# 12-Lead EKG Interpretation

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**UP HEALTH SYSTEM MARQUETTE** 

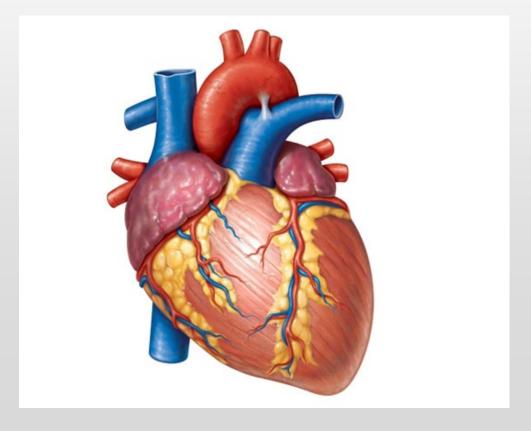


#### **Disclosure Statement**

This presenter has no conflicts of interest to disclose.

## 12-Lead EKG Interpretation Learning Objectives

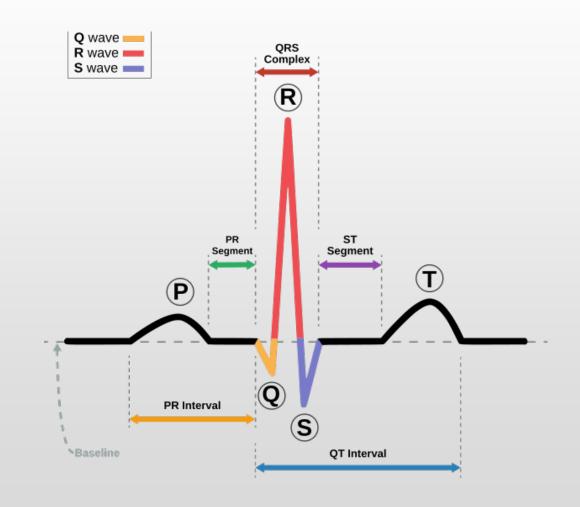
- Define Basic EKG Interpretation 8 Steps
- Define 12-Lead EKG Interpretation 3 Steps
- Identify different STEMI EKG types
- Identify STEMI EKG Mimics





# 8 Steps to Rhythm Analysis

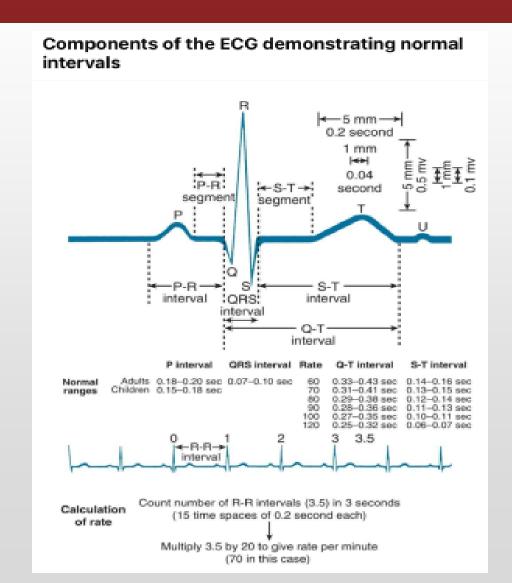
- 1. Rate
- 2. Rhythm
- 3. P waves
- 4. PR Intervals
- 5. QRS
- 6. QT Interval
- 7. ST Segment
- 8. T waves



