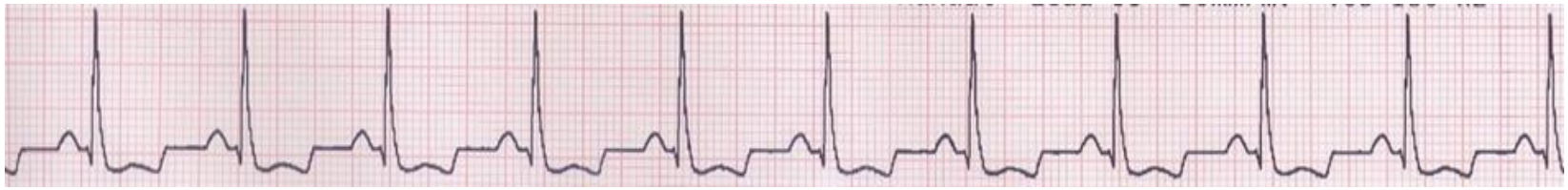
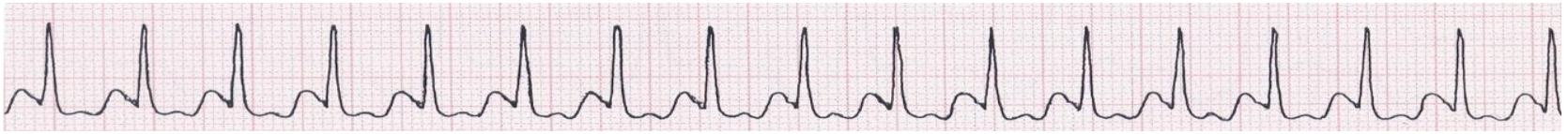

ACLS
ECG Demo
Pleth 10
40
臨床筆記

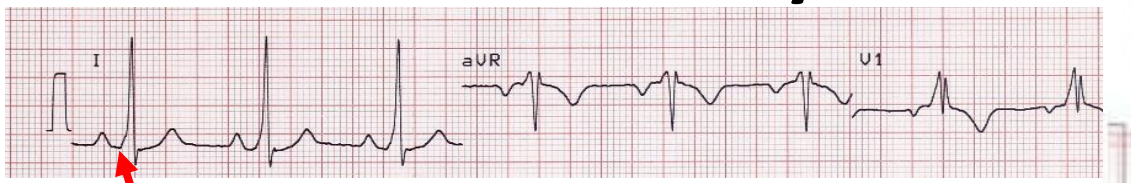
NSR (Normal Sinus Rhythm)



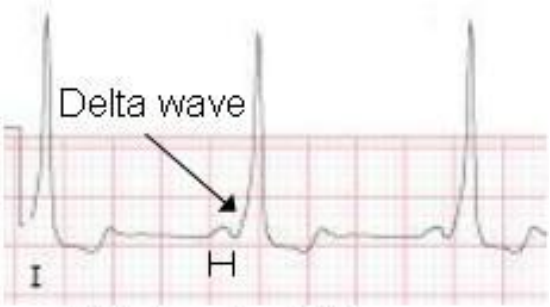
Sinus Tachycardia)



WPW Syndrome



Delta Wave



PR interval < 120 ms

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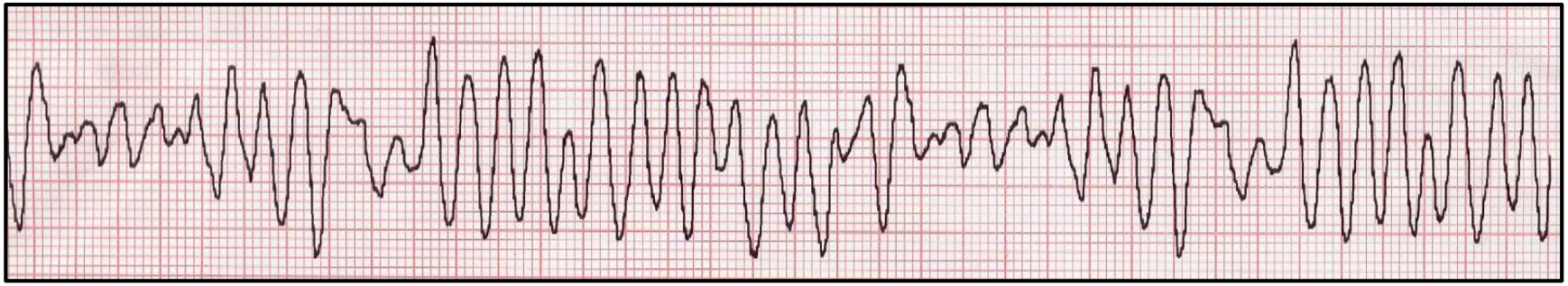
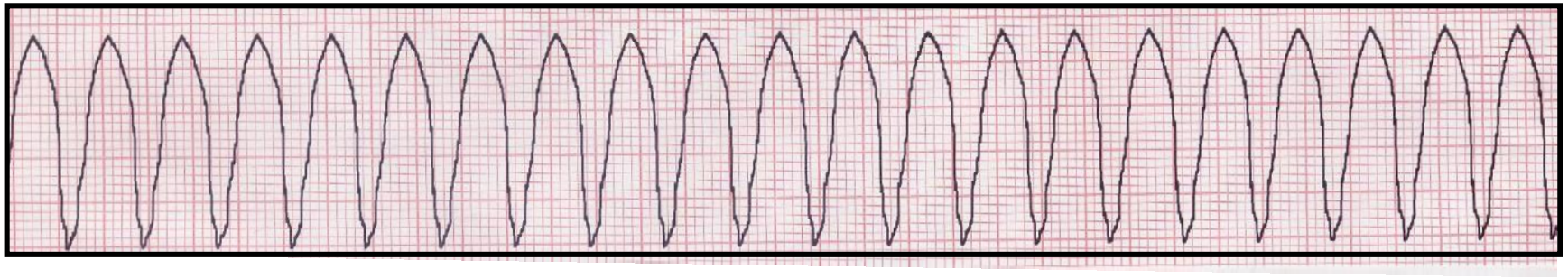
VF (Ventricular Fibrillation)



