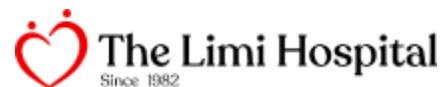


ECG INTERPRETATION FOR EVERYDAY PRACTICE IN 90mins



Dr. Iseko Iseko

Consultant Physician/interventional Cardiologist



Basic Requirements to Learn ECG

1. Believe you can
2. Get a Pen and a Paper and Write
3. Practice, Practice, Practice some more
4. Some formulas must be memorized
5. Keep the understanding of the heart while interpreting the ECG

Introduction

- Recording of electrical activity of the heart
- A relatively **cheap and widely available tool**
- Useful in **detection and diagnosis, assessment of response** to treatment of heart condition
- Also useful in non cardiac condition- electrolyte derangement, hypothermia



WETIN THE LINES MEAN SEF?

**FOUNDED
SINCE 1982**



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Since 1982

 Plot 1457, Off Constitution Avenue, behind
KPC/NDIC, CBI, Abuja.

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Hospital**

 39, Ademola Adetokunbo Crescent,
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www.limihospital.net



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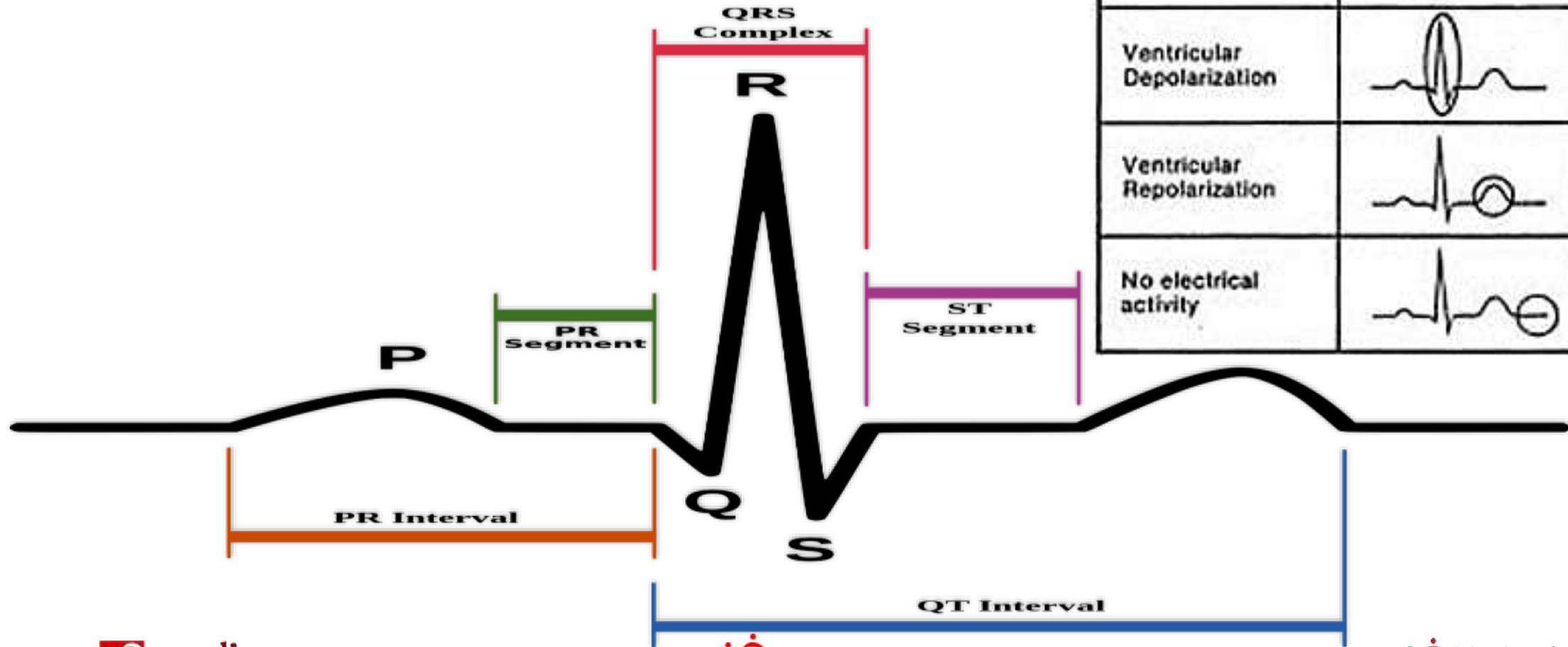
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 08174440888, 08174445344, 09083317777

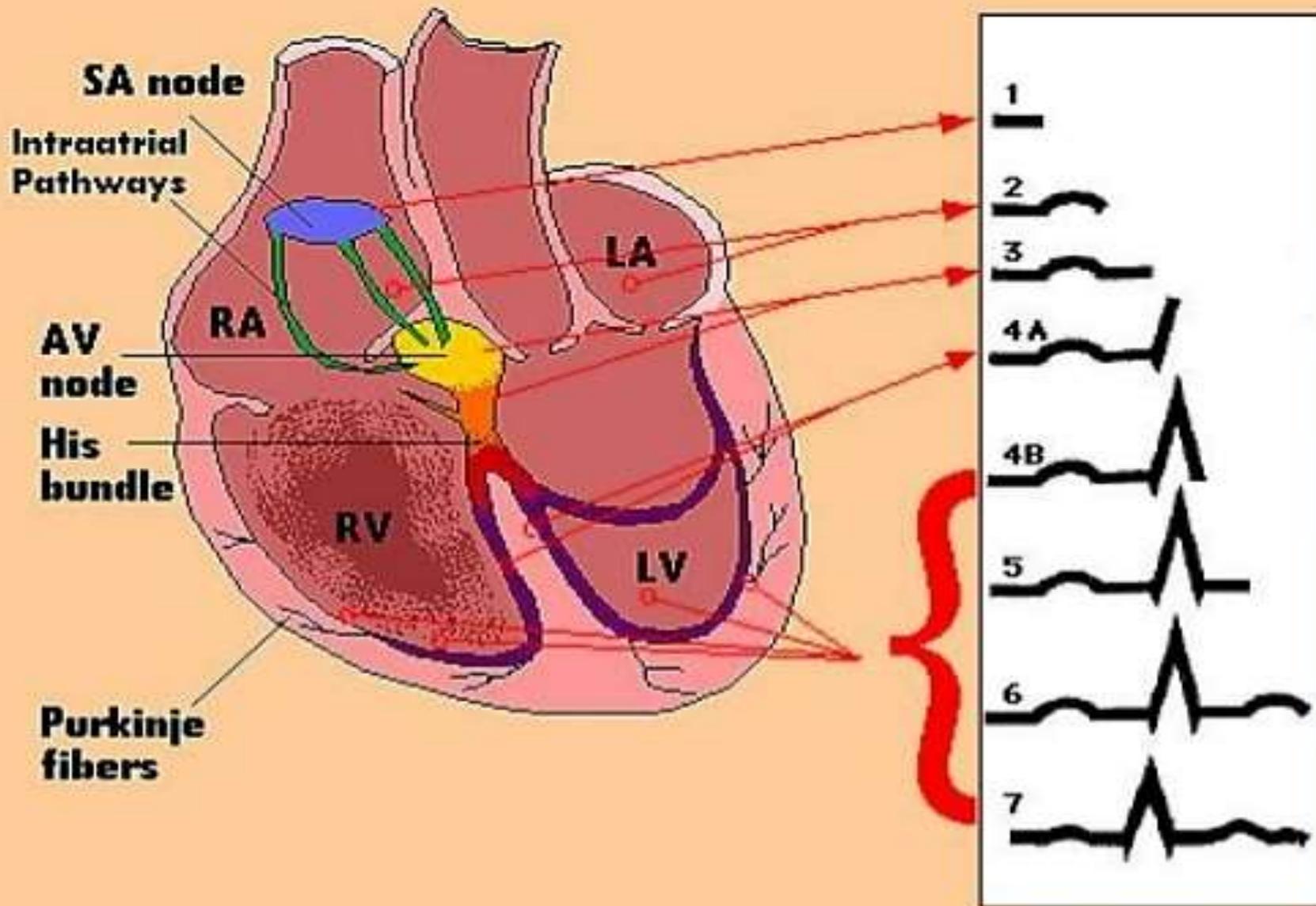
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***TO SUPPORT
& SERVE***

