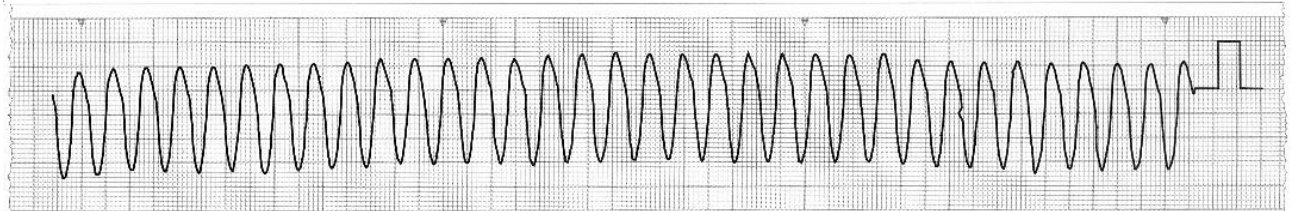


Cardiac Arrest Rhythms

Try to familiarise yourself with the four cardiac arrest rhythms.

Ventricular Tachycardia (Pulseless)

Ventricular Tachycardia is a serious presentation and requires immediate recognition and treatment. The arrhythmia originates in the ventricles and may be life threatening. Defibrillation is the necessary treatment.



Ventricular Tachycardia

3 or more successive ventricular beats

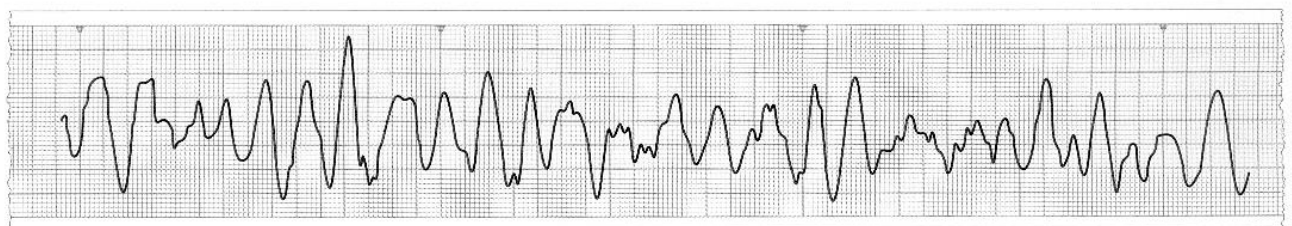
Ventricular rate above 120 beats per minute

Broad QRS complexes

Ventricular Fibrillation

Ventricular Fibrillation presents as an irregular, chaotic rhythm, lacking pattern with no identifiable P waves or QRS complexes. This arrhythmia is NOT compatible with a cardiac output and is a cardiac arrest; the cardiac arrest team must be called immediately as rapid defibrillation is essential in the successful treatment of this arrhythmia.

VF can be coarse and easily identified but can be fine and harder to recognise.



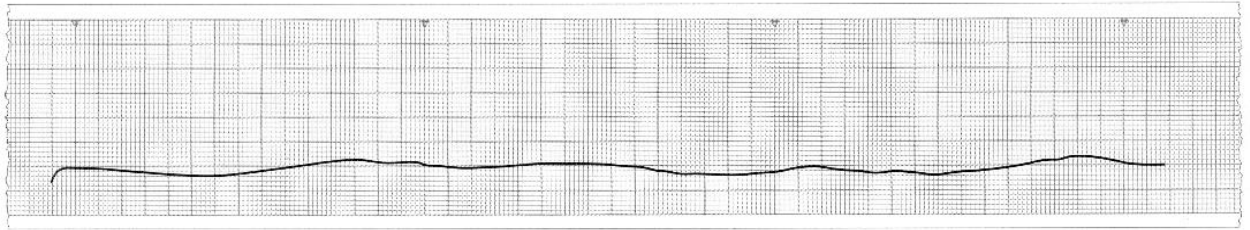
Ventricular Fibrillation

Gain settings and leads should be checked quickly whilst cardiac arrest is being confirmed; to ensure no equipment failure is to blame.

Bizarre, Irregular complexes

Varying amplitudes

Asystole



Asystole

This represents a complete absence of electrical activity within the heart. It is characterised by a fine, undulating line (unlikely to be completely flat) on the ECG monitor. Again, check the equipment and leads.

This rhythm will not respond to defibrillation and a reversible cause must be found quickly whilst basic life support and resuscitation is initiated.

Implies the absence of ventricular activity.

No QRS complexes are present.

Patient is in a state of full cardiac arrest.

In asystole - always check patient, check leads, check monitoring mode (? Paddles), increase the monitoring gain to rule out fine VF

Pulseless electrical activity (PEA)

This phenomenon occurs when the ECG displays a rhythm that would normally be associated with a cardiac output (with the exception of VT) when the patient is in confirmed cardiac arrest. Any rhythm could be displayed.

Formally Electromechanical dissociation

Absence of cardiac output

Rhythm compatible with cardiac output

