

EKG TEST

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SIGNATURE HEALTHCARE
BROCKTON HOSPITAL

1. Sinus bradycardia is defined as

- a. Sinus rhythm with a heart rate less than 60
- b. Heart rate less than 48
- c. Sinus rhythm and heart rate less than 48
- d. Normal sinus rhythm with a heart rate less than 60 and no obvious p waves.

2. Which of the following best define atrial fibrillation

- a. Regular rhythm with no obvious p waves
- b. Irregular rhythm with retrograde p waves
- c. Irregularly irregular rhythm with no obvious p waves
- d. P waves and QRS complexes are regular but the qt interval is irregular

3. Premature ventricular contraction is

- a. Caused by an impulse from the av node
- b. Is an escape beat from the ventricle and is accompanied by a compensatory pause.
- c. Is a catalyst for ventricular tachycardia
- d. Is treated with viagra

4. Atrial flutter

- a. Should always be considered when the heart rate is 150
- b. Has p waves that oftentimes look like “saw tooth”
- c. May have p waves hidden the t wave
- d. Is a precursor the atrial fibrillation
- e. All of the above

5 .The sinoatrial node

Circle all correct

- a. Is an escape node for cardiac stand still
- b. Arises in the atria and results in contraction of the atrium
- c. Causes an svt when activated
- d. Is the p wave on the ekg

6. The u wave on the ekg

- a. Looks like a large “u” on the ekg
- b. Is associated with uremic syndrome
- c. Is associated with hypoglycemia
- d. Is associated with hypokalemia
- e. Is associated with hyperkalemia

7. J point elevation

- a. Helps determine if there is st elevation
- b. Is measured from the end of the of the qrs complex and going over one small box.
- c. Upward slope of more than one box at the j point may indicate an acute myocardial infarction
- d. Downward sloping is seen in repolarization
- e. All of the above.

8. Torsades de pointe

- a. Is an atrial arrhythmia.
- b. Is seen exclusively with hypothermia
- c. Is a ventricular tachycardia which flips on its own axis resulting in a twisting pattern
- d. Responds to adenosine

9. 3rd degree block

- a. Can occur in inferior and anterioseptal myocardial infarctions.
- b. Is best treated with atropine and never needs to be paced
- c. Is a complete dissociation between the atria and ventricle
- d. Is caused by a blockage at the sinoatrial node.

10. Supraventricular tachycardia

- a. Has a ventricular heart rate greater than 180
- b. Originates in the ventricle
- c. Is always a narrow complex
- d. Is never associated with a reentrant pathway

11. An inferior myocardial infarction has a blockage

- a. At the right coronary artery 90% of the time.
- b. At the circumflex artery 90% of the time.
- c. At the circumflex artery 10% of the time.
- d. At the right coronary artery 10% of the time.

12. Second and third degree blocks result from

- a. Varying degree of blockage at the at the sinoatrial node.
- b. Varying degree of blockage at the atrioventricular node.
- c. Overmedication of beta adrenergic drugs
- d. Overmedication of beta blockers

13. On the right sided ekg, an acute infarct is noted if

- a. V2 is elevated
- b. V3 is elevated
- c. V4 is elevated
- d. V5 is elevated
- e. All of the above

14. Inferior myocardial infarctions show

- ▣ Elevation in leads I, II and III
- ▣ Elevation in leads V1, V2 and V3
- ▣ Elevation in II, III and aVF
- a. Elevation in I, II, and aVL

15. Inferior myocardial infarctions

- a. Are never associated with hypotension
- b. May be associated with a 3rd degree av block
- c. Are associated with st depression in II, III and aVF
- d. May have right ventricular extension.

16. Anterior myocardial infarctions

- a. Are associated with the Left anterior descending artery
- b. Have elevation in V2,V3, V4
- c. May have right ventricle extension
- d. Can extend to the lateral wall

17. Septal myocardial infarctions

- a. Involve V1 and V2
- b. Most often extend to the anterior wall
- c. Can result in 3rd degree block which is permanent
- d. Can result in 3rd degree block which is temporary.

