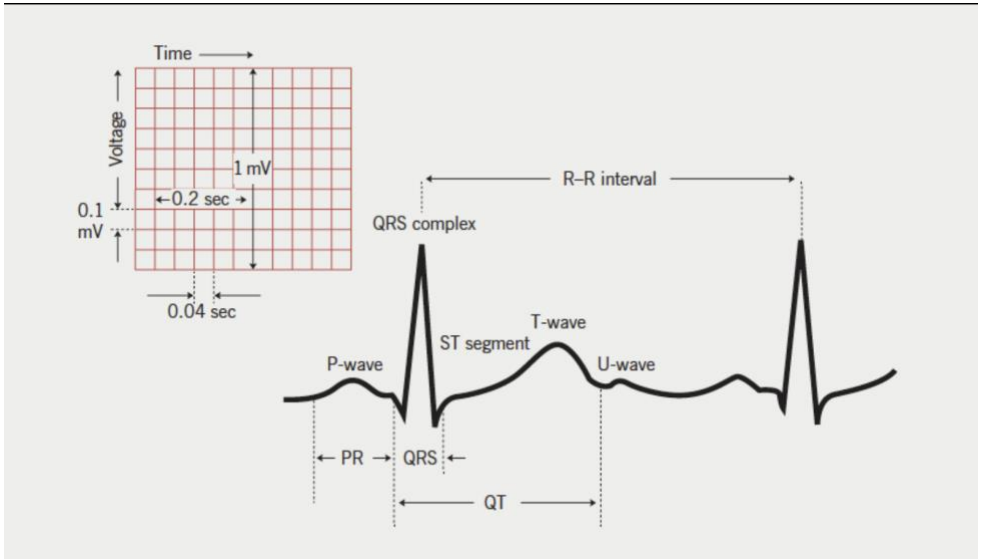

- The P-wave should be 2–3 small squares in duration (0.08–0.11 s)
- The PR interval should be 3–5 squares in duration (0.12–0.20 s)
- The QRS complex should be 1.5–2.5 small squares in duration (0.06–0.11 s)
- The QT interval should be 9–11 small squares (0.36–0.44 s)
- Use the links in the table for more information

https://litfl.com/ecg-library/basics/

		Insert comments in the boxes below.
Rhythm		.....
Axis	Normal - Lead I and AVF +ve	.....
(-30 to +90)	LAD - Lead I +ve and AVF -ve	.....
	RAD - Lead I -ve and AVF +ve	.....
Rate	Tachycardia > 100	.....
(3-5 small squares)	Bradycardia <60	.....
		.....
	Narrow complex	.....
	Wide Complex	.....
P-Waves		.....
	Absent	.....
	Present	.....
		.....
PR interval	Duration 0.12-0.2s	.....
Heart Block	1st degree	.....
	Mobitz 1	.....
	Mobitz 2	.....

Q-Wave		
	Normal: <25%R in I, aVL, AVF, V4,5,6	.....
	Pathological: V23 > 0.02s, other >0.03s + >1mm deep	.....
		.....
QRS morphology		.....
QRS widening	<120	.....
	>120	.....
	LBBB	.....
	RBBB	.....
ST segment		.....
	Elevation	.....
	Depression	.....
	Benign Early Repolarisation	.....
T-wave		.....
V3 should not be inverted. If it is it is either: Abnormal V3 chest lead too high	normal <2/3	.....
	Peaked	.....
	Inverted	.....
QTC		.....
	>450 ♀	.....
	>440 ♂	.....
	>500 (risky)	.....
Inverted limb leads		.....
	Inverted T and P Lead II, AVL and AVR swap	.....
Any signs of ischaemia?		.....