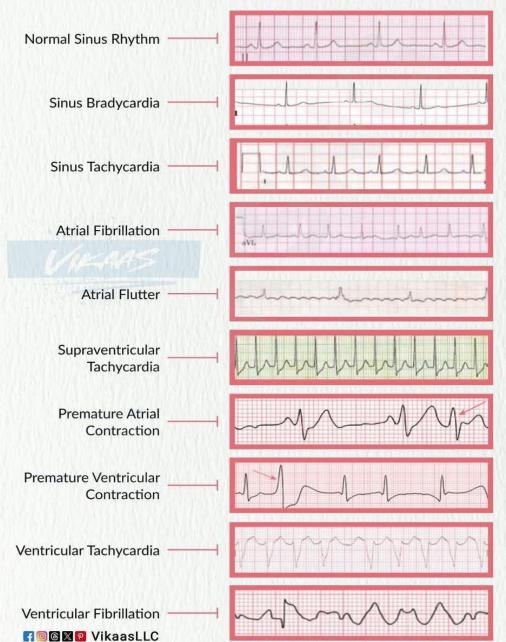


# 8 Steps to Rhythm Analysis

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#### 10 COMMON EKG HEART RHYTHMS



# **Common Rhythms**

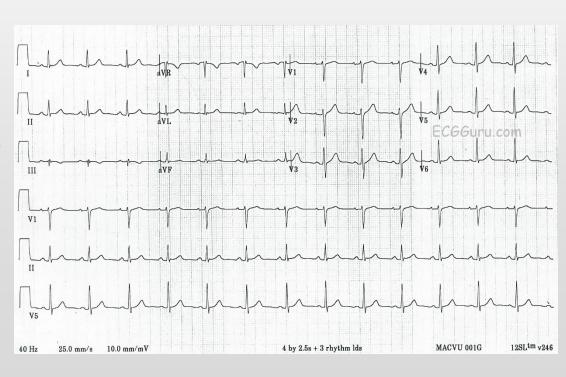
Single lead interpretation is expressed through Lead II

Provides a starting point for emergency care



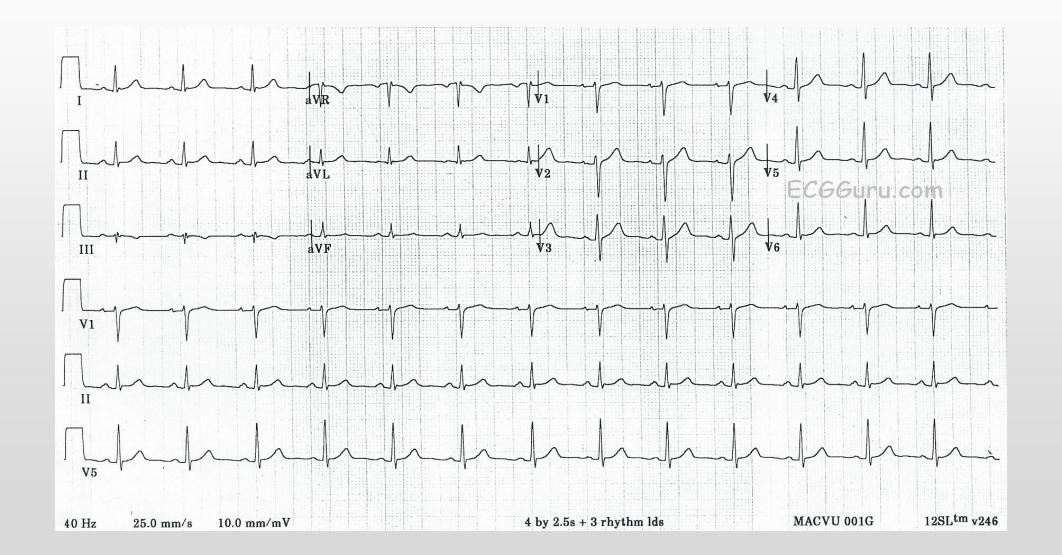
#### 12-Lead EKG

- Stick to a systematic approach to interpretation
- Knowing "normal" will assist in recognizing "abnormal"
- 3 STEPS to focus on
  - Rate & Rhythm analysis
  - QRS INTERVAL & Morphology
  - ST Segment, T waves, & QT Intervals