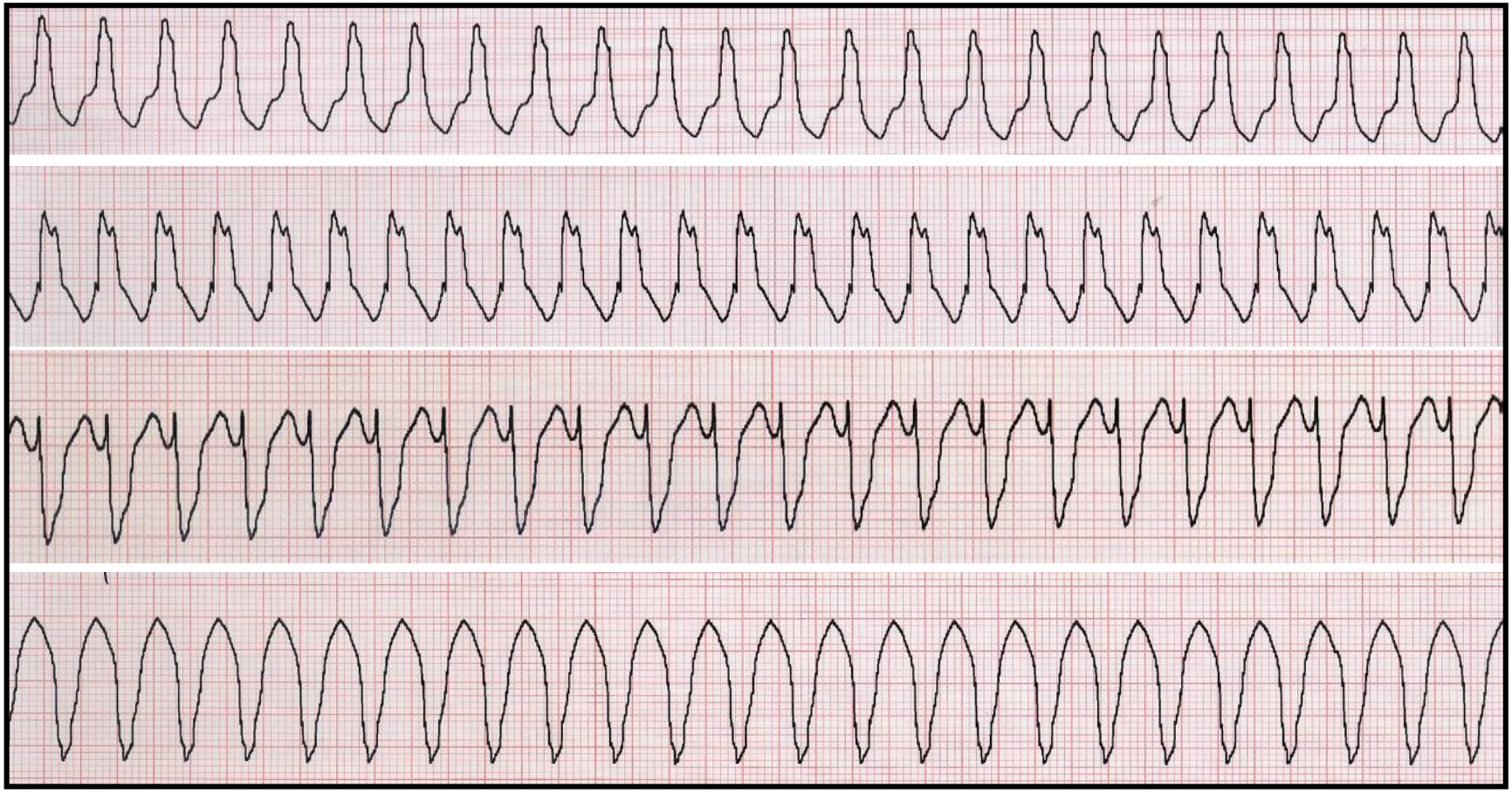
Ventricular Tachycardia (VT)