18. Lateral myocardial infarctions

- a. Involve the lateral wall of the heart
- b. Are noted in V4, V5, V6, I, aVL
- c. Are associated with the circumflex artery
- d. Involve only I and aVL

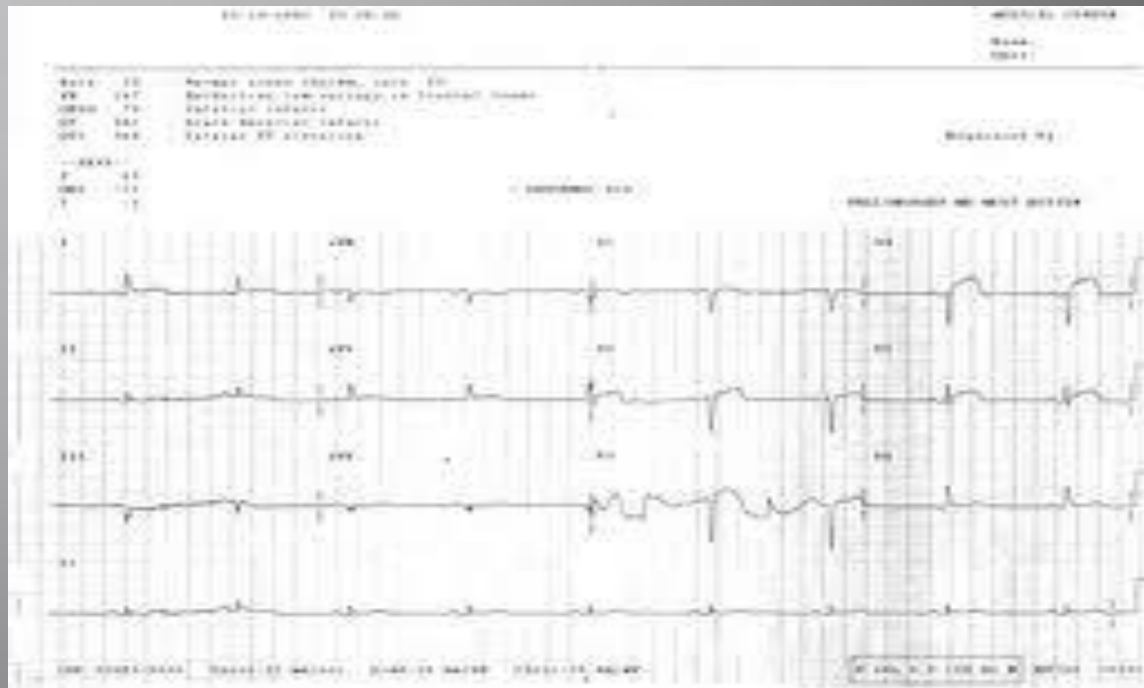
19. Inferior lateral myocardial infarctions

- a. Indicate that the inferior wall is supplied by the circumflex artery
- b. Indicate that the lateral wall is supplied by the right coronary artery
- c. Indicate that there are two obstructed arteries; RCA and circumflex
- d. Indicate that the patient has a clot in the left anterior descending artery

20. Posterior myocardial infarctions

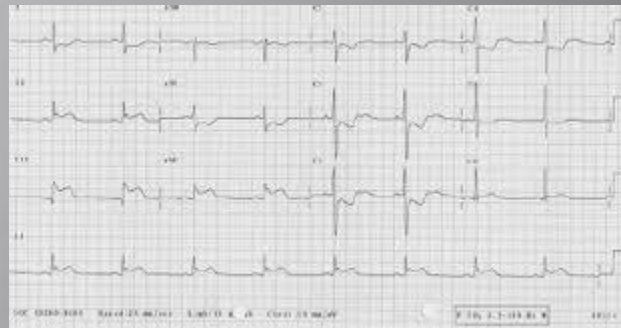
- ▣ Cannot be diagnosed with standard ekg placement
 - a. Are mirror opposite images of an anterior myocardial infarction
 - b. Can be viewed by flipping the ekg upside down and viewing from the back side.
- ▣ Don't occur