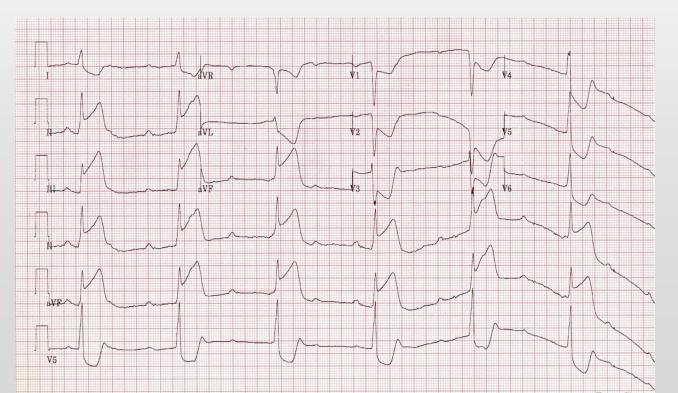
## 12-Lead EKG



#### STEMI 12-Lead EKG

- Life threatening situation
- Rapid Recognition is the first step
- Rapid response can reduce damage but no guarantee to save a life
- Thrombus completely obstructs blood flow
- Leads to large area of damage, effects depolarization, leaving tissue positive, resulting in ST elevation

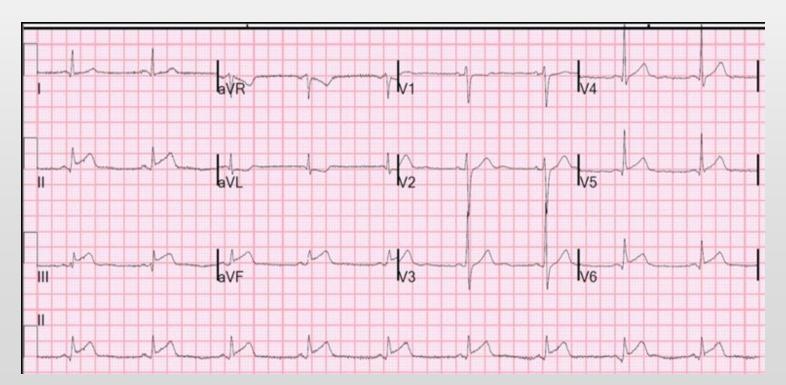
- NON-ACS causes
  - Coronary embolism
  - Coronary dissection
  - Coronary vasospasm





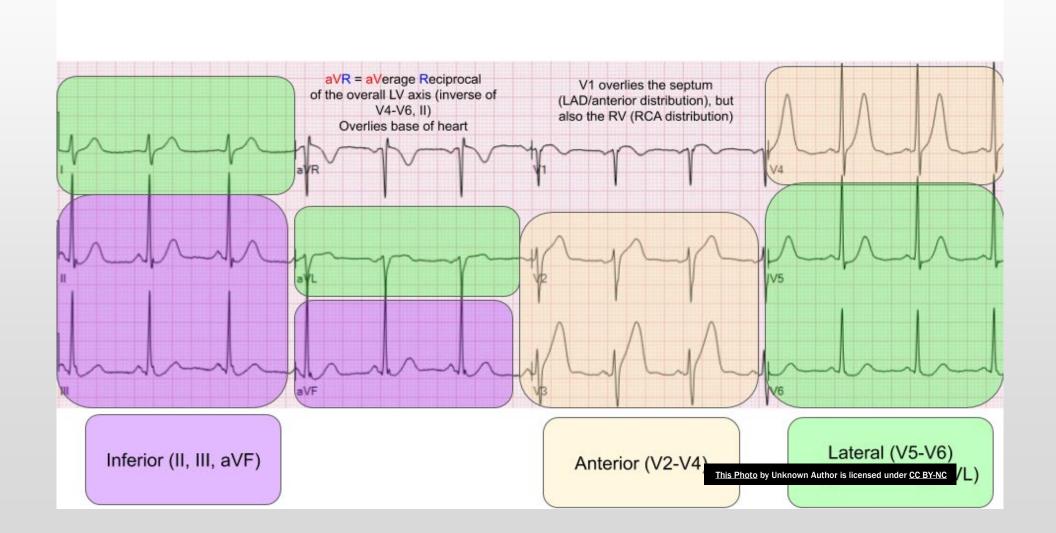
#### STEMI 12-Lead EKG - Definition

Classically, STEMI is diagnosed if there is >1-2mm of ST elevation in two
contiguous leads on the ECG or new LBBB with a clinical picture consistent
with ischemic chest pain. Classically the ST elevations are described as
"tombstone" and concave or "upwards" in appearance.



