

	Rate	Rythm	P-Waves	PR Interval	QRS complex	Causes/Tx
PACs <i>premature atrial contractions</i>	can be brady, <u>tachy</u> or <u>normal</u>	slight interruption in irregularity.	similar for normal beats, have different morphology for the premature complex. Could be hidden in T	normal	consistent, < 0.12 sec	Cause: caffeine, stress, anxiety, pain, hypoxia, ischemic myocardium. Tx: monitor for ↑ rate, BB, digitalis
PAT <i>paroxysmal atrial tachycardia</i>	160-250 (underlying sinus rhythm will be different)	Regular (irregular when PAT starts and stops suddenly)	different from the sinus ones; the P waves within the PAT are consistent	constant and in normal range	consistent, < 0.12 sec	C: similar to PAC + mitral valve prolapse Tx: valsalva maneuver, CCB (adenosine, cardiem), 50-100 cardioversion
Atrial Flutter	atrial rate 250-350; ventricle rate 3:1 or 4:1 ratio	irregular to fairly consistent	no P waves (flutter waves are present and consistent)	not measurable	consistent, < 0.12 sec;	C: heart disease, PE, valve disease, thyrotoxicosis, cor pulmonale. Tx: (if warranted) digitalis, CCB, BB, amiodorone
Atrial Fibrillation	atrial rate 350-700; vent rate varies a lot (if over 100 = uncontrolled or RVR)	irregularly irregular	no distinguishable P - waves	not measurable	should be < 0.12, but sometimes wider d/t aberrant conduction	C: acute MI, CAD, CHF, cardiomyopathy, hyperthyroid Tx: recent onset = digitalis, CCB, BB, amiodarone, 50-100 cardioversion; > 48 hrs = anticoagulants, maybe cardiovert
SVT <i>Supraventricular Tachycardia</i>	> 150	regular	no distinguishable P - waves	not measurable	consistent, < 0.12 sec	C: stimulants, hypoxia, ischemia, hyperthyroid, febrile state, fluid volume deficit, <u>conduction deficit</u> Tx: CCB, adenosine, BB, O2, 50-100 cardioversion