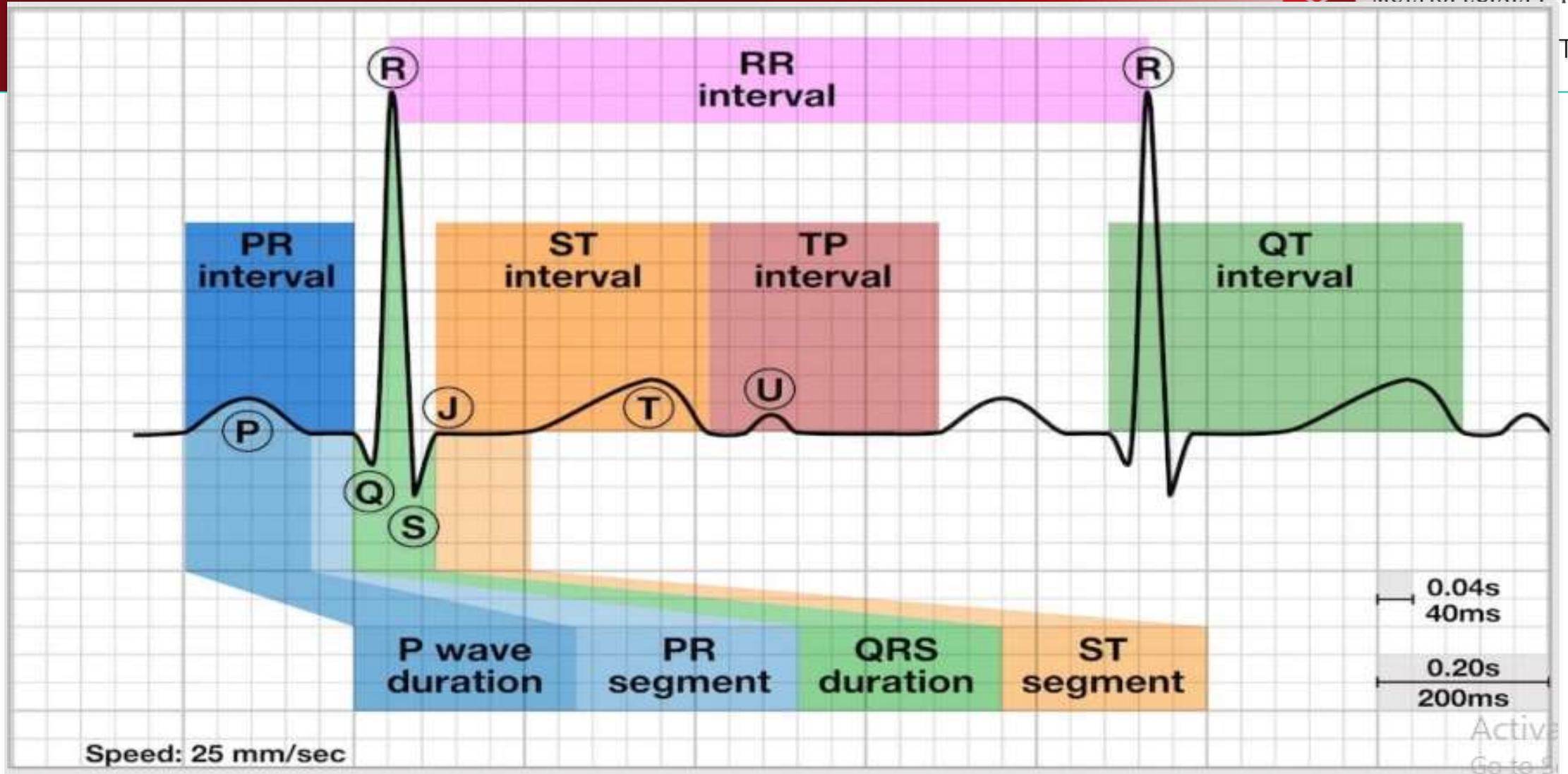
WHAT IT MEANS



Electrical Activity	Graphic Depiction	Associated Pattern
Atrial Depolarization		P Wave
Delay at AV Node		PR Segment
Ventricular Depolarization		QRS Complex
Ventricular Repolarization		T Wave
No electrical activity		Isoelectric Line



1. SA node discharge
no deflection
2. Right and left atrial
activation: P wave
3. Activation of AV
node and bundle of His:
No deflection
- 4A. Septal activation:
Onset of QRS complex,
initial septal Q wave
- 4B. Left ventricular free
wall activation:
Inscription of QRS
complex
5. Full ventricular
activation: No deflection
6. Ventricular
repolarization: His
Purkinje T wave
7. Late ventricular
repolarization: His
Purkinje U wave





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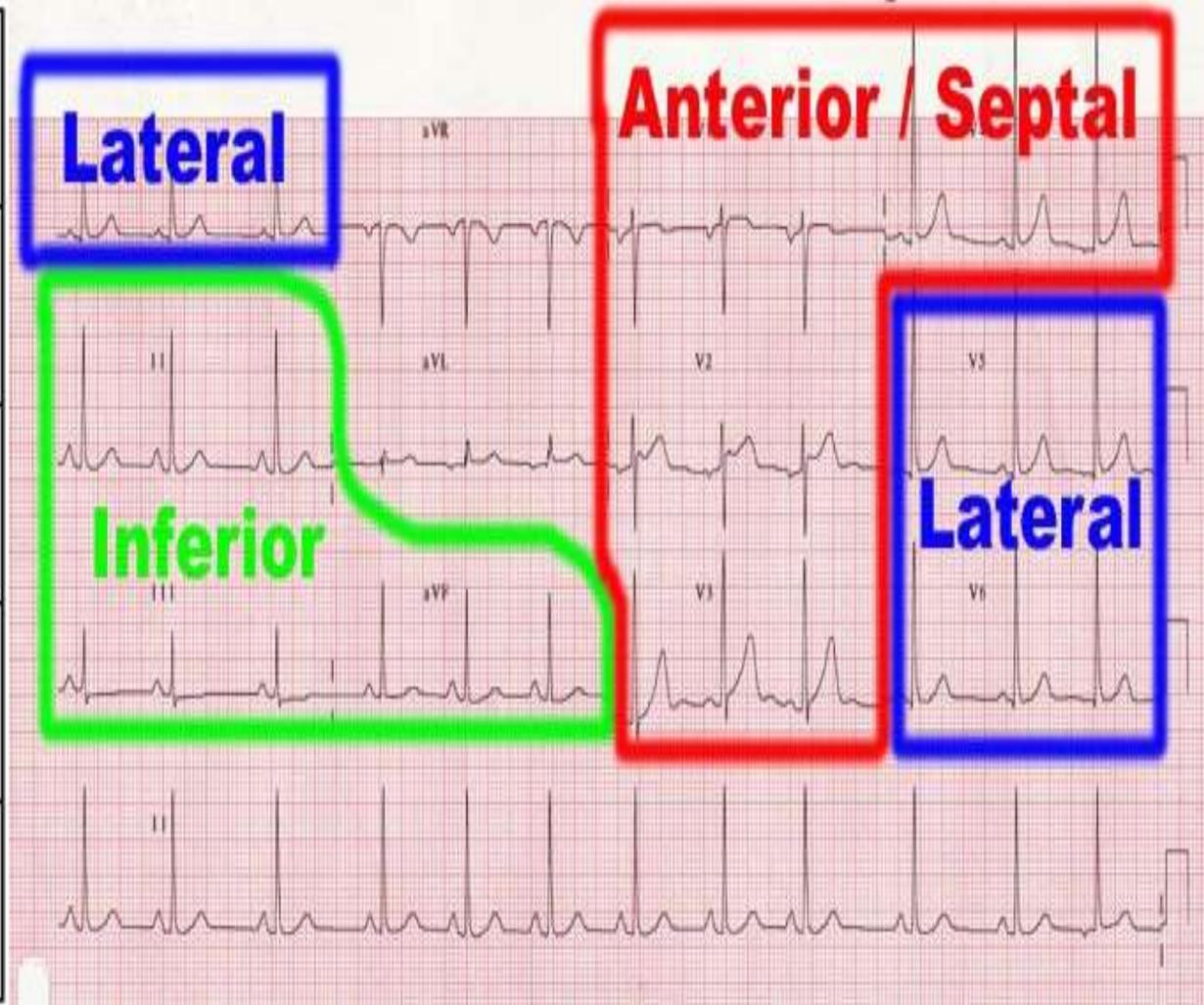
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Since 1982

 **Limi Children's Hospital**

EACH LINE REPRESENTS A VIEW OF THE HEART

View of heart	Leads
Inferior	II, III, aVF
Lateral	I, aVL, V5, V6
Anterior	V3, V4
Septal	V1, V2



BASIC ECG TEMPLATE

1. IDENTIFY NAME AND CALIBRATION
2. RHYTHM AND P WAVES
3. QRS- WAVES
4. ST SEGMENT (& OTHER SEGMENTS)
5. Q WAVES
6. T WAVES



1. Identify the ECG

What are the Cardiocare Multispecialty Hospital's services?

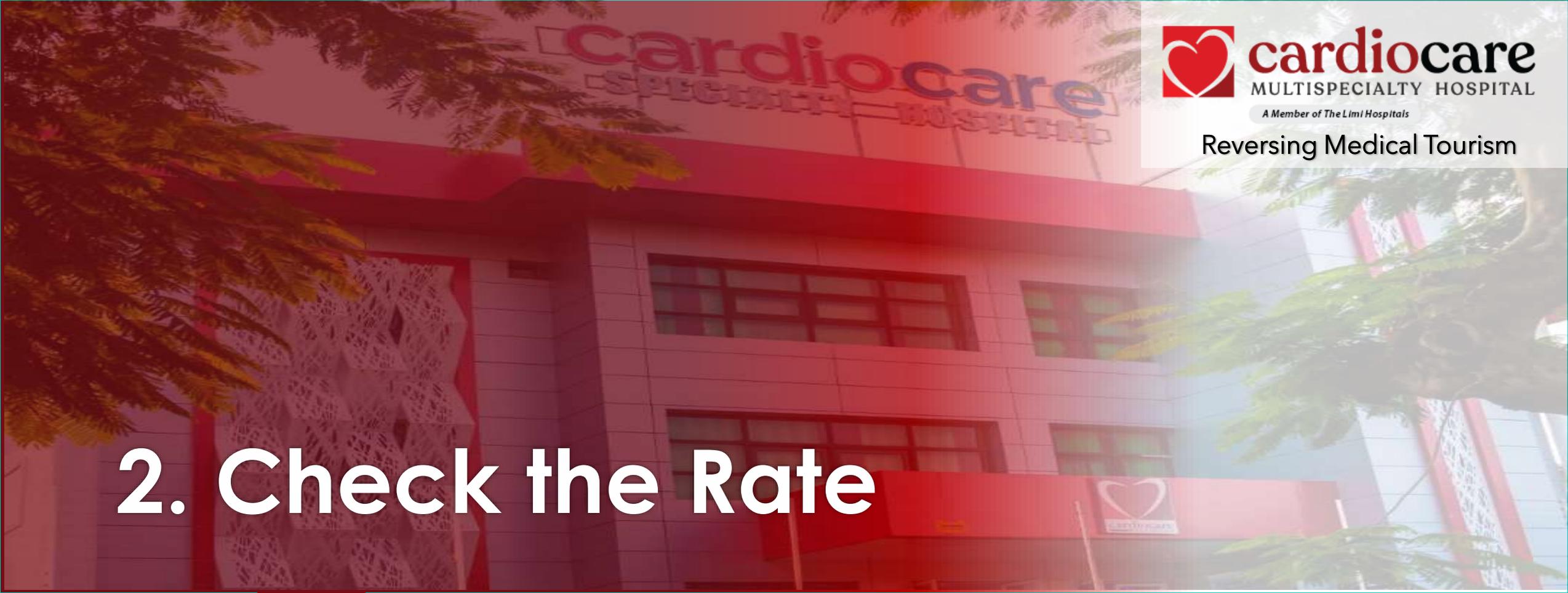
We provide **24/7 world-class healthcare solutions** for patients, hospitals, and their doctors in:

- ✓ Interventional Cardiology (Cathlab)
- ✓ Endocrinology, Diabetology & Metabolic Medicine
- ✓ Cardiology
- ✓ Nephrology, Transplant & Dialysis
- ✓ Neurology
- ✓ Rheumatology
- ✓ Pulmonology
- ✓ Critical Care
- ✓ Cardiothoracic Surgery
- ✓ General Internal Medicine
- ✓ Comprehensive Medical Checkups



Identify the ECG

- Check correct name and ECG
- Check standard speed and calibration
 - 10mm = 1mV
 - 25mm/sec



2. Check the Rate

2. Check the Rate

- **Computer Generated Rate is usually ok in most cases**
- Check number of Big Boxes between R and R and divide by 4



Large square method: Divide 300 by the number of large squares between R-R interval. Useful for regular rhythms.

HR- TACHY



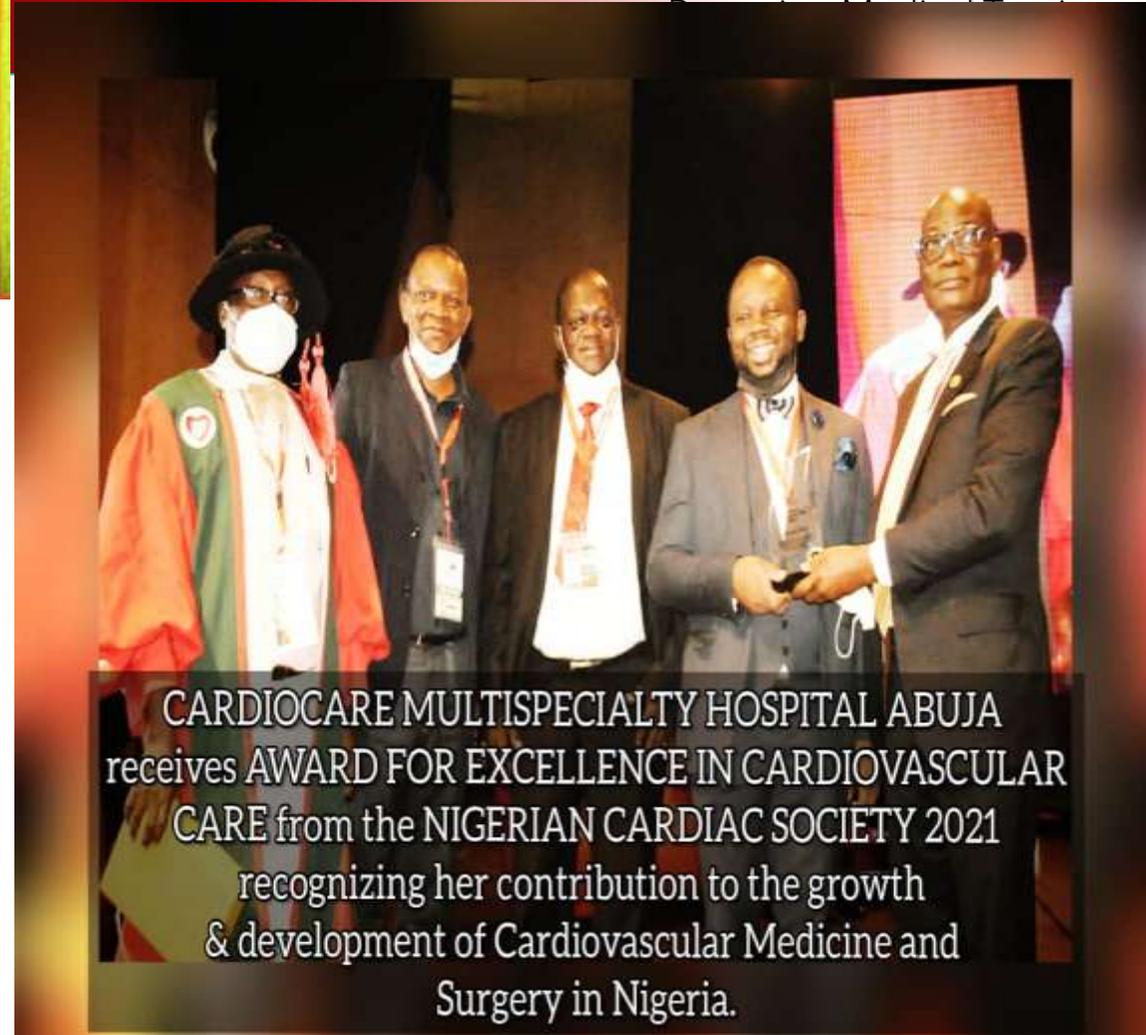
Who is Cardiocare Multispecialty Hospital

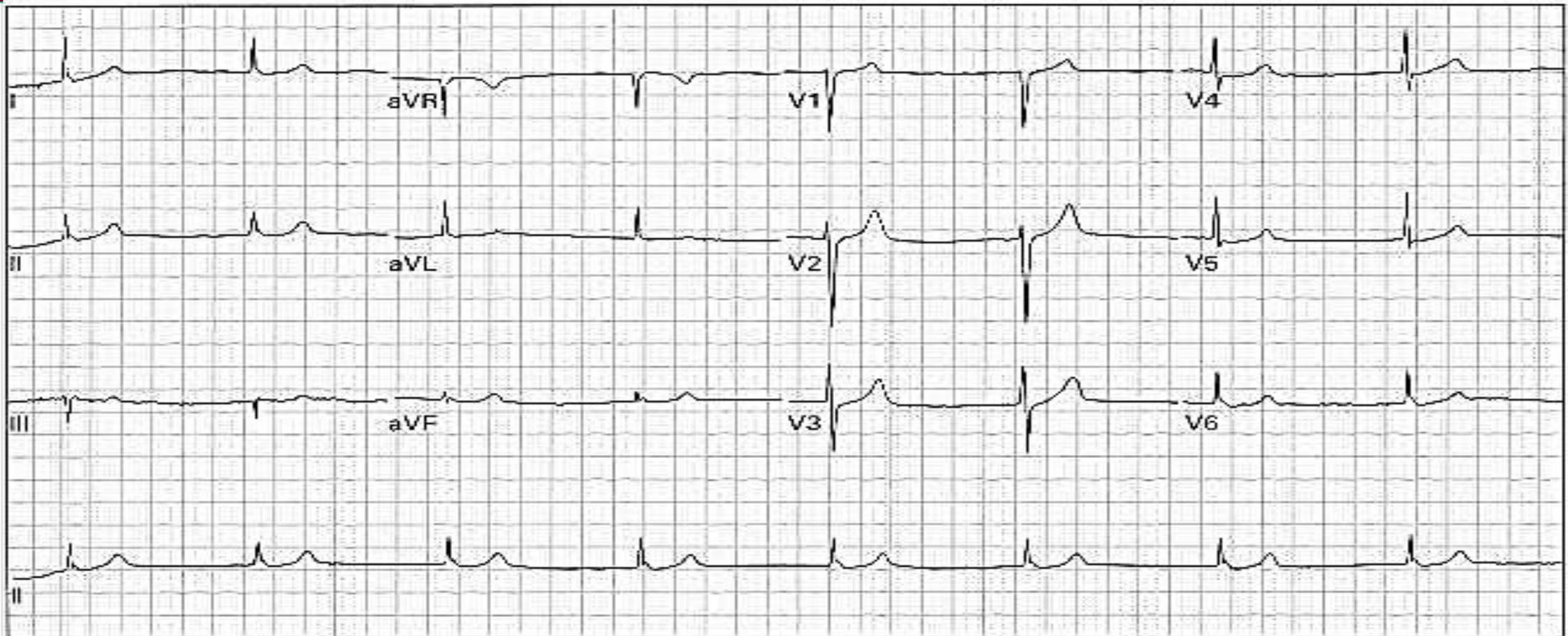


Northern Nigeria's **pioneer standalone Institution** wholly dedicated to comprehensive **Cardiovascular and Internal Medicine.**

Received Multiple **Awards for Excellence in Service.**

We are a **Support Hospital** for your practice in Nigeria through our **specialized services, training, and research in collaboration with**

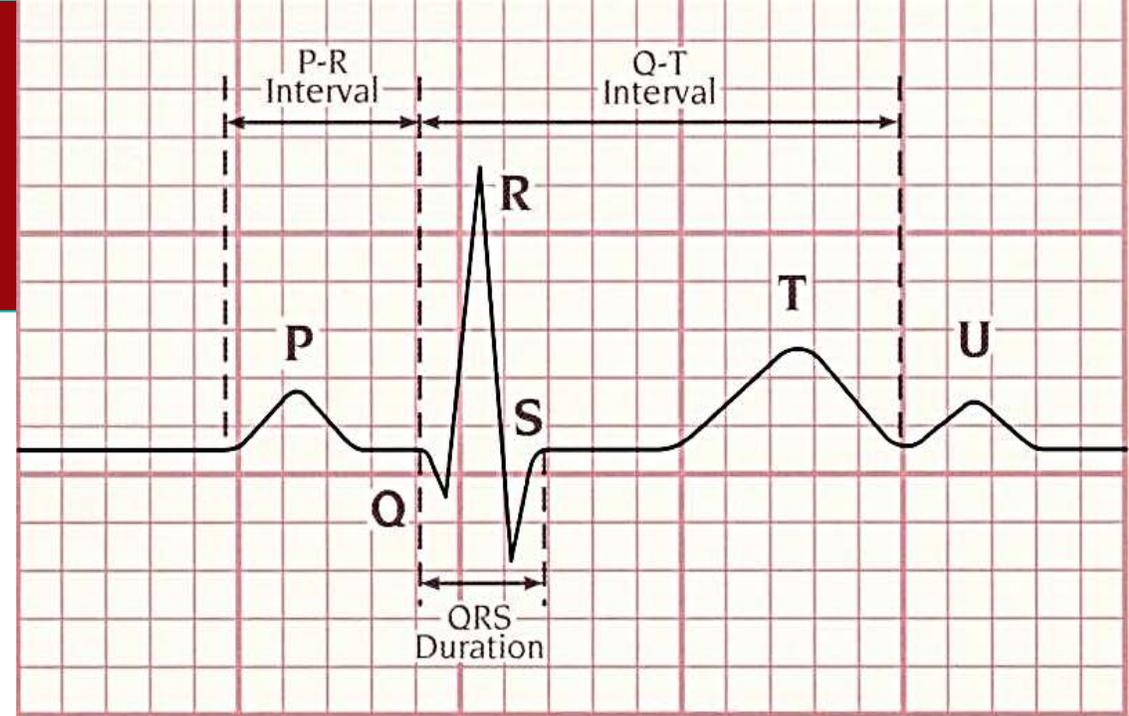




5. 48 year old woman reports severe lightheadedness with walking; she recently started a new medication for hypertension

3. Check the Rhythm & P-WAVE

RHYTHM



NORMAL SINUS RHYTHM?

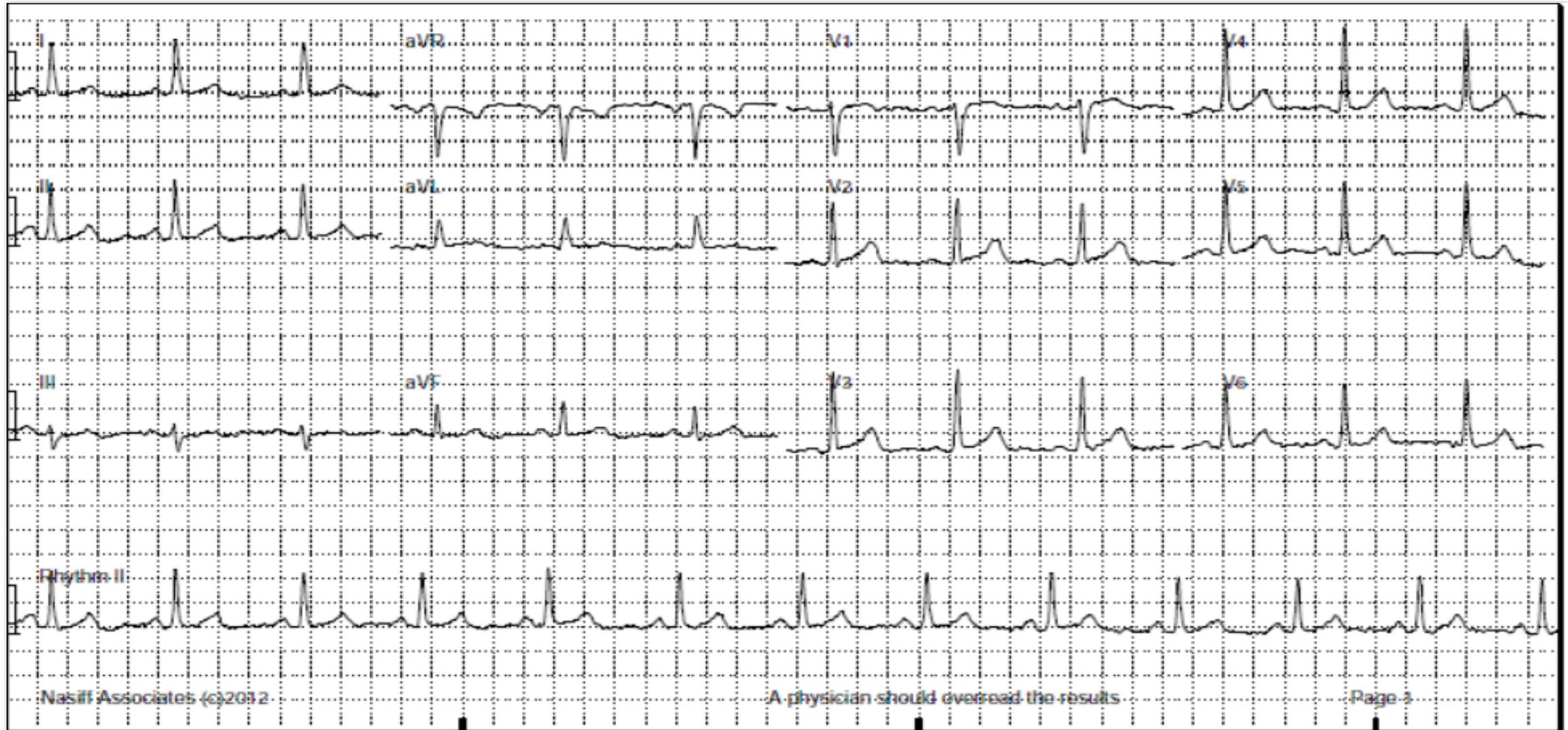
- A. ARE THE R-R INTERVALS REGULAR?
- B. P WAVE IS UPRIGHT IN LEAD II AND INVERTED IN aVR?
- C. ALL QRS COMPLEXES ARE PRECEDED BY A P WAVE?
- D. ALL P WAVES HAVE A QRS COMPLEX AFTER IT?
- E. ALL P WAVES ARE SIMILAR AND NORMAL LOOKING?

What are the Cardiocare Multispecialty Hospital's services?

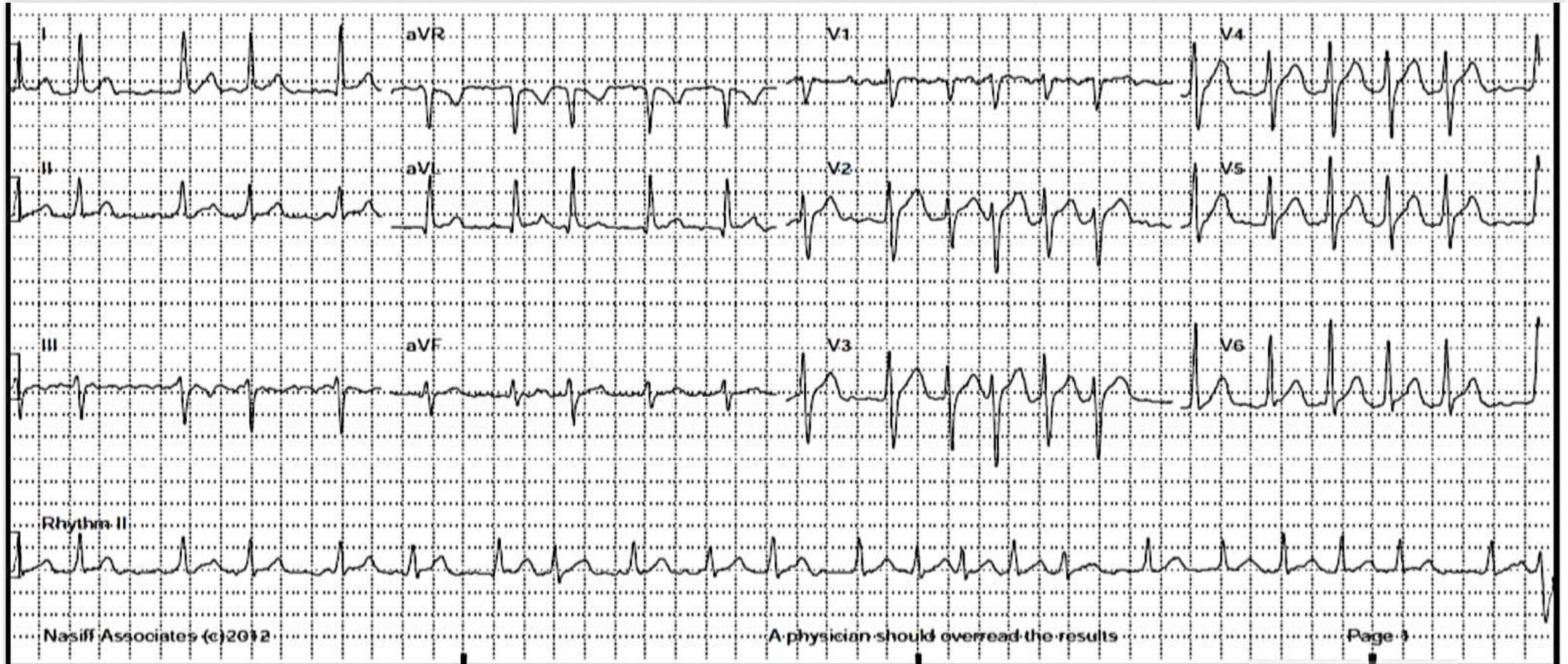
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- ✓ Interventional Cardiology (Cathlab)
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- ✓ Critical Care
- ✓ Cardiothoracic Surgery
- ✓ General Internal Medicine
- ✓ Comprehensive Medical Checkups

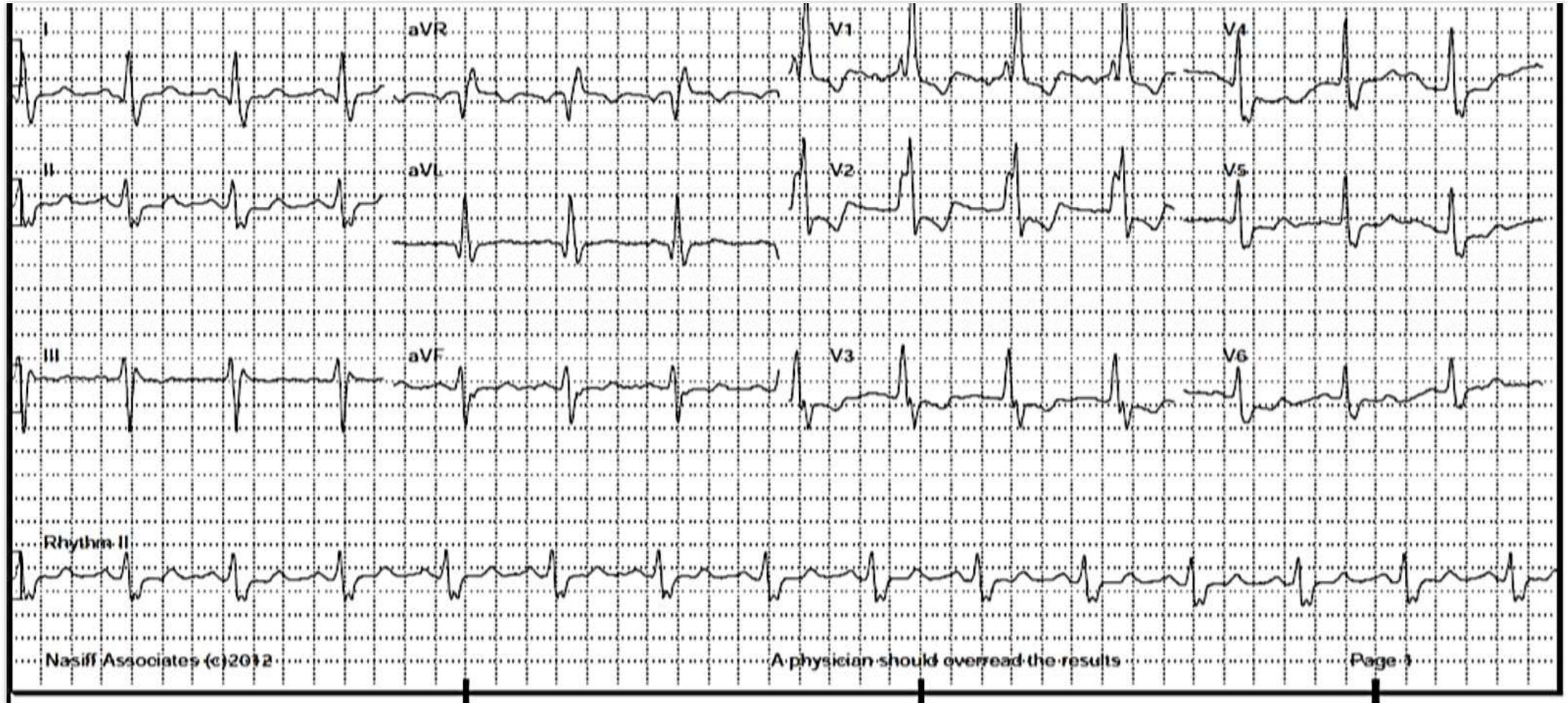




Sinus Rhythm? or Not?

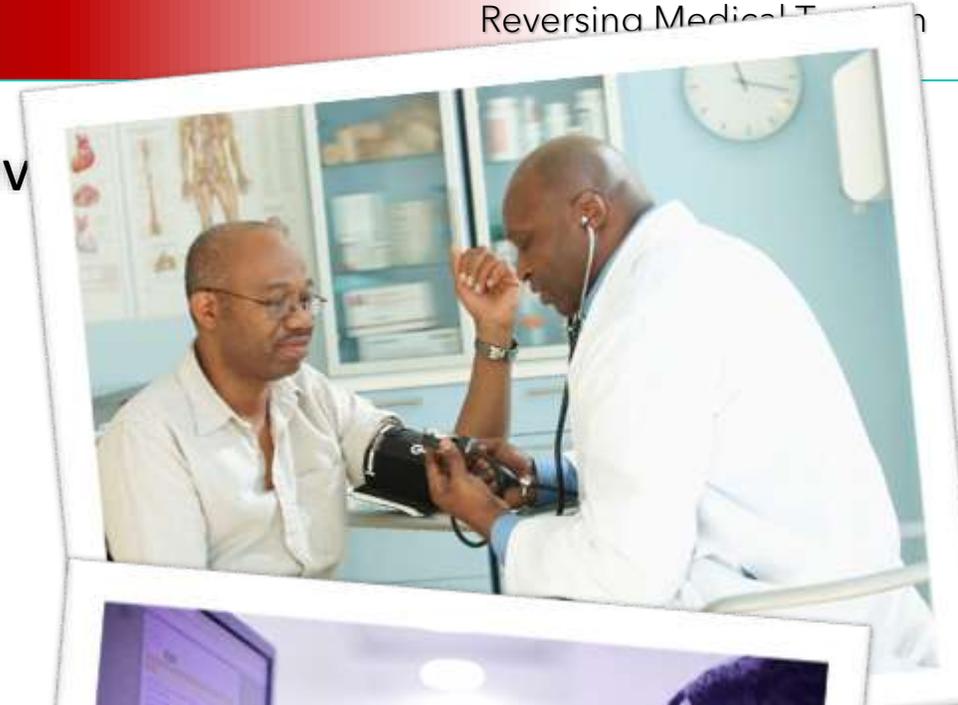


Sinus Rhythm? or Not?

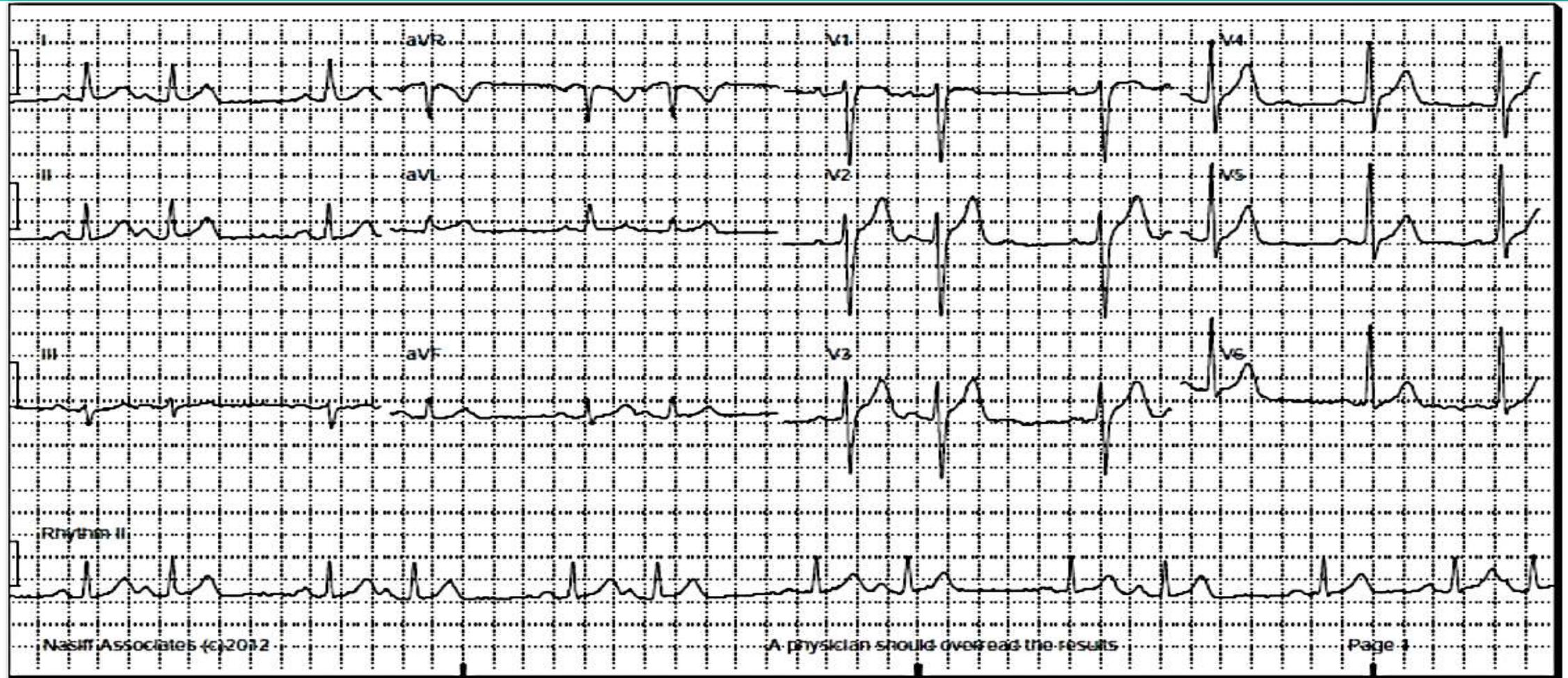


How to refer patients to Consider Cardiocare Multispecialty Hospital?

1. Give a standard referral letter & preferably attach any available test results.
2. **Call:** 0908-331-7777, 0817 444 0888
3. **WhatsApp:** 0908-331-7777, 0806-530-1797
4. **Email:** frontdesk@cardiocare.ng
5. **Visit:** 5, Giza Close Area 11, Garki (off near FCDA) Abuja-FCT.
6. Kindly indicate Doctor's name, & email/phone number especially for the medical report afterwards.



Sinus Rhythm? or Not?



Nasir Associates © 2012

A physician should oversee the results

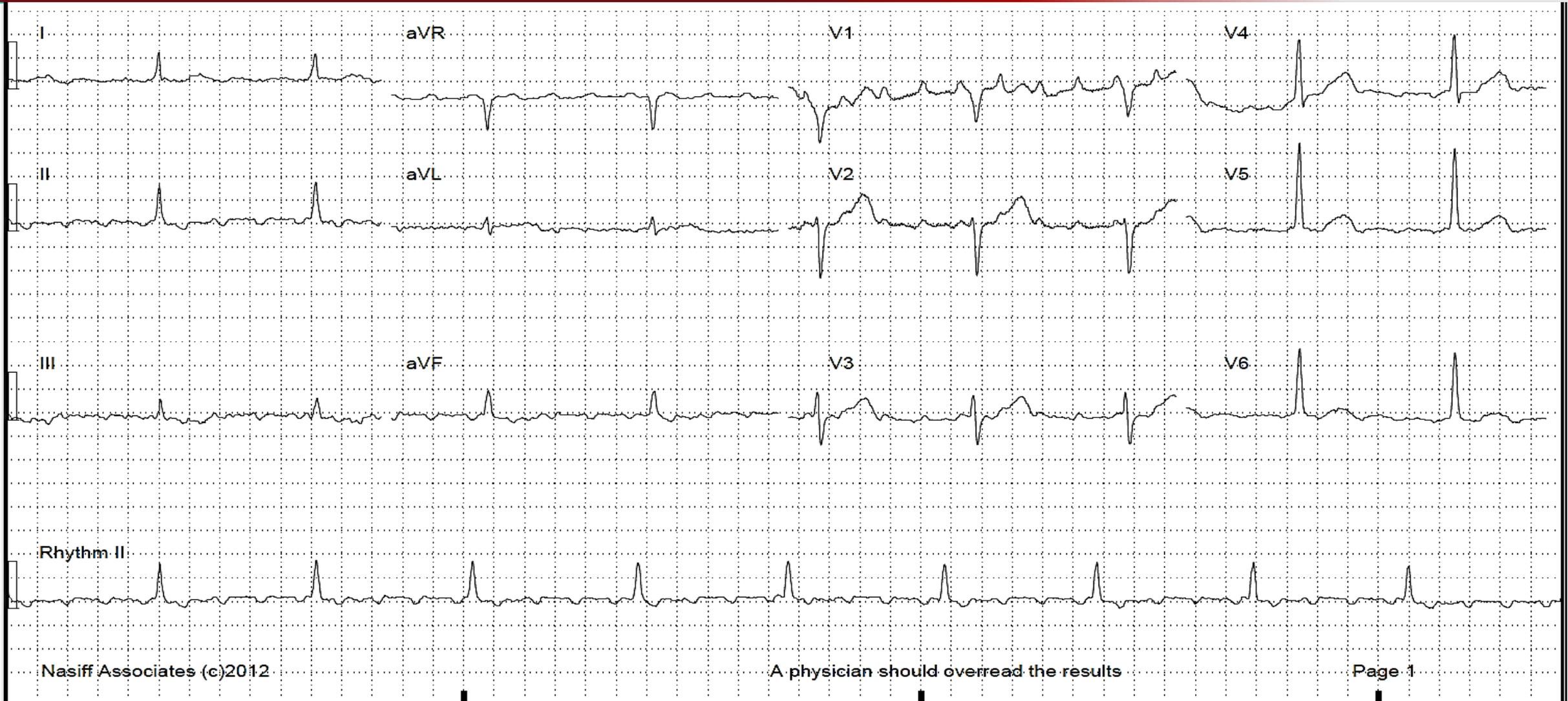
Page 1

RHYTHM RED FLAGS

	Regular?	Fast/Slow	P waves?	QRS appearance?	
Atrial Fibrillation	No	Either	No	Normal	URGENT.
Atrial Flutter	Yes/No	Either	Multiple P waves	Normal	URGENT.
Complete Heart Block	No	Slow	Yes, but not before QRS	Normal or Wide	EMERGENCY!!
Ventricular Tachycardia	Yes	Fast	No	Wide & Bizarre	EMERGENCY!!
Ventricular Fibrillation	No	Very Fast	no	Hardly detectable, Jaga-Jaga	EMERGENCY!!

***** ALL RHYTHM PROBLEMS SHOULD BE REFERRED TO A SPECIALIST after initial care*****

Atrial Flutter





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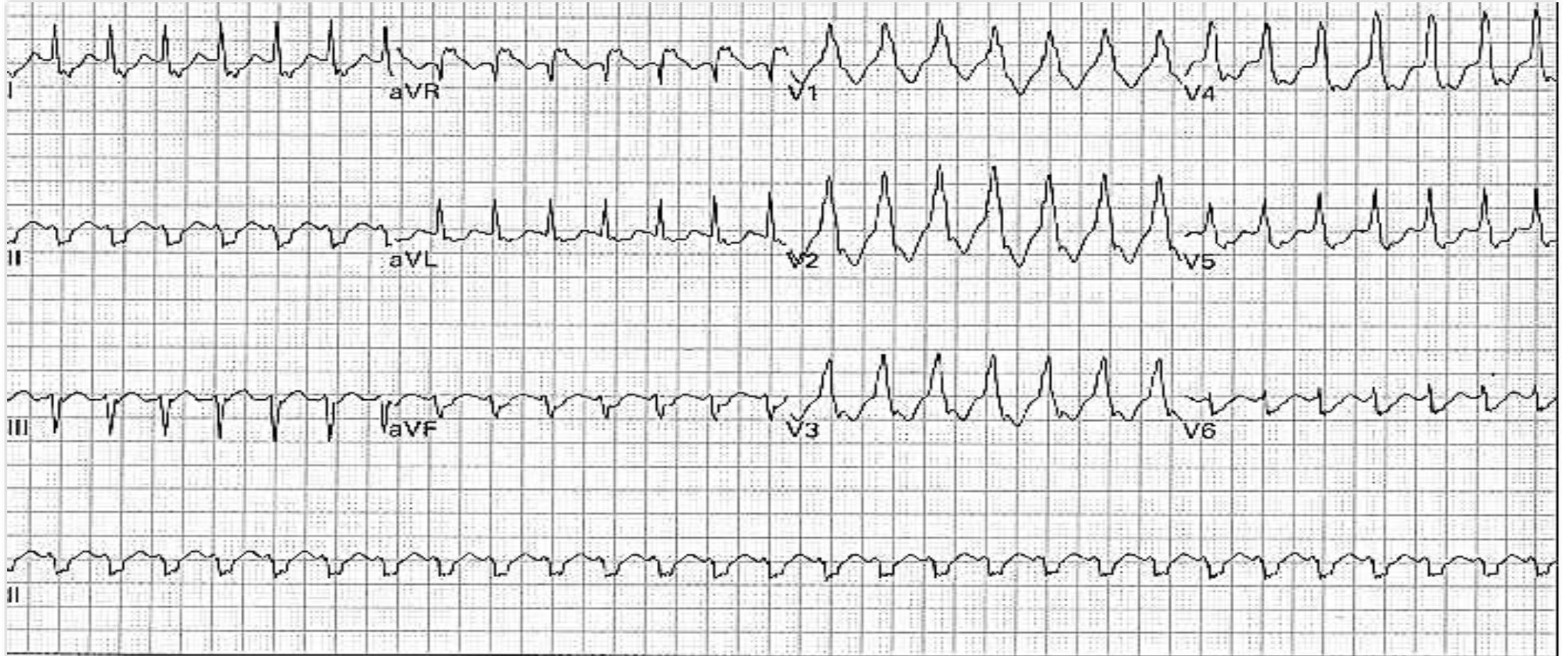
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MULTISPECIALTY HOSPITAL

•Clinical & Interventional Cardiology •Endocrinology & Diabetology •Neurology •Nephrology and Dialysis •Hepatology •Critical and Intensive Care •Internal Medicine

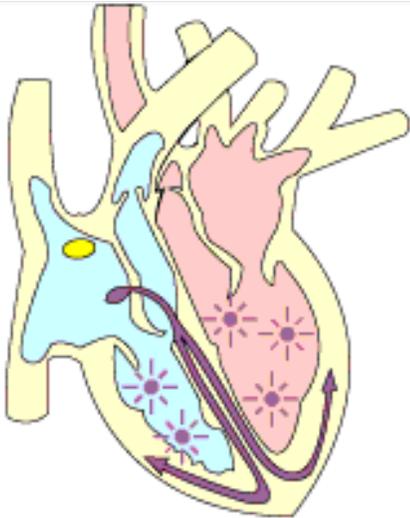
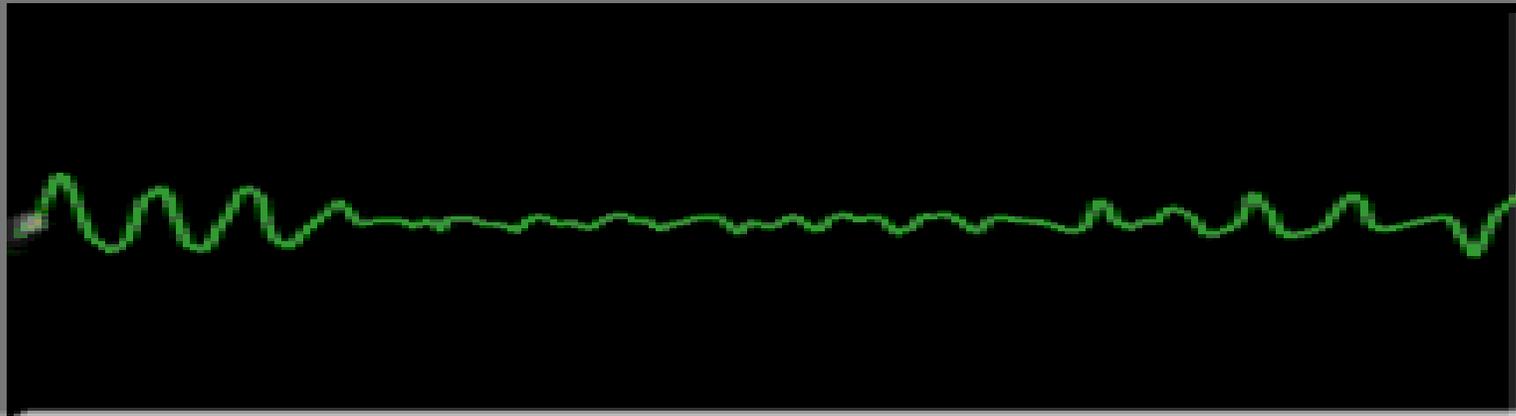
5 Giza Close, Area 11 Garki, Abuja-Nigeria.
0817 444 0888, 0817 444 5544, 0908 331 7777
frontdesk@cardiocare.ng

Ventricular Tachycardia



9. 74 year old man with chest pain and palpitations

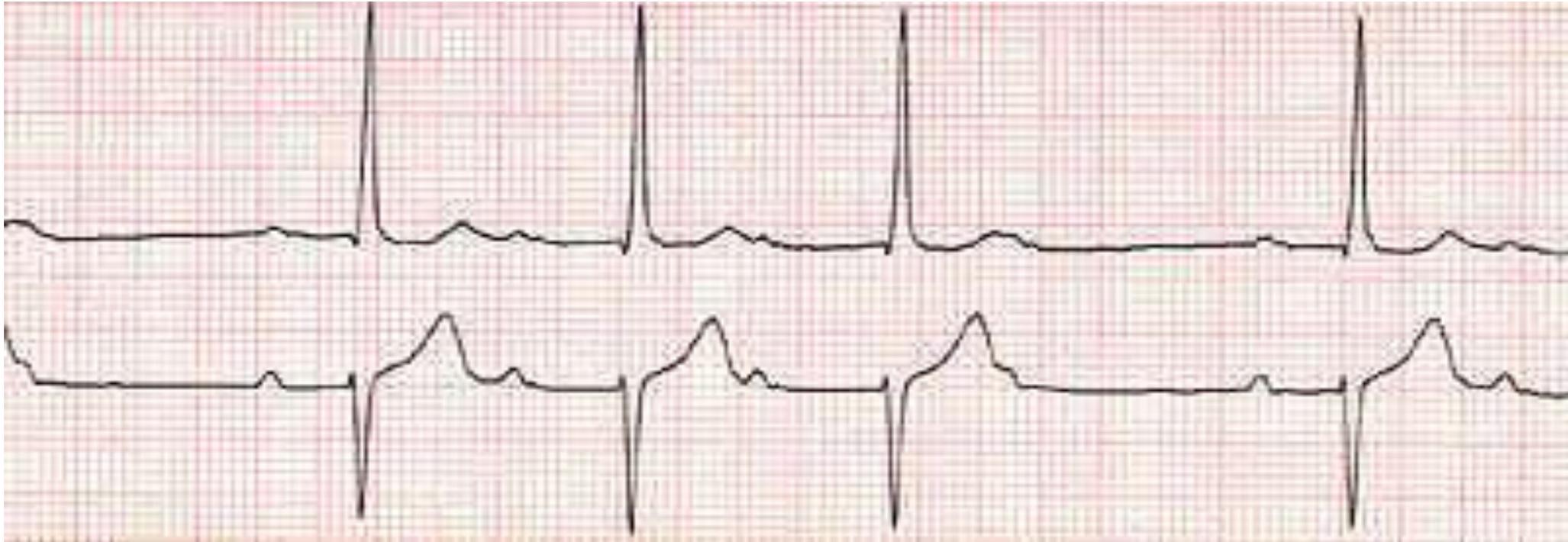
Ventricular Fibrillation (VFib)



Rate	cannot be counted
Regularity	rapid, not detectable
P waves	none
QRS	none detectable

What is this rhythm?

Type 1 second degree block (Wenckebach)



OUR FOCUS

❖ We aim to provide the best possible care with respect to

SAFETY

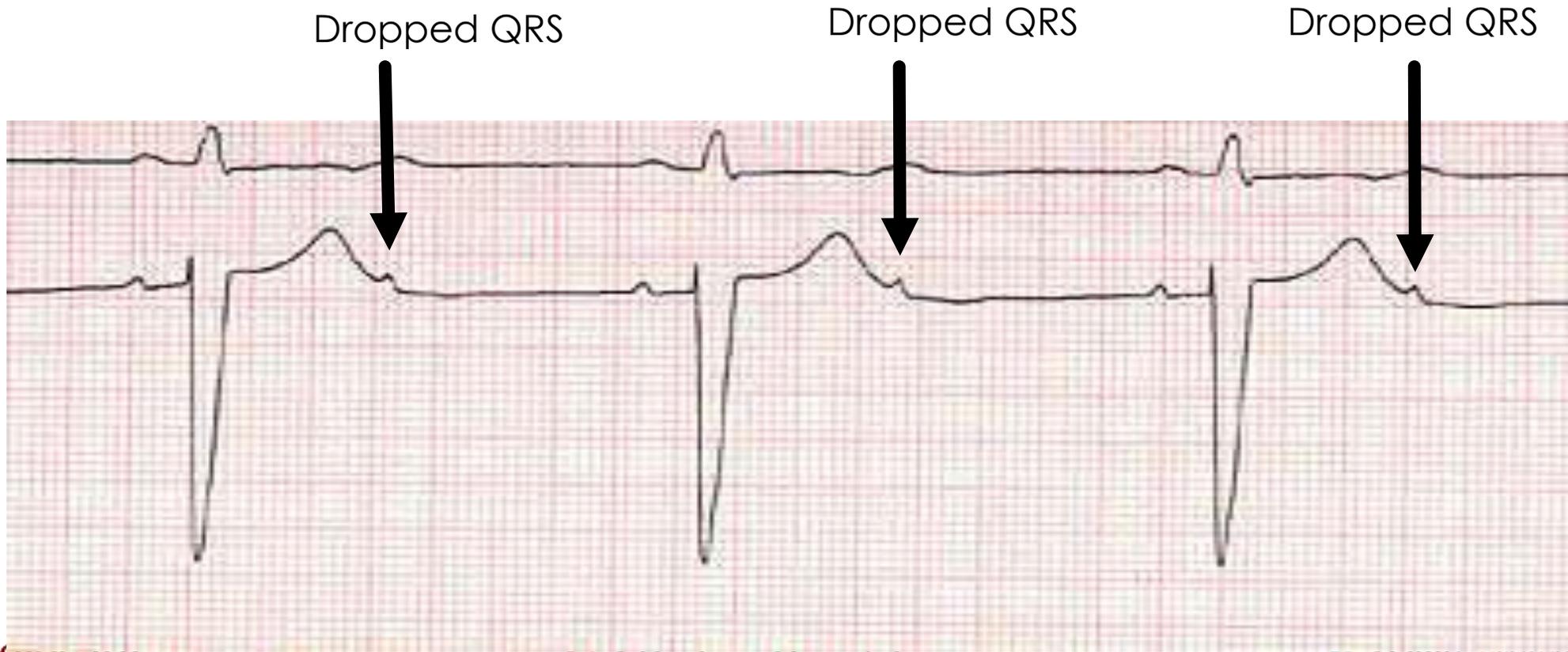
EFFECTIVENESS

PATIENT CENTEREDNESS

INTERNATIONAL STANDARDS

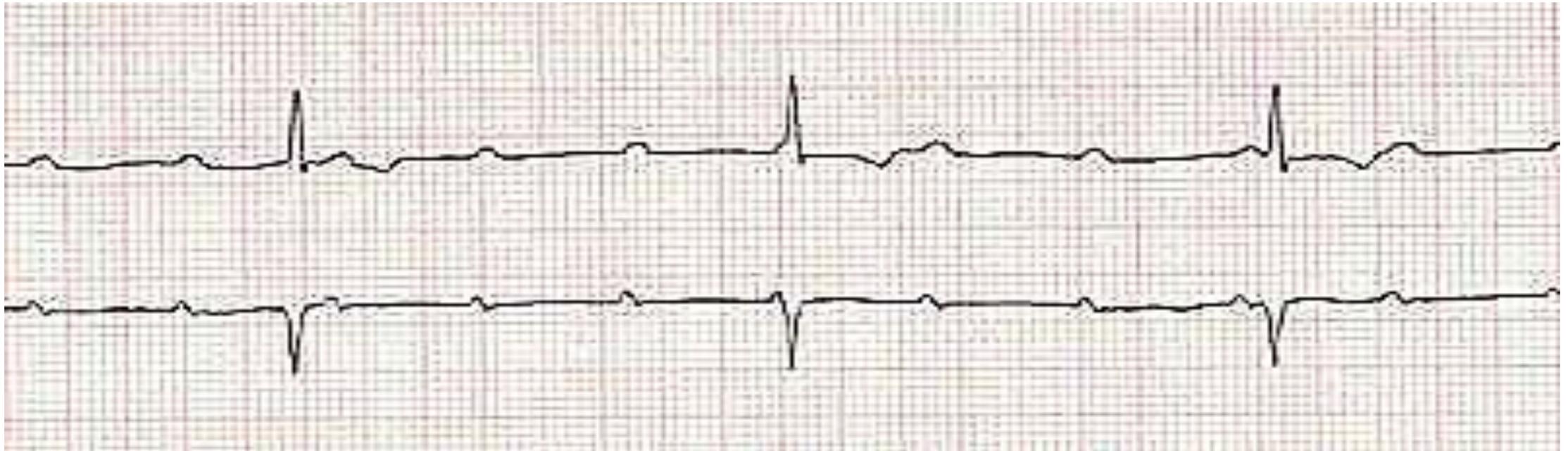
What is this rhythm?

Type 2 second degree AV block

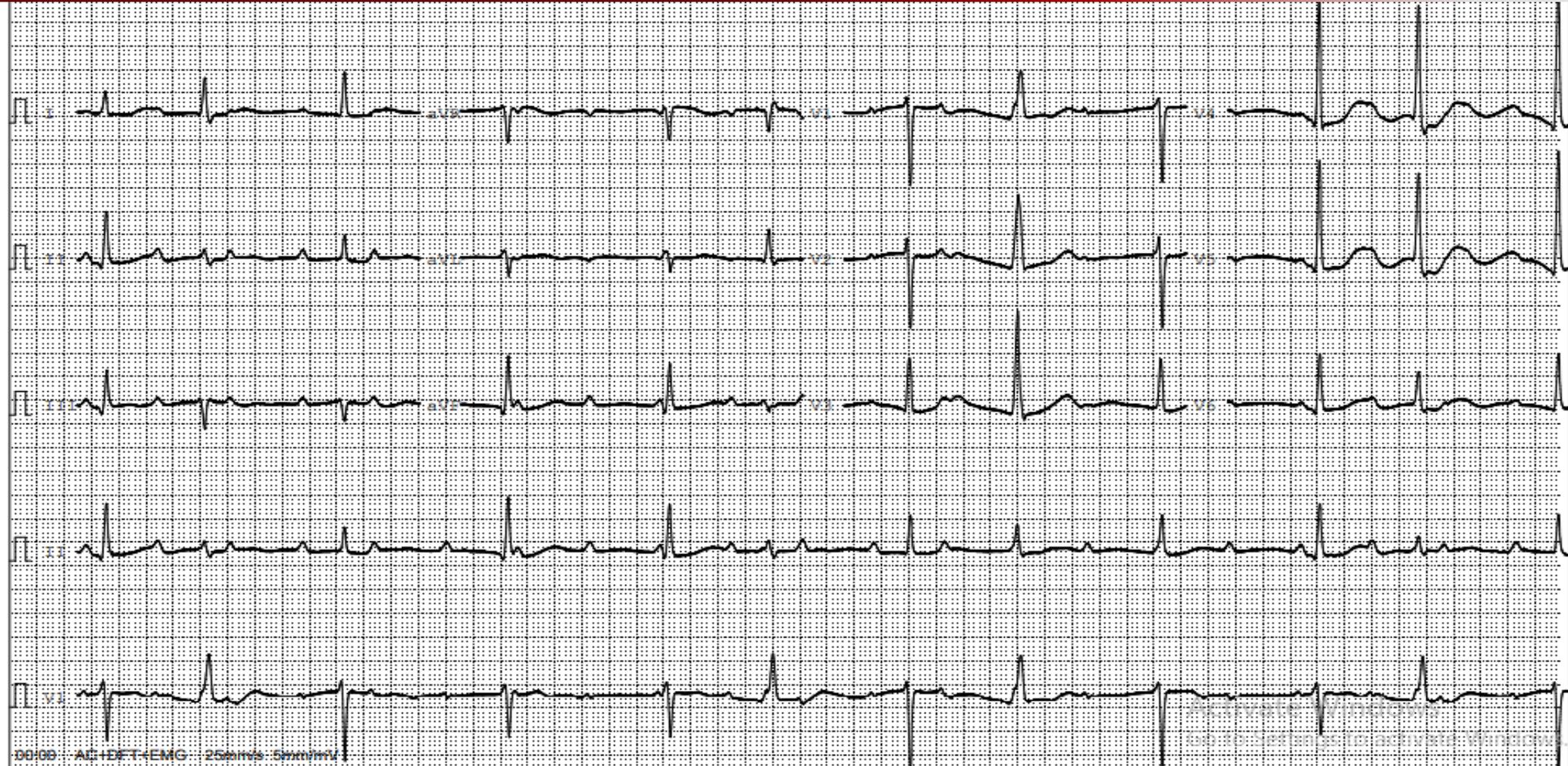


What is this rhythm?

3rd degree heart block (complete)



CALIBRATION, 3RD DEGREE AV BLOCK



ADVANCED CARE

Use links to go to a different page inside your presentation.



1 CORONARY ANGIOGRAPHY & INTERVENTIONS- For patients presenting with chest pains, acute coronary syndrome

2 PERIPHERAL ANGIOGRAPHY & INTERVENTIONS- For patients presenting with Peripheral vascular diseases causing tissue loss or gangrene

3 CARDIAC DEVICE IMPLANTATION & PROGRAMMING such as Pacemakers, ICDs, CRTs for patients presenting with heart failure & Cardiac rhythm abnormalities