Pulseless VT: pVT

去顫電擊→CPR→IV route → Epi →電擊→Endo→Amiodarone 300 mg IVP

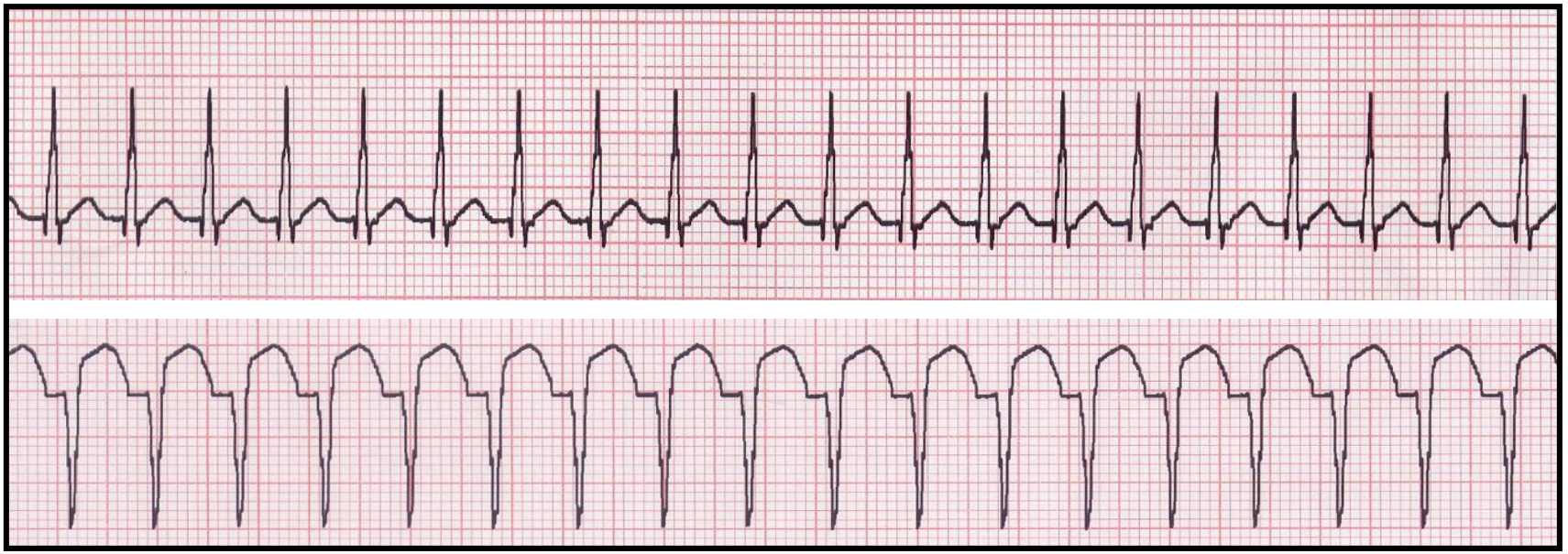
Ventricular Tachycardia (VT)



Pulse VT:
Stable Vital signs: Amiodarone 150 mg IV slow push over 10 min

Unstable Vital signs: 同步電擊 100 Joules→ Amiodarone 150 mg IV

PSVT: Paroxysmal Supra-Ventricular Tachycardia



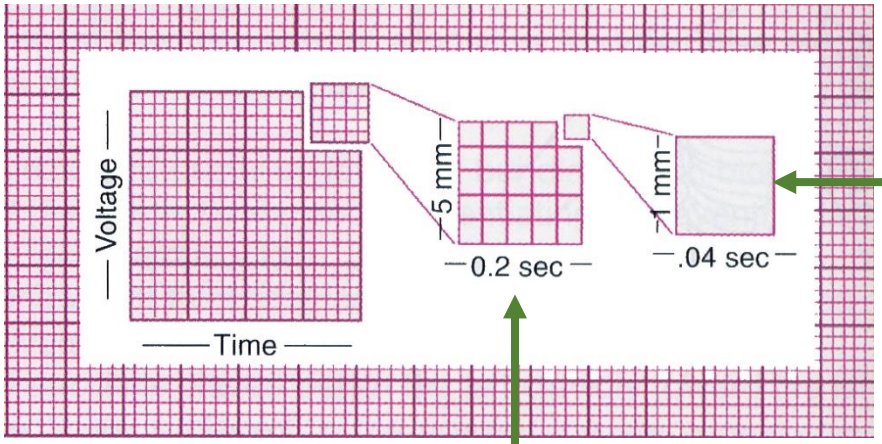
Stable Vital Signs:

Carotid Message→ Adenosine (6, 12, 12mg) IVP → Verapmil (2.5mg→ 5mg) IV slow

Unstable Vital signs:

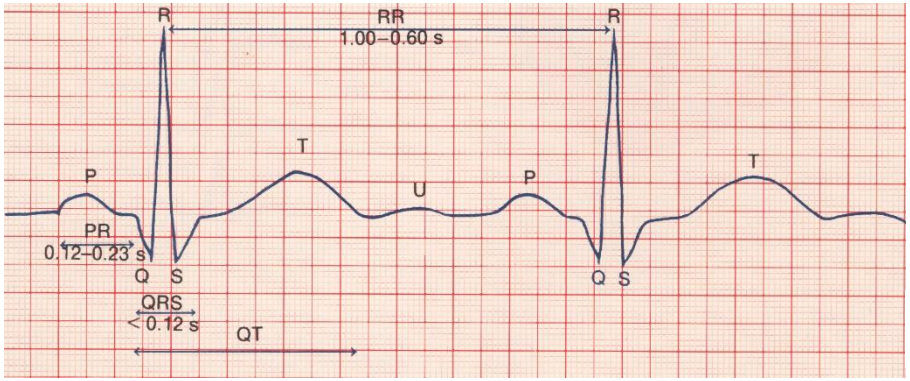
Synchonized Cardioversion 50 Joules

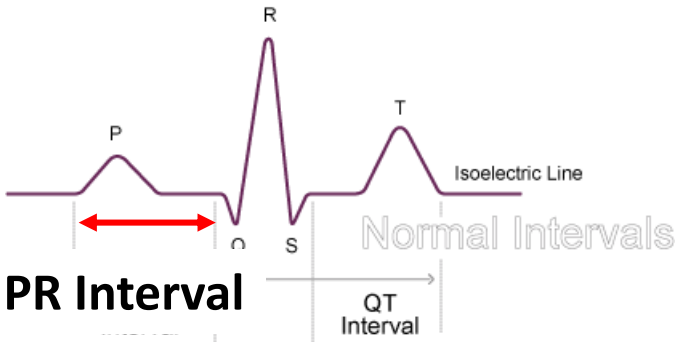
正常心電圖



每一小格：0.04秒

每一大格：0.2秒 (0.04 X5)



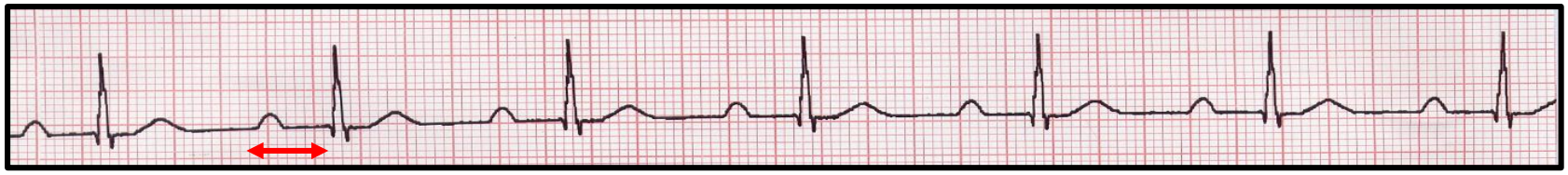


從P波起點至QRS起點 (Normal <0.2 秒)

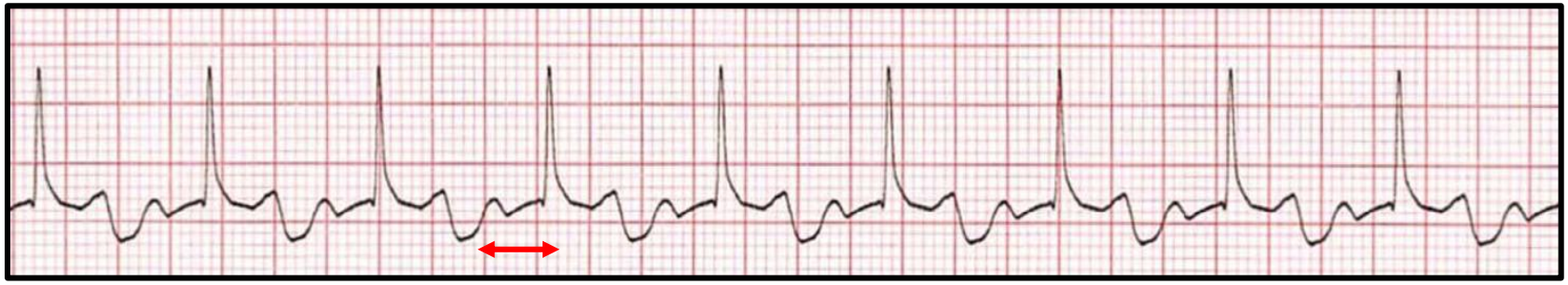
1st AV Block

第一度房室傳導阻滯

PR Interval 超過0.2秒 →第一度房室傳導阻滯(1st degree AV block)