EKG



- ▣ STEMI?
- ▣ INTERPRETATION:

EKG



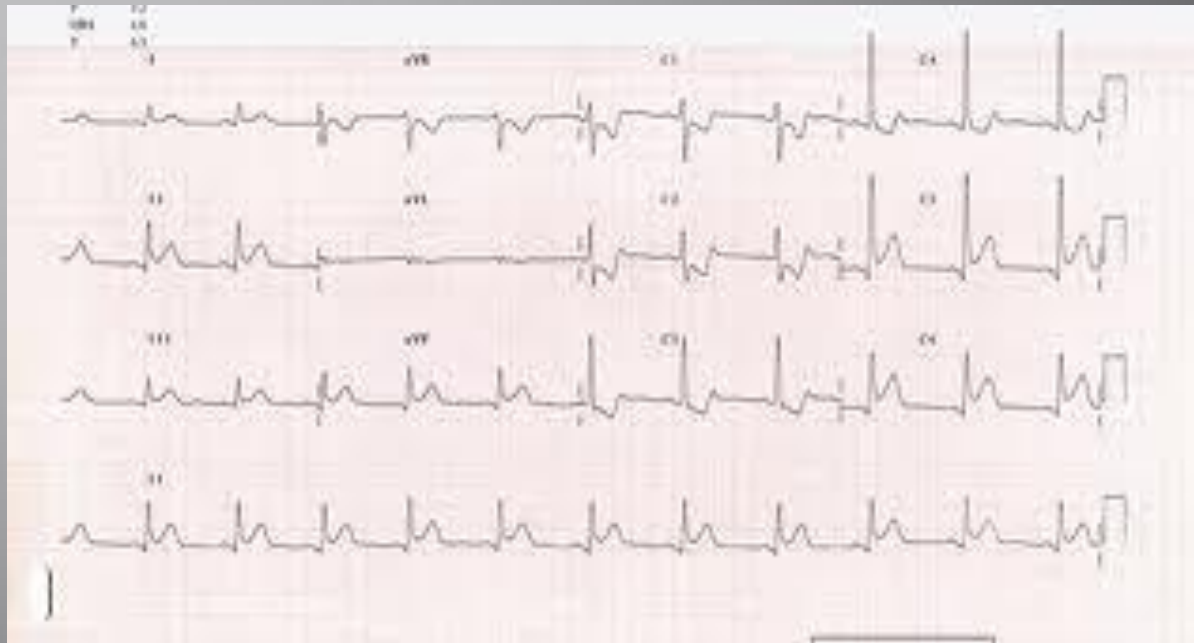
- ▣ STEMI?
- ▣ INTERPRETATION:

EKG



- ▣ STEMI?
- ▣ INTERPRETATION:

EKG



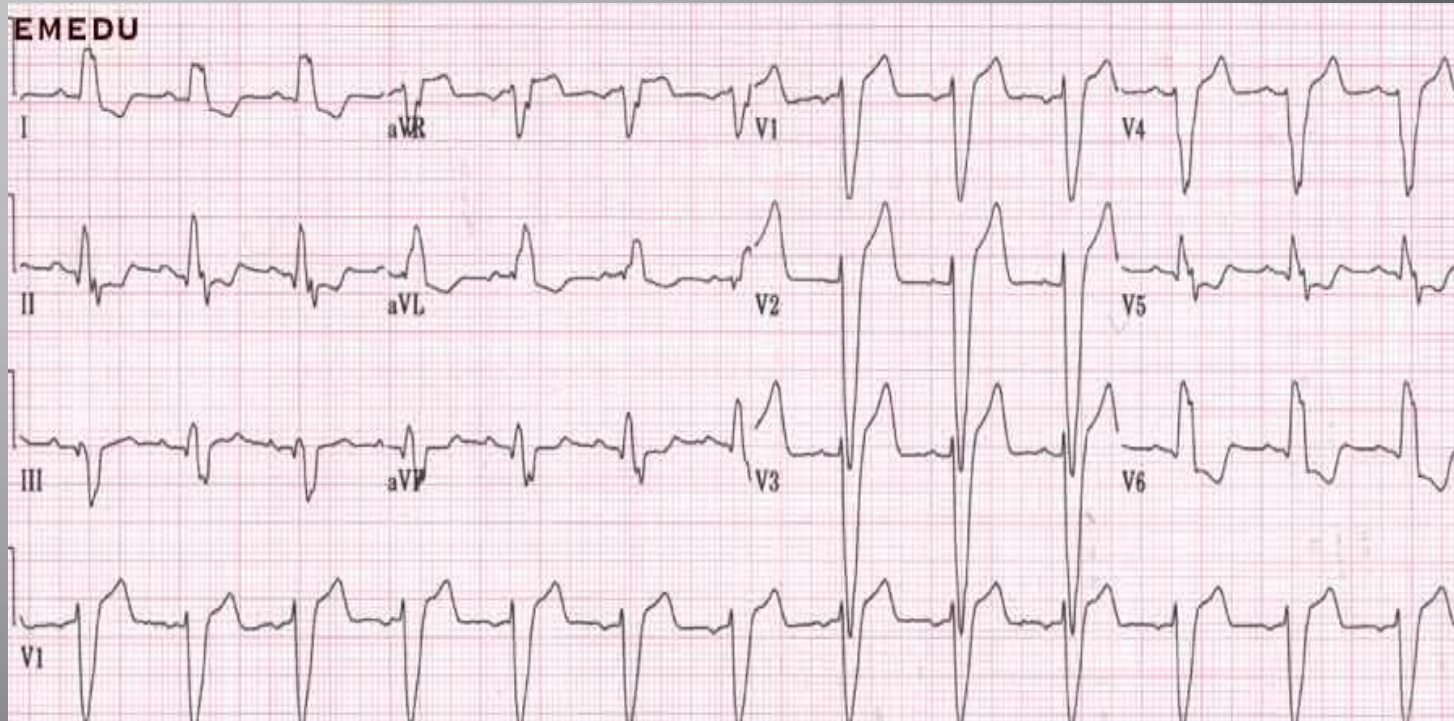
- ▣ STEMI?
- ▣ INTERPRETATION:

EKG



- ▣ STEMI?
- ▣ INTERPRETATION:

EKG



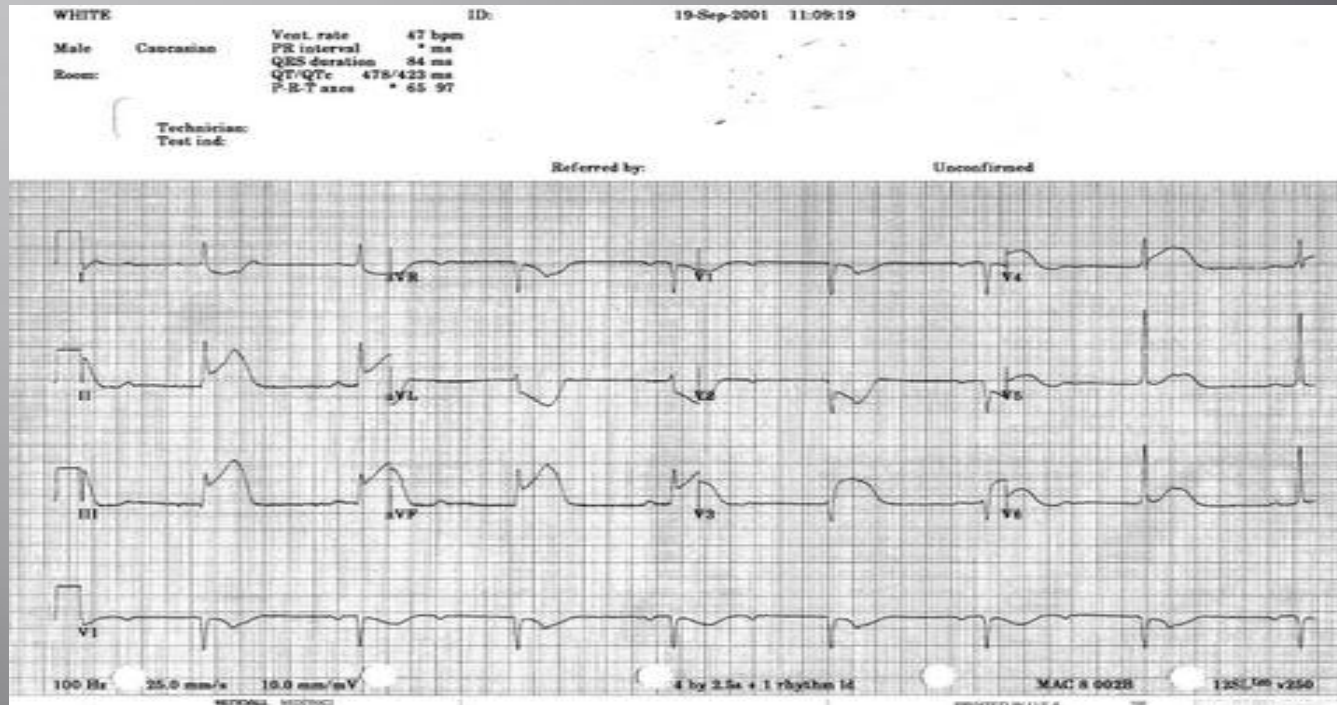
- ▣ STEMI?
- ▣ INTERPRETATION:

EKG



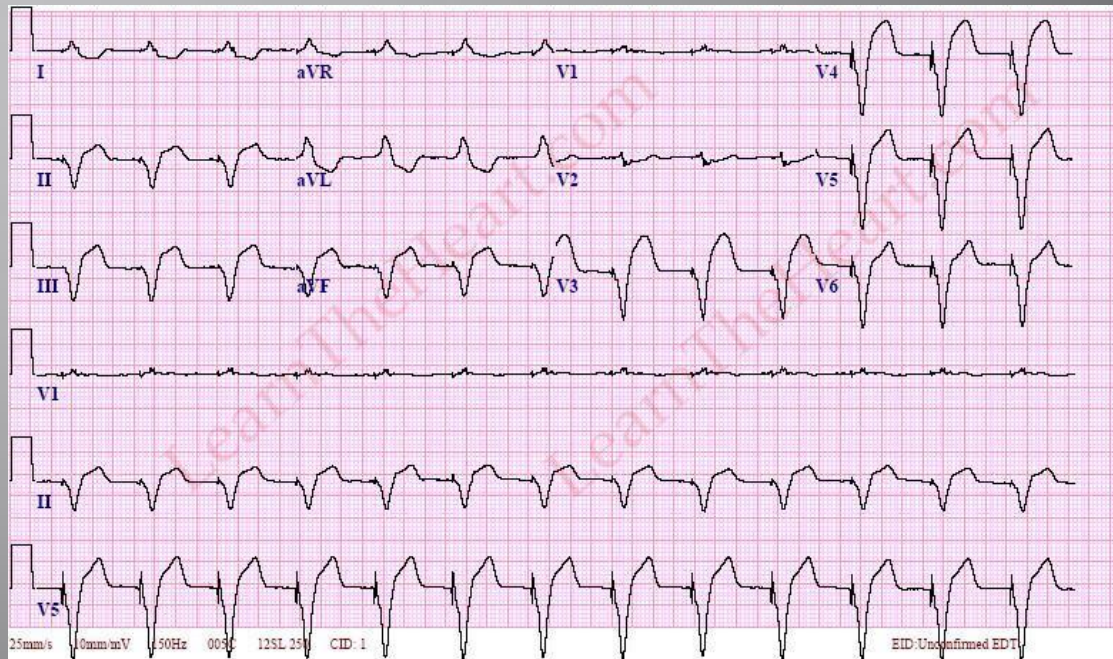
- ▣ STEMI?
- ▣ INTERPRETATION:

EKG



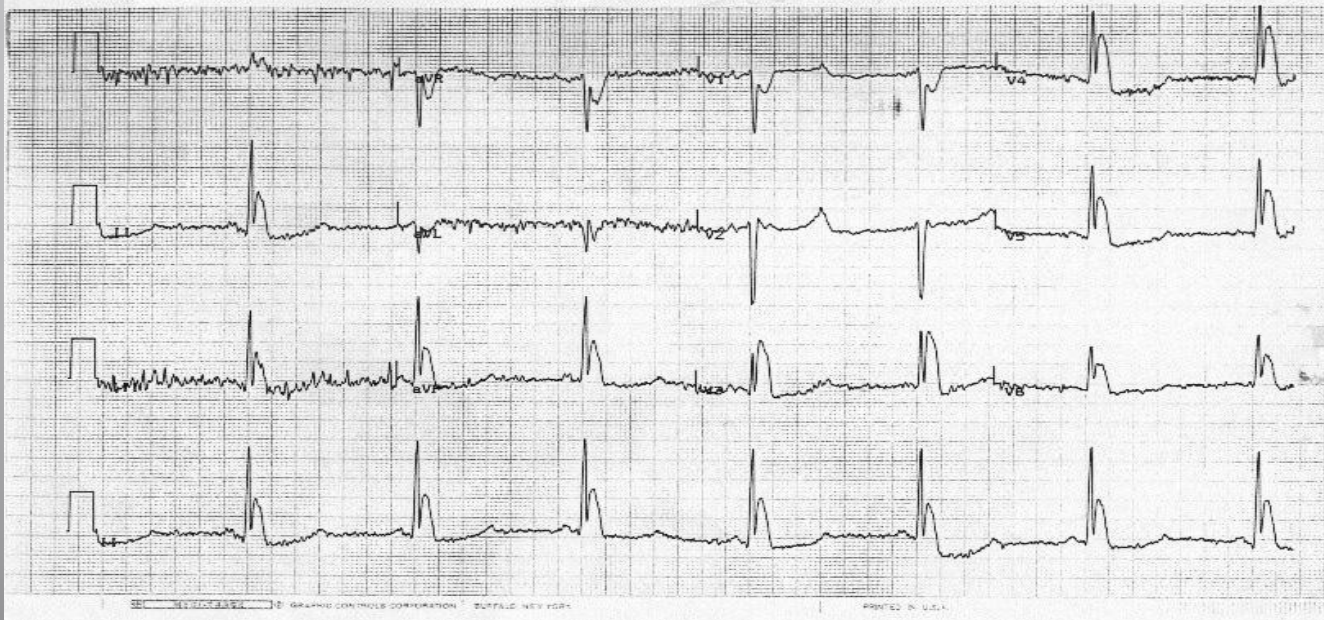
- ▣ STEMI?
- ▣ INTERPRETATION: ANTERIOR

EKG



- ▣ STEMI?
- ▣ INTERPRETATION:

EKG



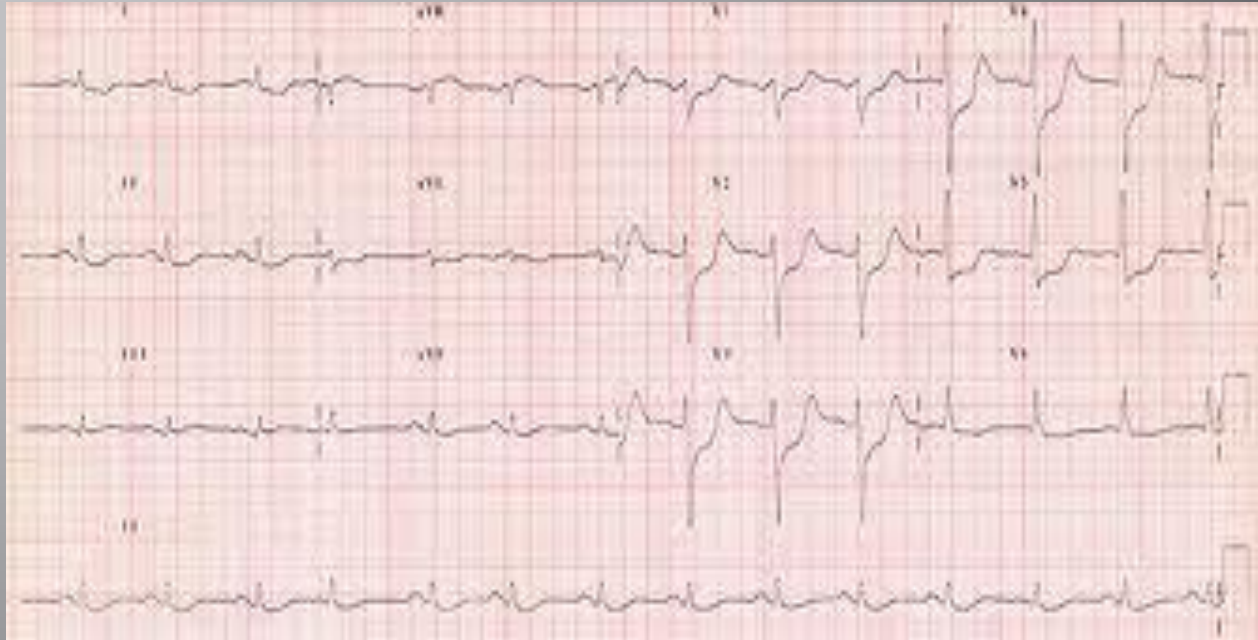
- ▣ STEMI?
- ▣ INTERPRETATION:

EKG



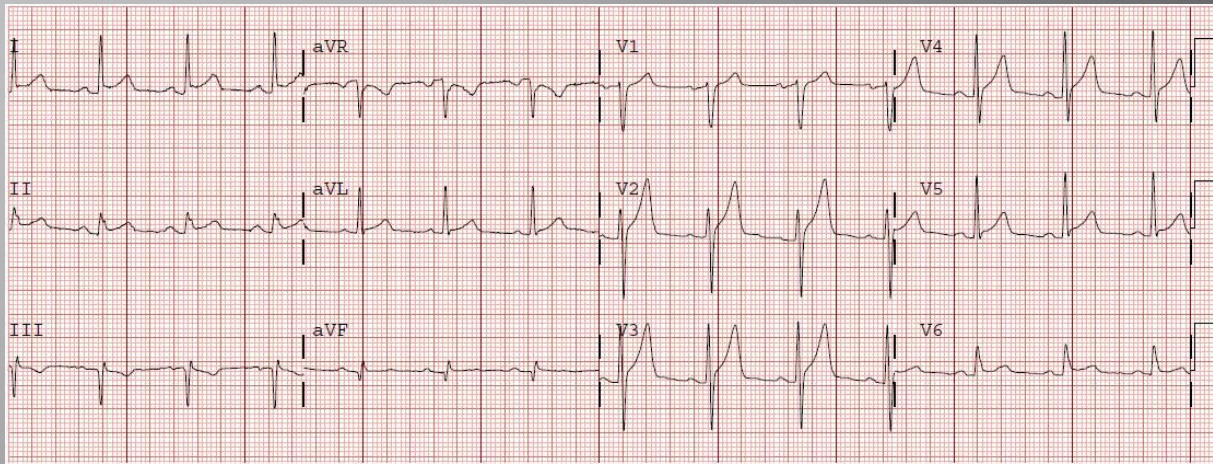
- ▣ STEMI?
- ▣ INTERPRETATION:

EKG



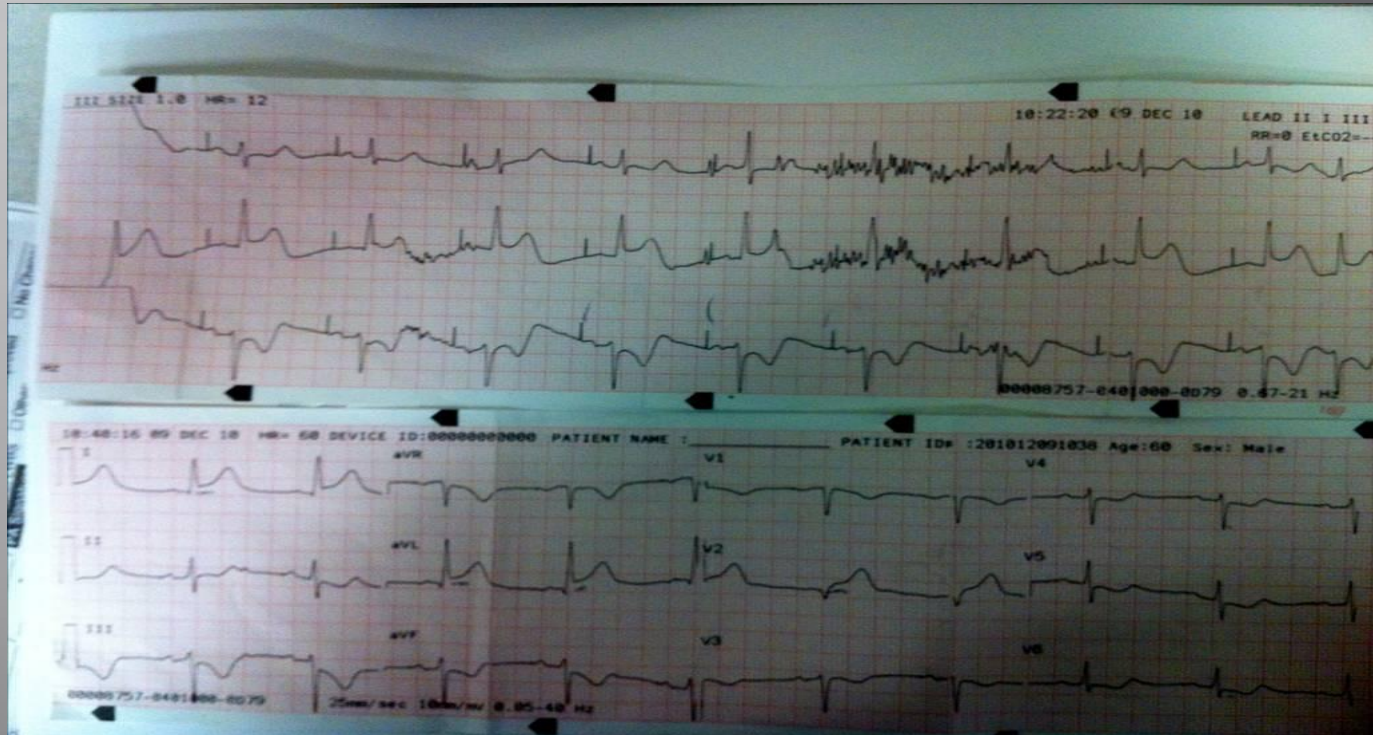
- ▣ STEMI?
- ▣ INTERPRETATION:

EKG



- ▣ STEMI?
- ▣ INTERPRETATION:

EKG



- ▣ STEMI?
- ▣ INTERPRETATION: