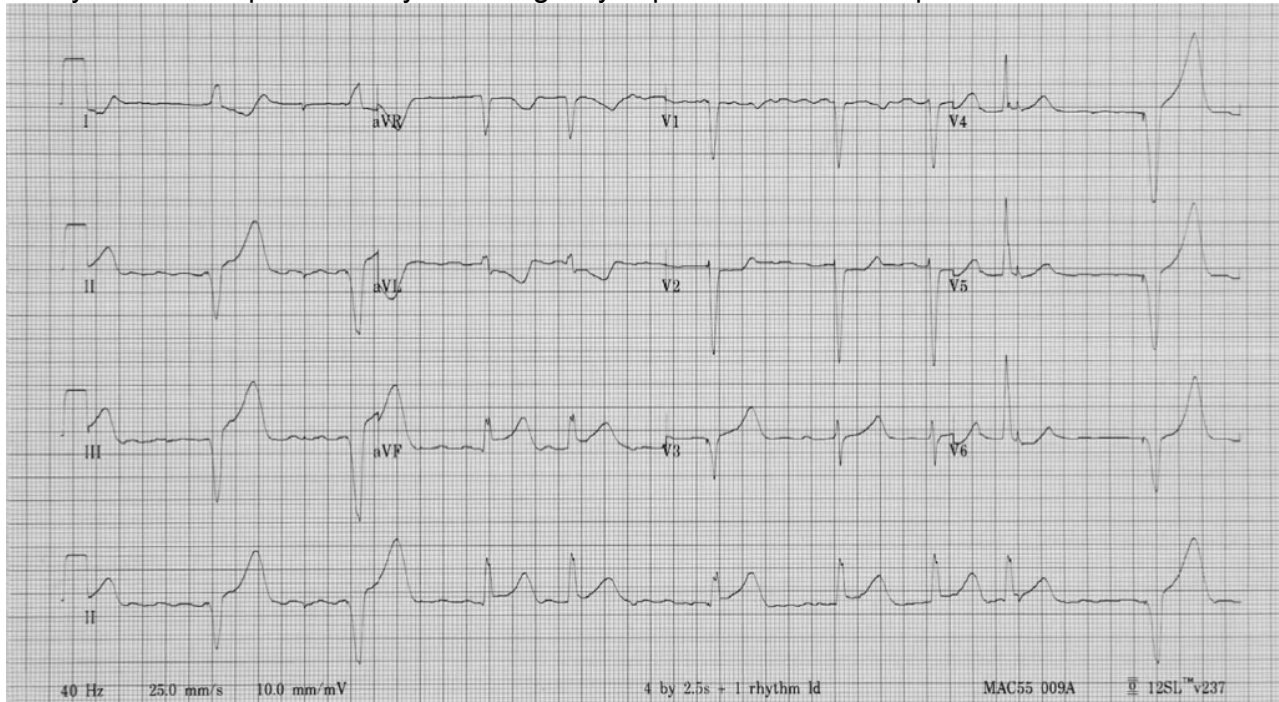


VAQ 2011.1.1 (ECG)

A 64 year old man presents to your emergency department with chest pain and shortness of breath.



Describe and interpret his ECG (100%)

Likely atrial fibrillation and intermittent ventricular pacing with inferior ST elevation. Concerning for myocardial infarction with chest pain and likely to require chemical or mechanical reperfusion as well as supportive therapies.

12 lead ECG

Irregularly irregular, no P waves seen, irregular baseline

Rhythm strip shows:

Variable ventricular conduction, Multiple ventricular configurations, narrow complex/broad complex pacing spikes on some of narrow and broad complexes but not all

Ventricular rate – bradycardia 54

Axis – uninterpretable with multiple configuration

P – n/a

Q – no significant Q in narrow complex beats

R – no diagnostic features

S – no diagnostic features

T – T inversion aVL

U – not seen

PR – n/a

QRS – as above; narrow and broad complexes with intermittent vent pacing

ST – 2-3mm ST elevation aVF ; 2mm ST depression aVL ; nonspecific reciprocal ST change laterally

QT – no significant prolongation

intermittent ventricular pacing

underlying atrial fibrillation

likely STEMI with inferior /reciprocal changes but limited leads to guide due to multiple paced beats

repeat ECG may aid diagnosis

other differentials include pericarditis