0.04 X 7= 0.28

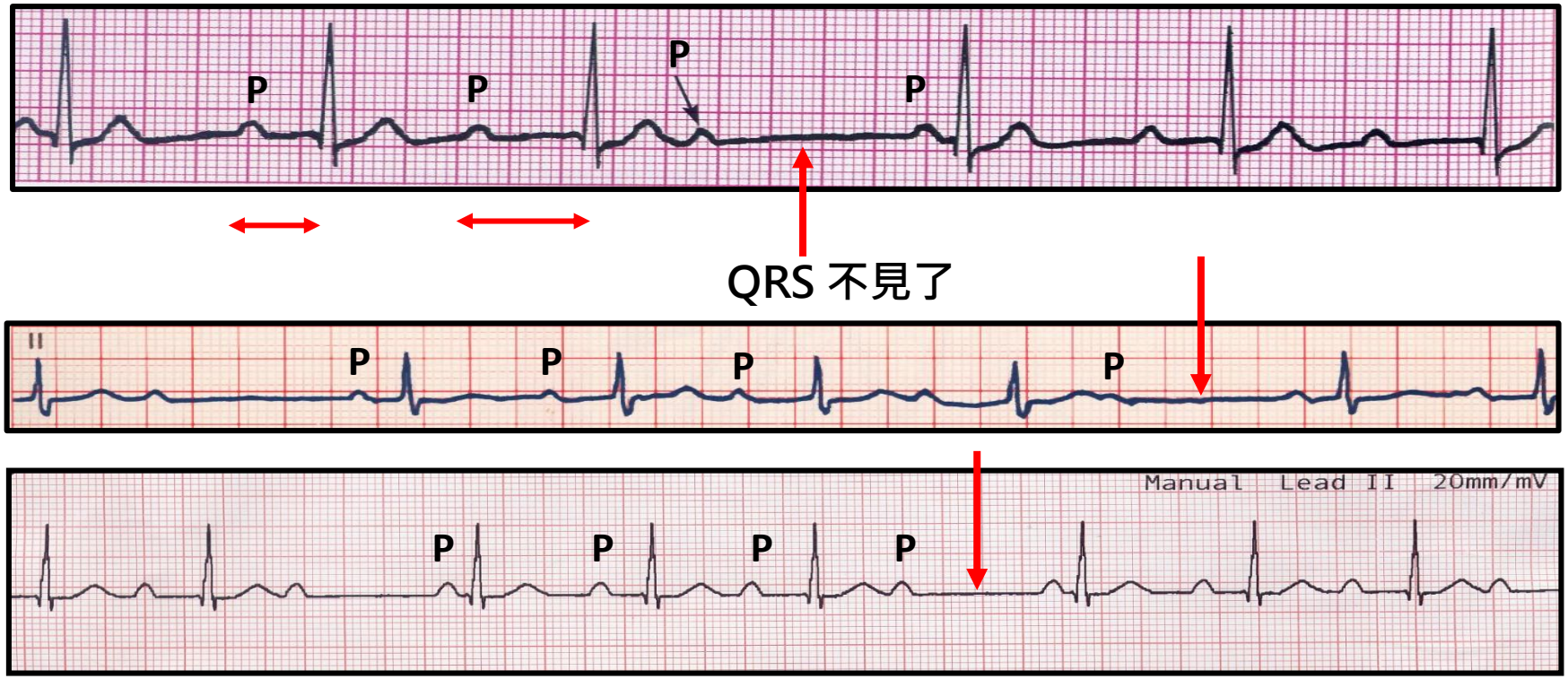


0.04 X 6= 0.24

2nd AV block, Type 1

第二度房室傳導阻滯,第一型

每個 **PR間隔愈來愈延長**，一直到P後面**沒有出現QRS波**。(Non-Conducted P)
R-R間隔各不相同 (又稱Wenckebach現象，其傳導阻滯是發生在AV node)

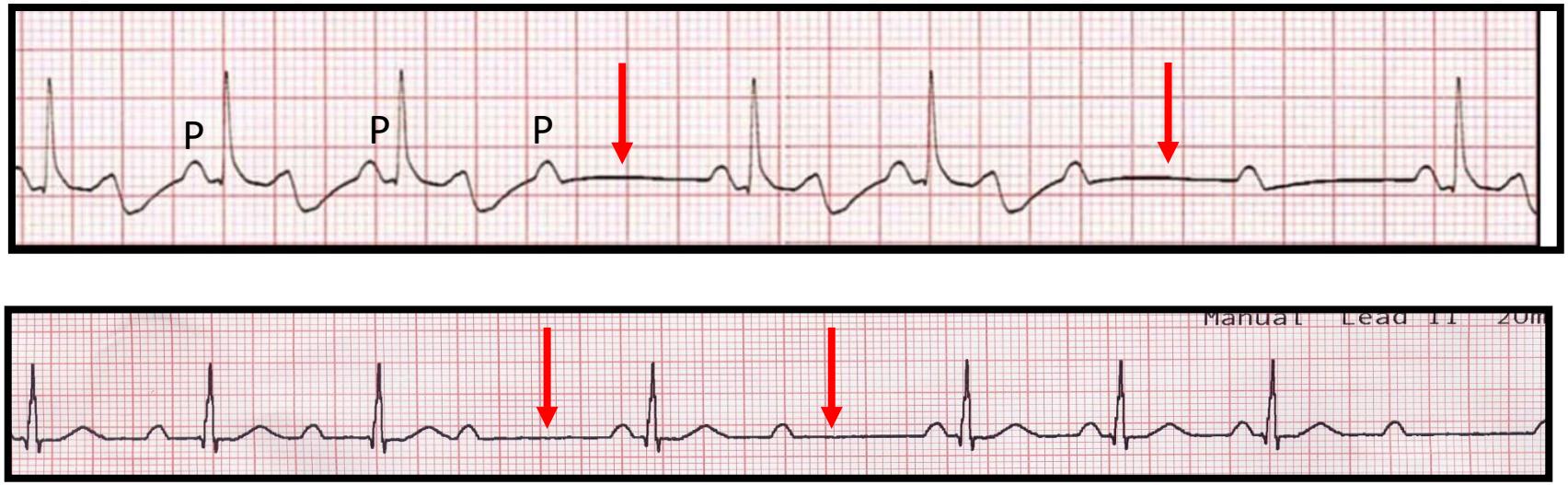


臨床筆記

2nd AV block, Type 2

第二度房室傳導阻滯,第二型

1. PR 間隔固定，但有些 P之後，突然沒有跟著QRS波。
2. QRS形狀保持不變，但有些 P之後，少了QRS

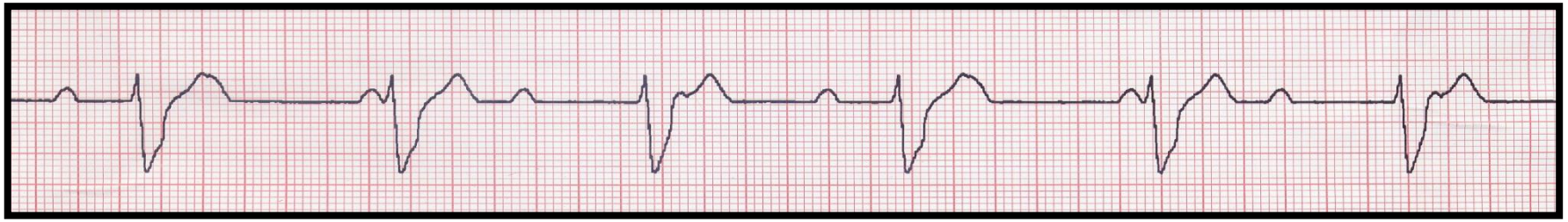


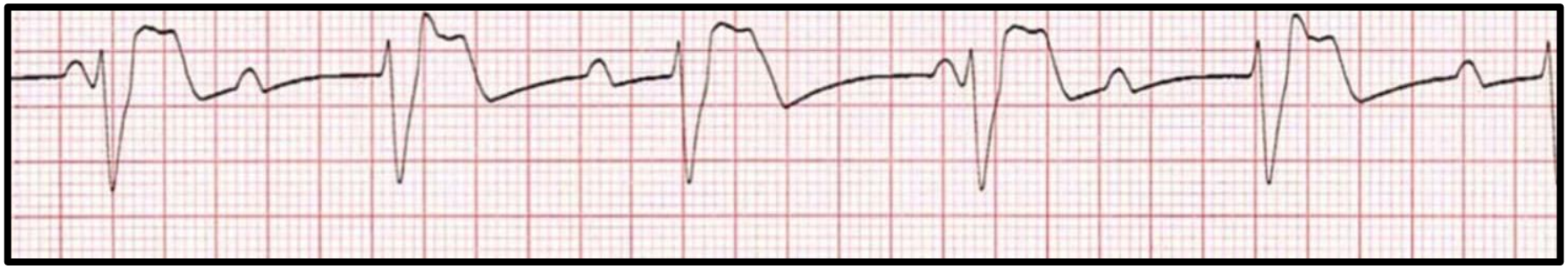
其導阻滯是發生在AV node以下(QRS較寬)，容易引起心室逃心律，潛在危險性較高。

