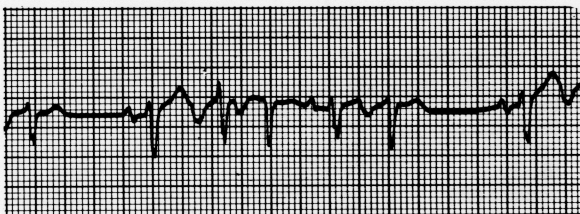
→ *Atrial fibrillation.\** → FIG. P101



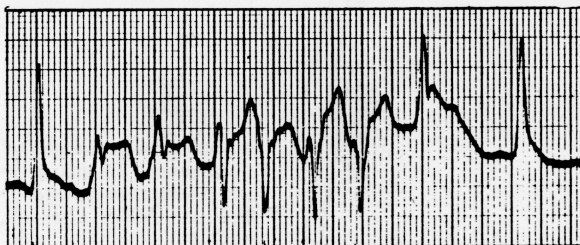
→ *Paroxysmal atrial tachycardia with irregular block.* → FIG. P102



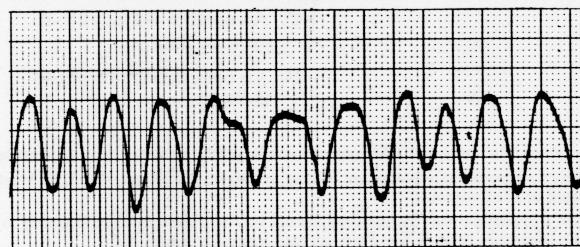
→ *Multifocal atrial tachycardia (chaotic atrial tachycardia).* → FIG. P103



→ *Numerous multifocal P.V.C.s—occasionally ventricular tachycardia with irregular ventricular rate.* → FIG. P104



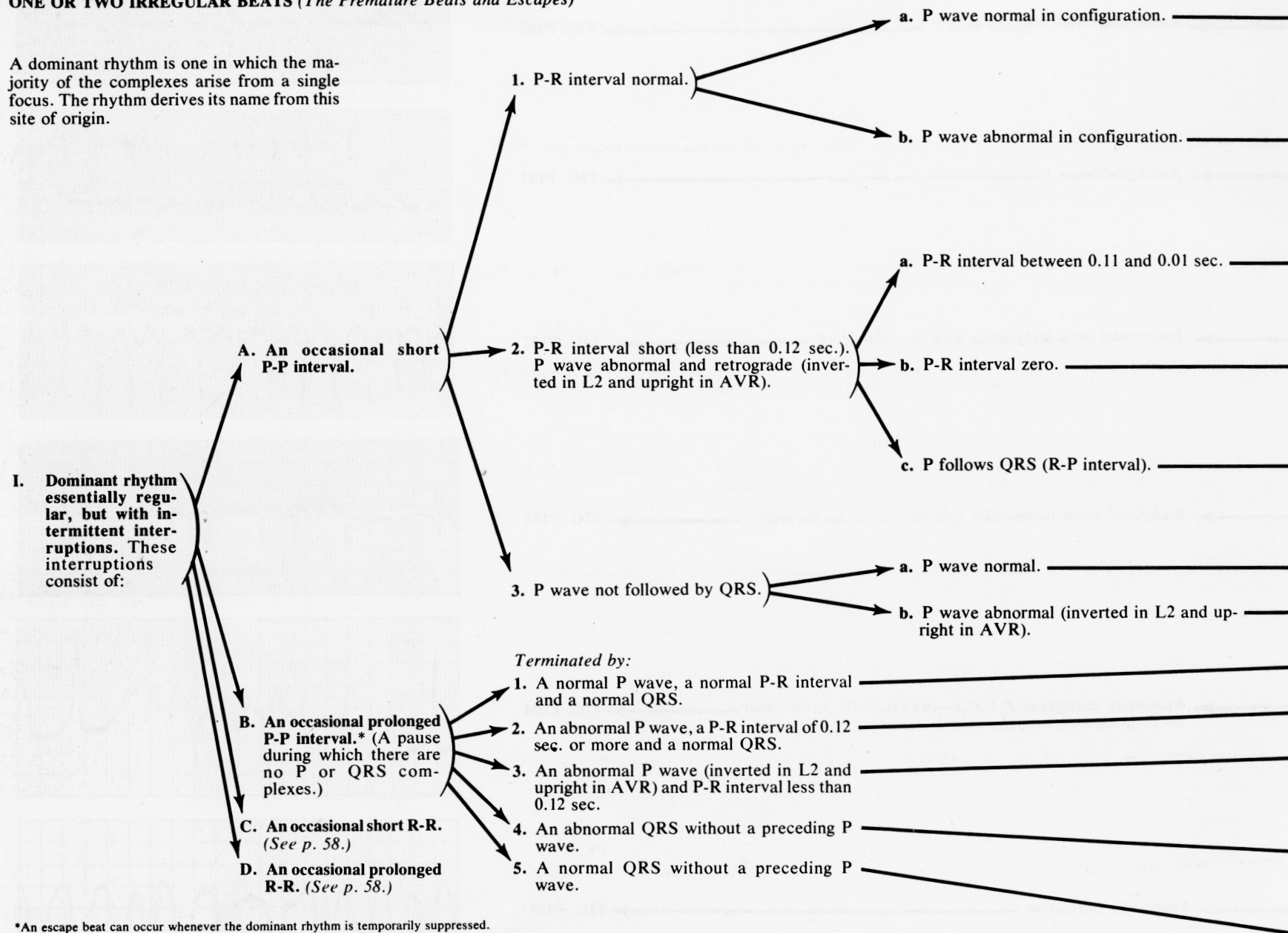
→ *Ventricular fibrillation.* → FIG. P105





# **ARRHYTHMIAS WITH ESSENTIALLY REGULAR DOMINANT RHYTHM INTERRUPTED BY ONE OR TWO IRREGULAR BEATS (*The Premature Beats and Escapes*)**

A dominant rhythm is one in which the majority of the complexes arise from a single focus. The rhythm derives its name from this site of origin.



\*An escape beat can occur whenever the dominant rhythm is temporarily suppressed.

†In any supraventricular premature beat arising above the bifurcation of the bundle of His, the QRS is usually normal but may be slightly or entirely aberrant or even absent.

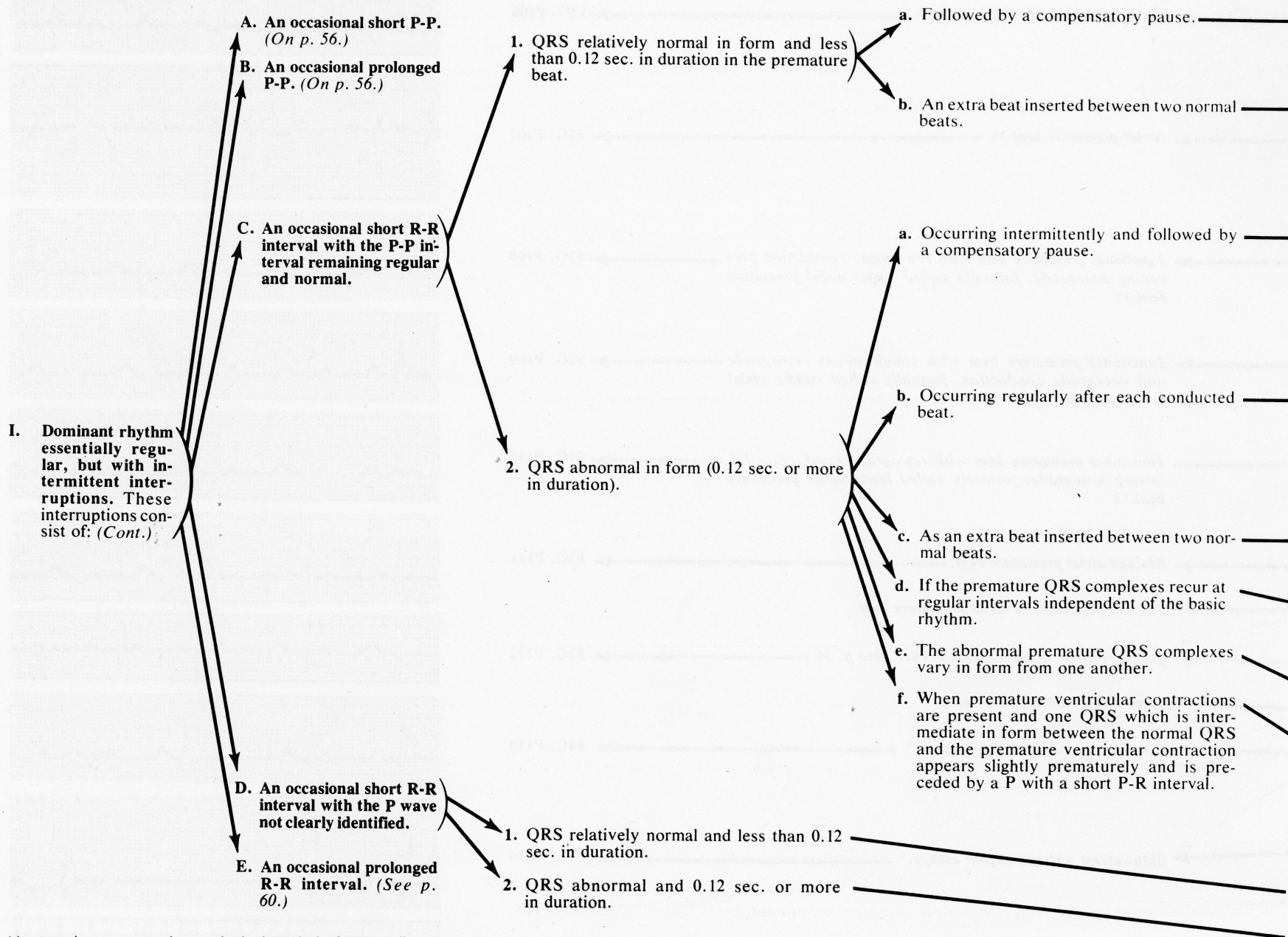
‡When a premature beat follows each normal beat at a fixed interval, bigeminy is present. When each premature beat follows every two normal beats or two premature beats follow every normal, trigeminy is present.

- *Atrial premature beat. ††* → FIG. P106
- *Atrial premature beat. ††* → FIG. P107
- *Junctional premature beat with retrograde conduction preceding antegrade, formally called upper nodal premature beat. ††* → FIG. P108
- *Junctional premature beat with simultaneous retrograde and antegrade conduction, formally called middle nodal premature beat. †* → FIG. P109
- *Junctional premature beat with retrograde conduction following antegrade, formerly called lower nodal premature beat. ††* → FIG. P110
- *Blocked atrial premature beat.* → FIG. P111