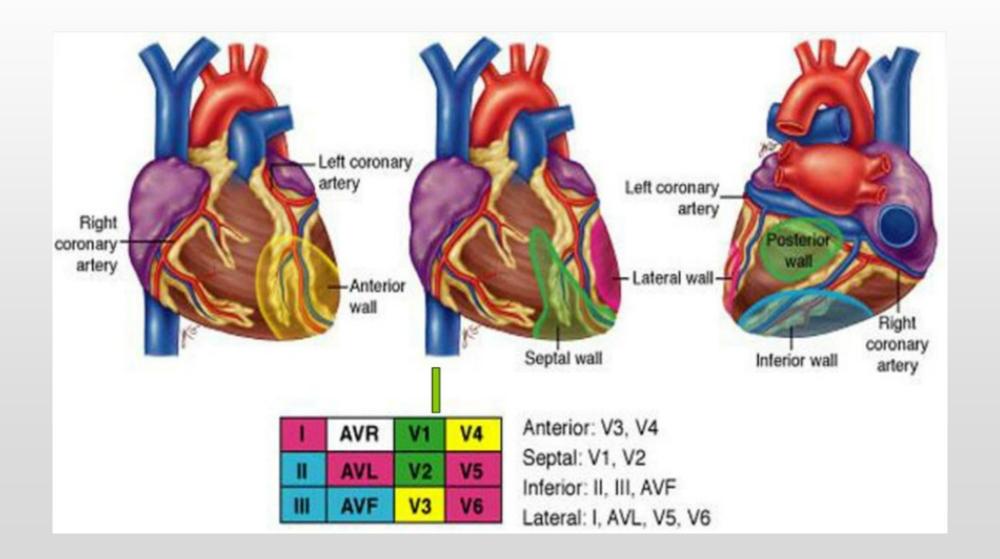


# **STEMI 12-Lead EKG – Infarct Regions**



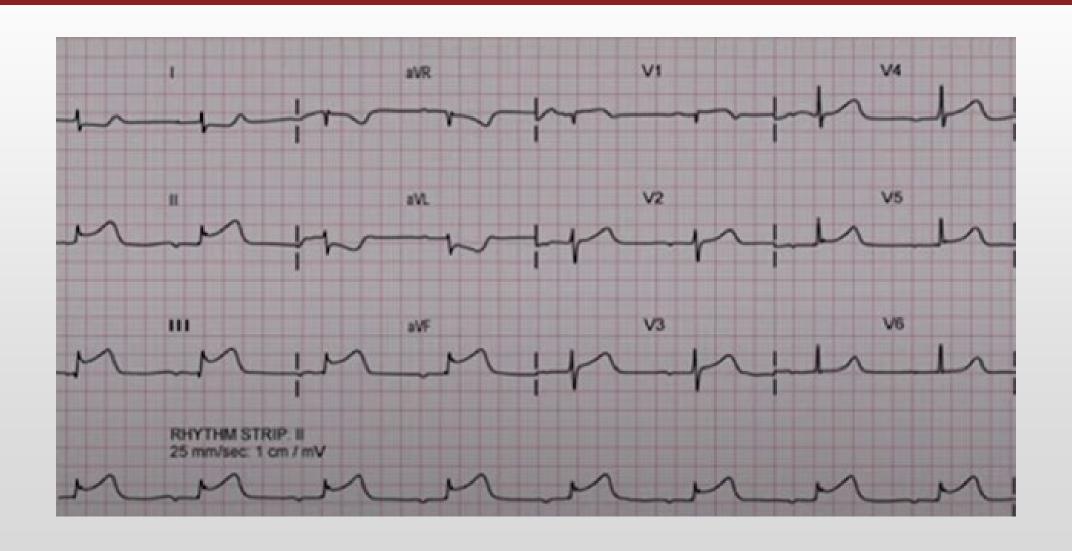


# STEMI 12-Lead EKG – Infarct Regions



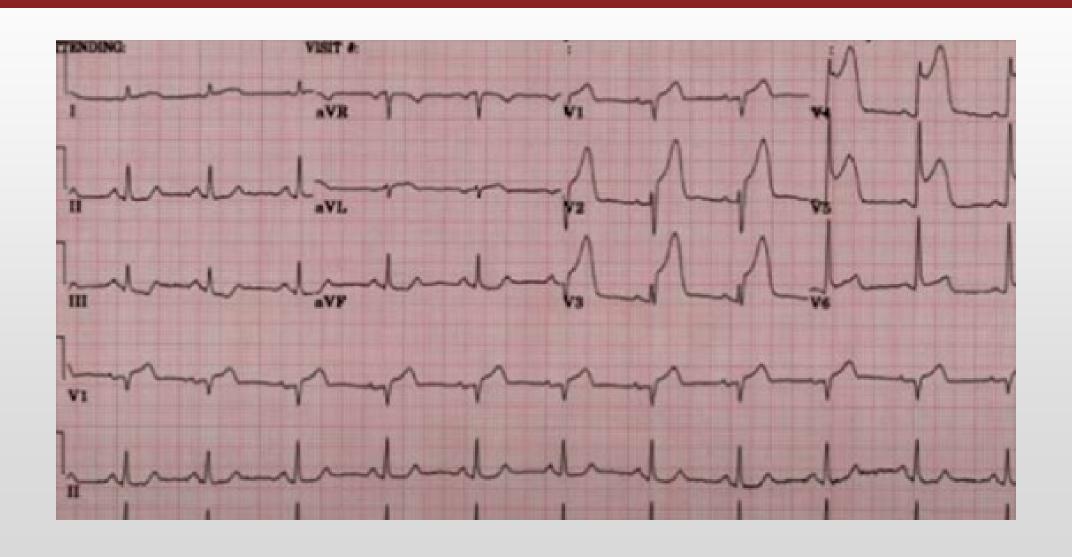


# STEMI 12-Lead EKG - Inferior MI



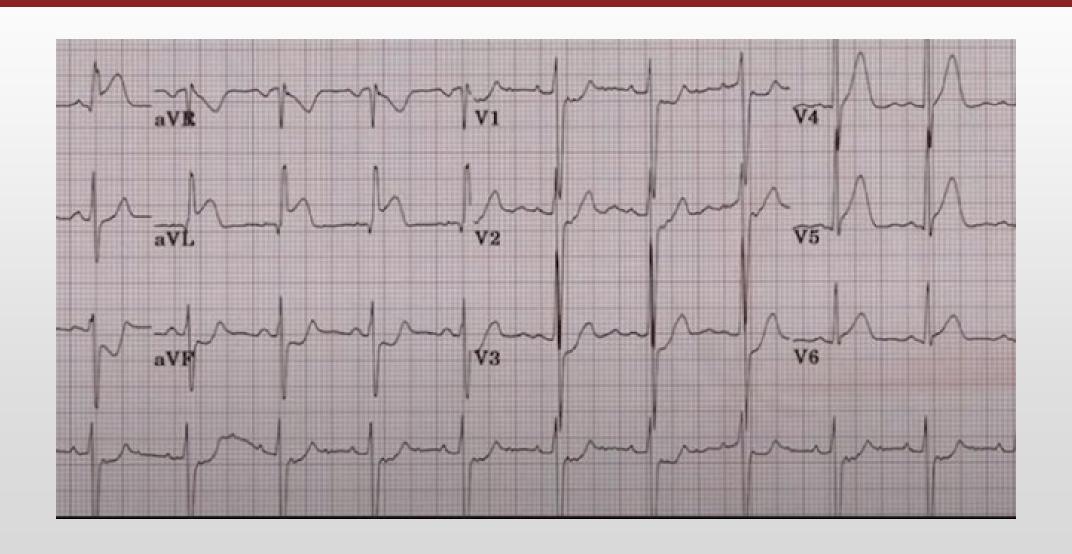


# STEMI 12-Lead EKG – Anterior MI



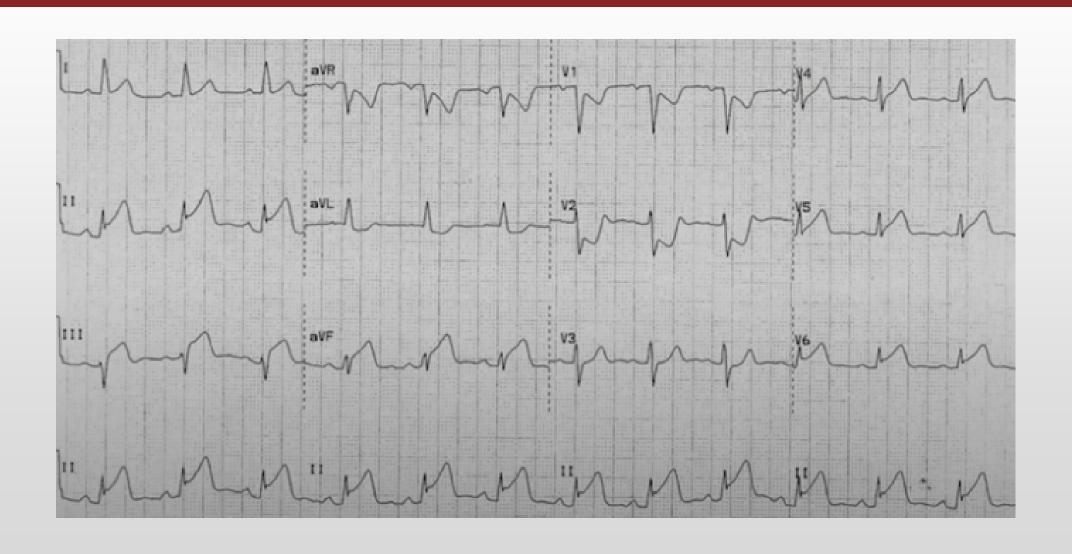


# STEMI 12-Lead EKG – Lateral MI





## STEMI 12-Lead EKG - Posterior MI



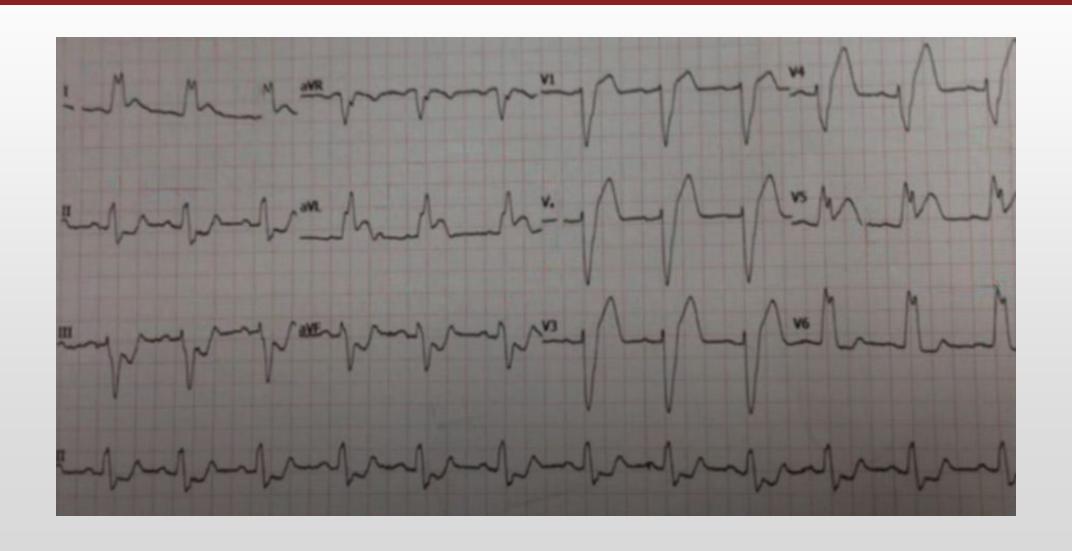


#### STEMI 12-Lead EKG – Mimics

- Electrolytes Hyperkalemia
- LBBB can also see in RBBB
- Electricity Early repolarization; ventricular paced
- Ventricular hypertrophy
- Aggravation irritation/inflammation of pericardium (pericarditis)
- Thrombus PE; coronary thrombus
- Injury Infarction; heart contusion
- Osborne Waves (J waves) hypothermia (rare in Takotsubo) Deflection in J point
- Non-occlusive vasospasm

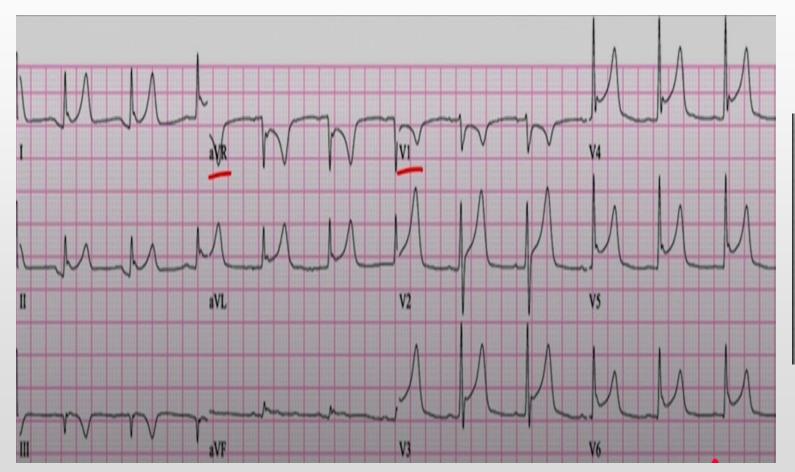