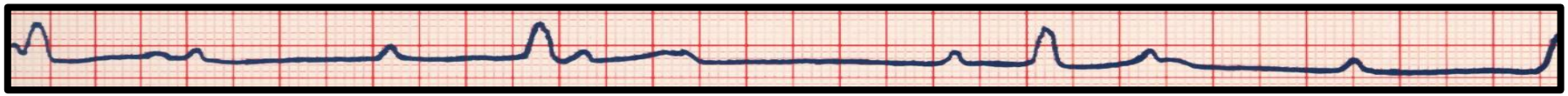
3rd AV Block

第二度房室傳導阻滯

P 與QRS波之關係互不相關，各跳各的。



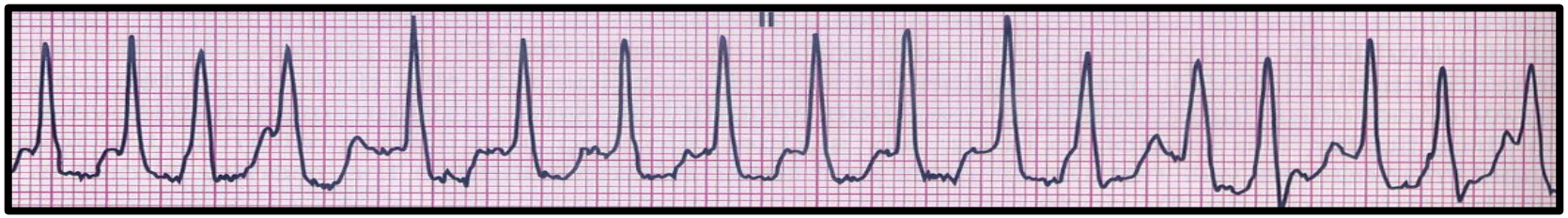


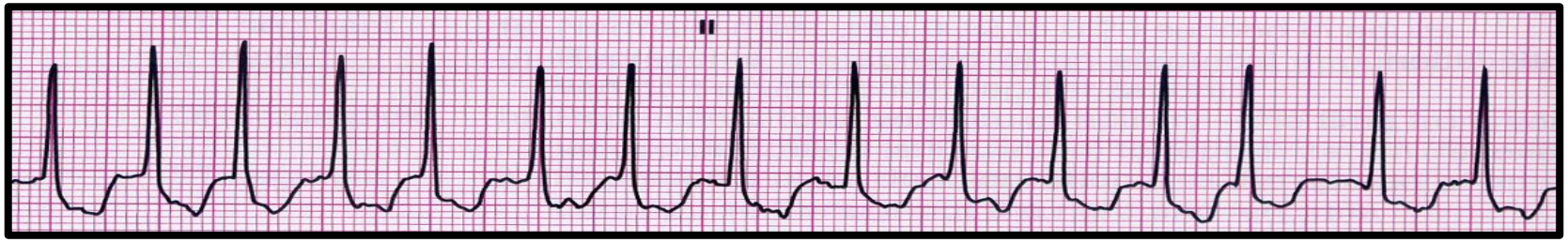


Af (Atrial Fibrillation)

心房顫動

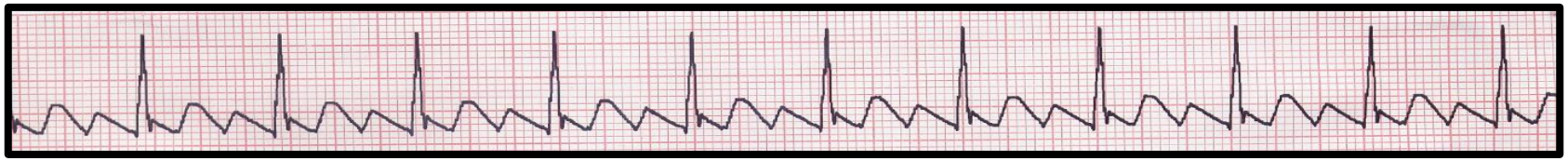
沒有P 波；QRS 與 QRS 間隔不規則





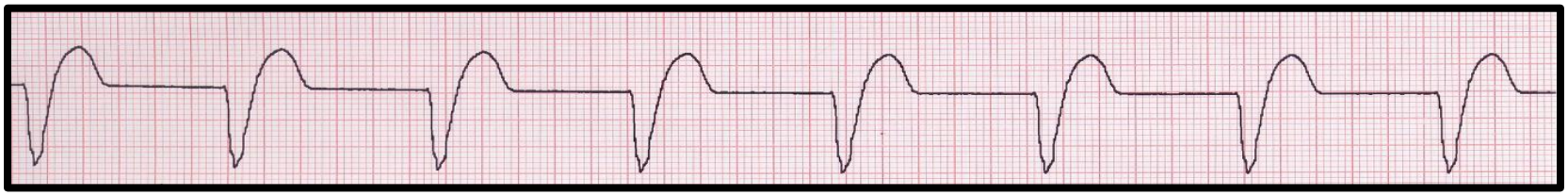
AF (Atrial Flutter)

心房撲動

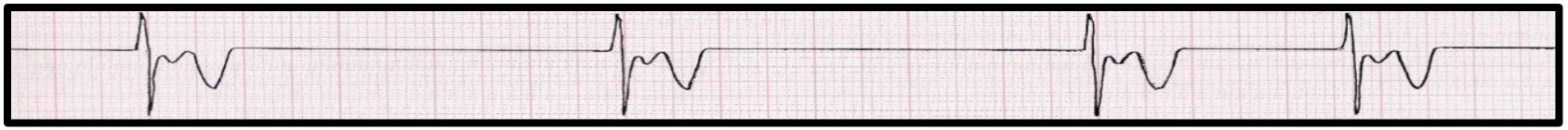


IDVR (Idioventricular Rhythm)