- *Blocked junctional or atrial premature beat.*
- *Sinus arrest or sinoatrial block. (See also p. 34.)* → FIG. P112
- *Sinus arrest with atrial escape.\**
- *Sinus arrest with junctional escape.\** → FIG. P113
- *Sinus arrest with ventricular escape.\** → FIG. P114
- *Junctional or His bundle escape with retrograde block.* → FIG. P115





**ARRHYTHMIAS WITH ESSENTIALLY REGULAR DOMINANT RHYTHM INTERRUPTED BY ONE OR TWO IRREGULAR BEATS (*The Premature Beats and Escapes*) (Cont.)**



\*An escape beat can occur whenever the dominant rhythm is temporarily suppressed.

\*When a premature beat follows each normal beat at a fixed interval, bigeminy is present. When each premature beat follows every two normal beats or two premature beats follow every normal, trigeminy is present.

→ *Bundle of His premature beat.* → FIG. P116

→ *Interpolated junctional premature beat.* → FIG. P117

→ *Ventricular premature contraction.* → FIG. P118

→ *Ventricular bigeminy.* → FIG. P119

→ *Interpolated ventricular premature beat.* → FIG. P120

→ *Ventricular parasystole.* → FIG. P121

→ *Multifocal premature ventricular contractions.* → FIG. P122

→ *Fusion beat.* → FIG. P123

→ *Supraventricular premature beat, atrial or junctional in origin.*

→ *Supraventricular premature beat with aberrant conduction or premature ventricular contractions.*

