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STEPS TO INTERPRET 12 LEAD ECG’s

CONFIRM
1. Calibration Mark is present
2. QRS Upright in Lead 1
   Negative in AVR
3. Supraventricular Rhythm
4. QRS less than .12 seconds (120 ms)

THEN
5. Evaluate ST Segment

ECG CHANGES TO EVALUATE
Must be in 2 related leads

ST Elevation –
   Acute Injury

ST Depression
T Wave Inversion –
   Ischemia
   (Normal in AVR)

Pathologic Q –
   Necrotic area
   (Old MI)

(Q wave is only present if the first deflection after the P is negative). Pathological= ↑ .04 mm wide
   or
   ↑ 1/5 height of QRS

Watch for Mimics –
   - Left Bundle Branch Block
   - Wide QRS Complex (Pacer, Vent Rhythm, etc.)
   - Left Vent. Hypertrophy
   - Early repolarization
   - Pericarditis
   - Old MI (Pathological Q)

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