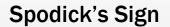
## STEMI 12-Lead EKG – Mimics- LBBB Sgarbossa Criteria

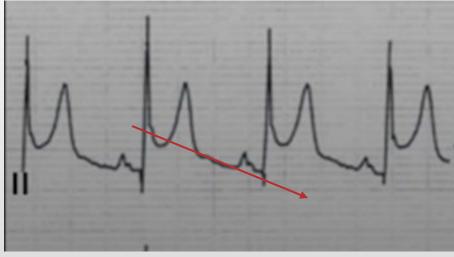




# STEMI 12-Lead EKG – Mimics - Pericarditis









# **Key Points**

- Find a systematic approach and stick with it!
- Knowledge of what is "Normal" will assist in identifying "Abnormal"
- Anteroseptal infarcts are the most common MI
- Inferior infarct is the second most common MI
- Inferior infarcts may require Right-sided EKG to determine RV involvement (avoid vasodilators)
- Mnemonic "E-L-E-V-A-T-I-O-N" for STEMI mimics

## **Thank You!!**



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#### References

- Cowan, Mark (2017) The 12-Lead Electrocardiogram for Nurses and Allied Professionals, Page Publishing, New York, NY
- Watson, Eric ICU Advantage, "The Simple Steps of 12-Lead EKG Interpretation"; <a href="https://www.youtube.com/watch?v=yopy6QUjRbY">https://www.youtube.com/watch?v=yopy6QUjRbY</a>