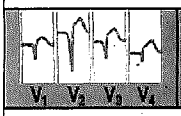
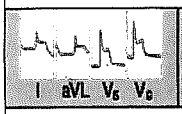
RAPID ECG INTERPRETATION

ANTERIOR INFARCTION



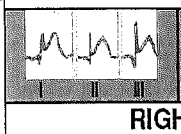
- ST elevation with/without abnormal Q wave
- Usually associated with occlusion of the left anterior descending branch of the left coronary artery (LCA)

LATERAL INFARCTION



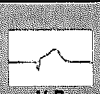
- ST elevation with/without abnormal Q wave
- May be a component of a multiple-site infarction
- Usually associated with occlusion of the left anterior descending branch of the left circumflex artery

INFERIOR INFARCTION



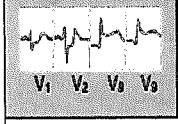
- ST elevation with/without abnormal Q wave
- Usually associated with right coronary artery (RCA) occlusion

RIGHT VENTRICULAR INFARCTION



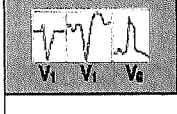
- Usually accompanies inferior MI due to proximal occlusion of the RCA
- Best diagnosed by 1-2 mm ST elevation in lead V_4R
- An important cause of hypotension in inferior MI – recognized by jugular venous distension with clear lung fields
- Aggressive therapy is indicated, including: reperfusion, adequate IV fluids for right heart filling, and pacing to maintain A-V synchrony if necessary

POSTERIOR INFARCTION



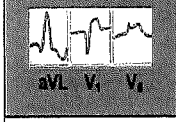
- Tall broad (>0.04 sec) R wave and ST depression in V_1 and V_2 (reciprocal changes)
- ST elevation with/without abnormal Q wave
- Usually associated with obstruction of RCA and/or left circumflex coronary artery
- ST elevation in leads V_8 and V_9

LBBB WITHOUT AMI



- Width of QRS complex .0.12 sec
- QS or rS complex in lead V_1
- Wide, notched R wave, no Q wave in lead V_6
- ST segment + T wave slope away from dominant wave of QRS (secondary changes)

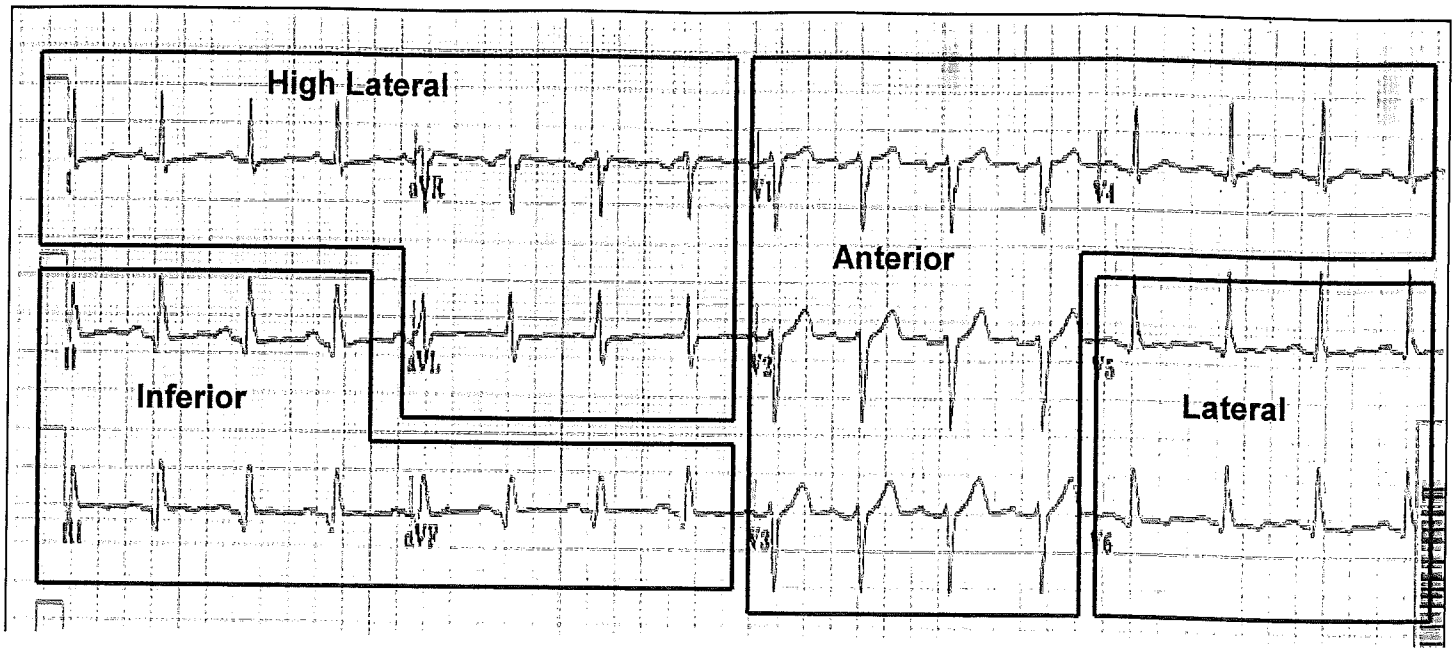
LBBB with AMI[1]



- Q waves in at least two leads I, aVL, V_5 or V_6
- R-wave regression from V_1 to V_4
- Late notching of S wave in at least two leads V_1- V_6
- Primary ST and T wave changes in two or more adjacent leads
- ST elevation of 8 mm or half the height of T wave

LBBB with AMI[2]

- ST elevation ≥ 1 mm concordant with QRS
- ST depression > 1 mm in leads V_1, V_2 or V_3
- ST elevation >5 mm discordant with QRS
- QRS >0.12
- Q waves


High Lateral
Inferior
Anterior
Lateral