如果沒有脈搏 → PEA

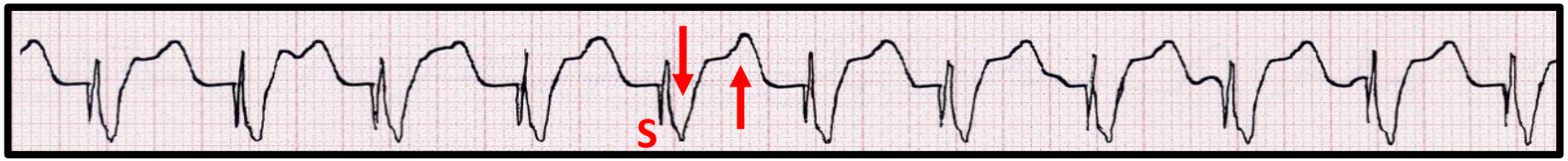


Junctional Rhythm



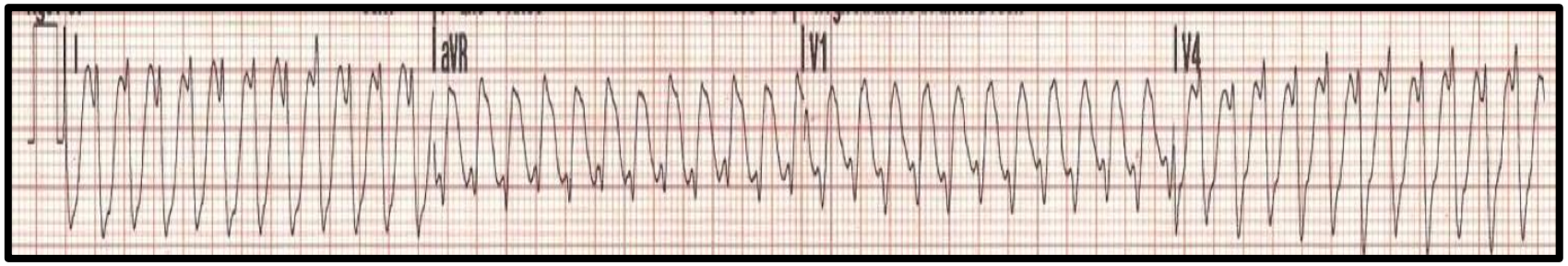
Pacemaker Rhythm

有效的pacing wave會形成Spike (S)之後的QRS與 T 的方式互為上下相反。



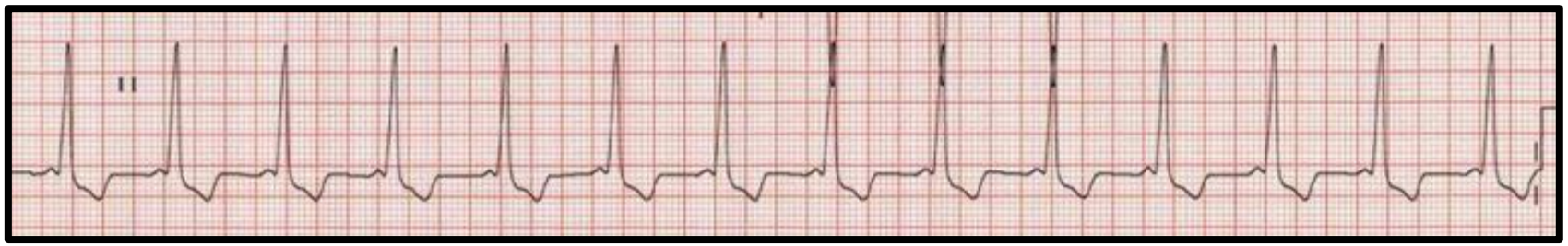
QRS 向下　T波向上

Af with RVR in WPW

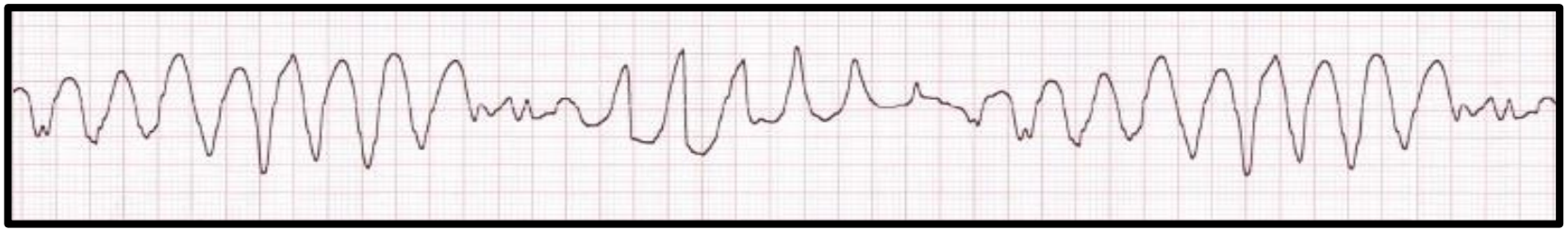


治療:

1. Procainamide 20 mg/min IV drip (total dose: 17 mg/kg)
2. if Unstable: Cardioversion: 100 – 120 Joules



Torsade de Pointes



治療:

1. MgSO4 1-2 gm IV push 30秒
2. Isoproterenol IV drip with 2-10 mcg/min
3. Overdrive pacing (by TCP)

情況不穩定時，改用去顫電擊200 Joules