4 STRUCTURAL HEART INTERVENTIONS – for patients presenting with ASD, VSD, PDA etc..

5 THROMBOEMBOLIC THERAPIES such as **IVC Filters**, for VTE (Venous Thrombo-embolic) treatment and management

6 CARDIAC SURGERY – Open Heart Surgery

7 KIDNEY TRANSPLANT & DIALYSIS

8 CRITICAL CARE

9 ADVANCED CARDIAC INVESTIGATIONS





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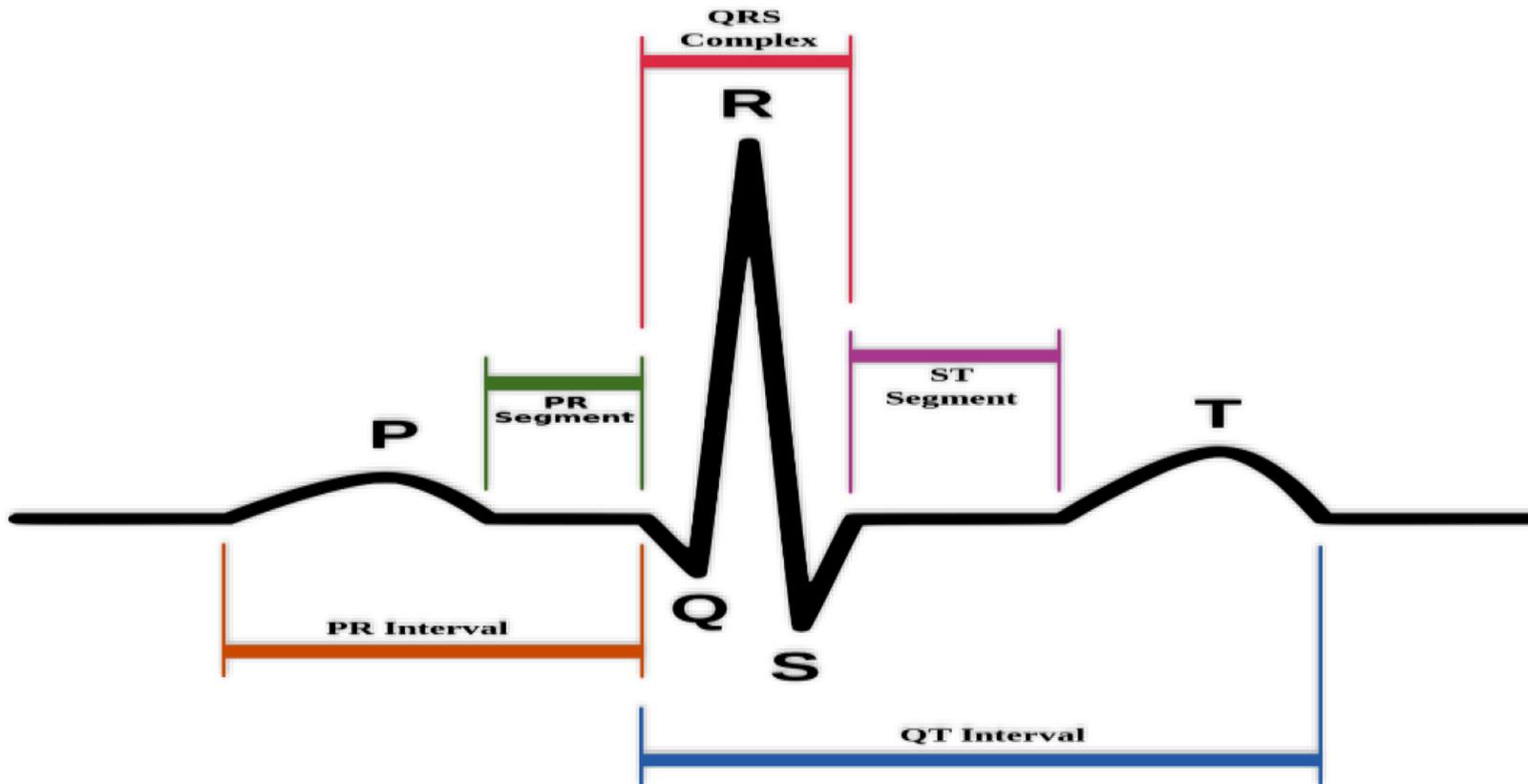
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Reversing Medical Tourism

Step 4. QRS



ECG WAVE – QRS?



Electrical Activity	Graphic Depiction	Associated Pattern
Atrial Depolarization		P Wave
Delay at AV Node		PR Segment
Ventricular Depolarization		QRS Complex
Ventricular Repolarization		T Wave
No electrical activity		Isoelectric Line

ADVANCED CARE

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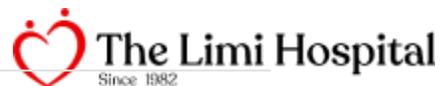
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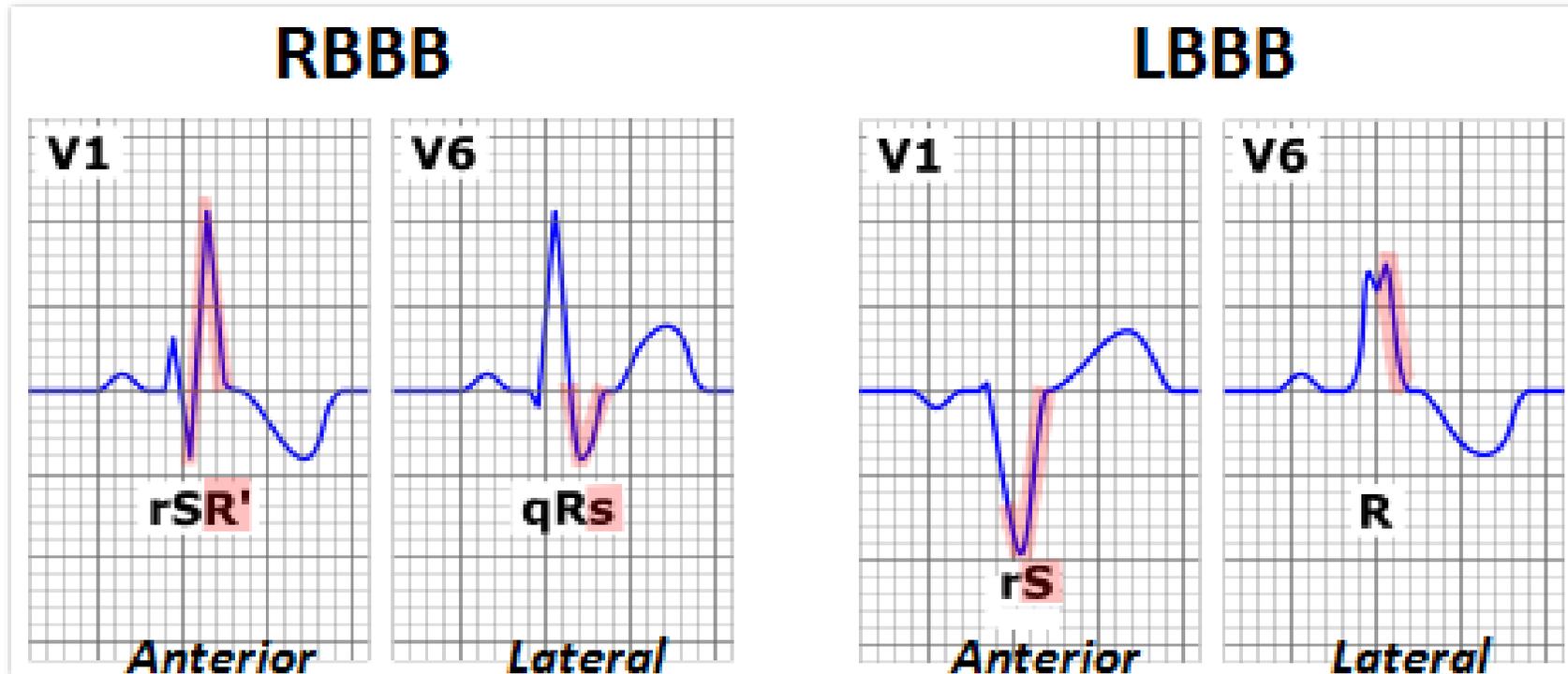
9 ADVANCED CARDIAC INVESTIGATIONS



Step 4- QRS Segment

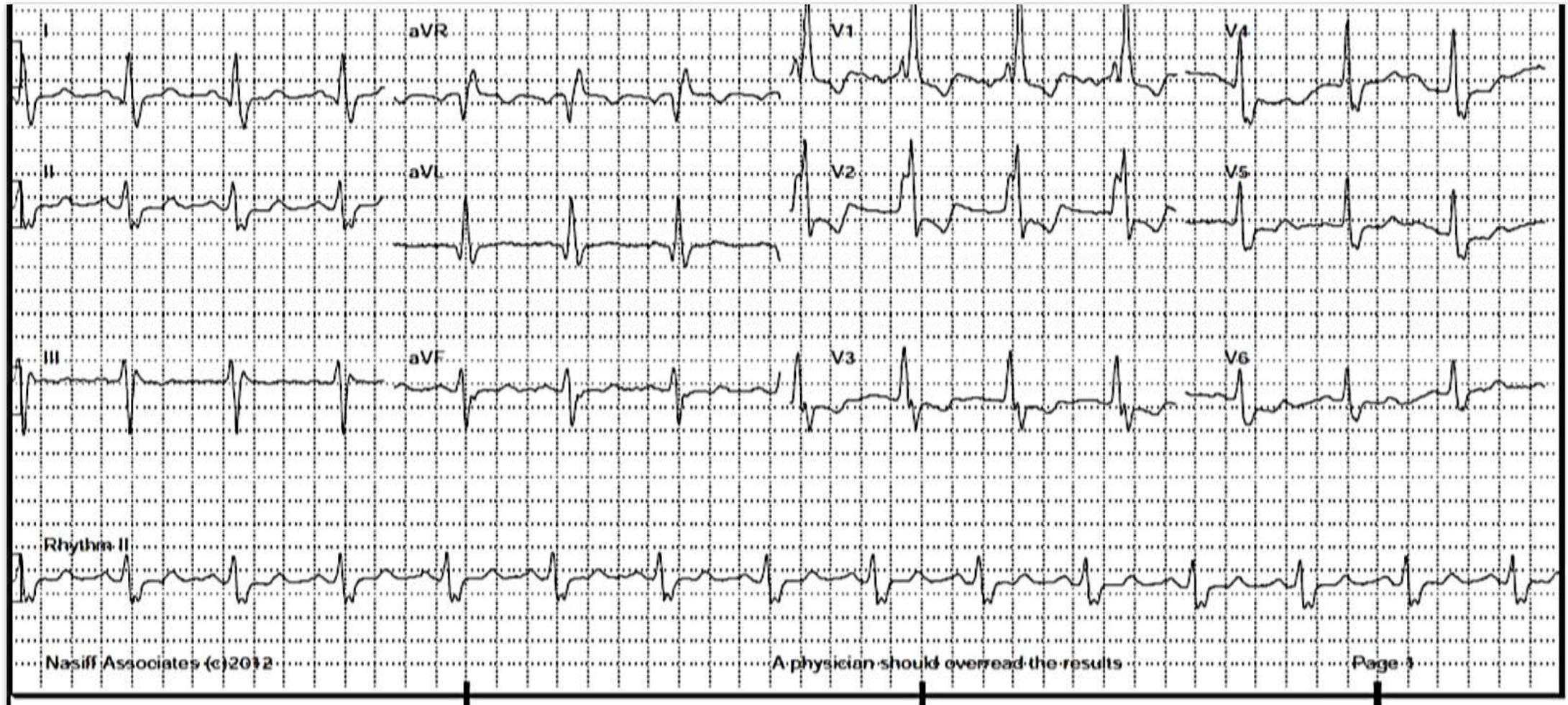
- Width Less than 120ms (3 small boxes) described as
 - **Narrow** (< 0.12 seconds) –normal conduction
 - **Broad** (> 0.12 seconds)- abnormal conduction through the ventricle
- Height
 - **Small complexes** (low voltage) are defined as < 5mm in the limb leads or < 10 mm in the chest leads.
 - **Tall complexes** imply ventricular hypertrophy
 - LVH [$>25\text{mm}$ in any limb lead] or [S in V1 or V2 + R in V6 = $>35\text{mm}$]
 - RVH Positive deflection in V1 or almost positive with T wave inversion in V1-3

QRS MORPHOLOGY AND BUNDLE BRANCH BLOCKS



WILLIAM

MARRROW



OUR FACILITIES



24

BED SPACE

VIP SUITES,
PRIVATE SUITES,
GENERAL SUITES etc

2

INTENSIVE CARE UNIT

HDU&ICU

3

THEATERS

ULTRAMORDEN
CATHLAB,
CARDIAC
OPERATION
THEATER

1

DIALYSIS
SUITE
PHYSIOLOGY
LAB
RADIOLOGY
SIUTE

CHAMBERS

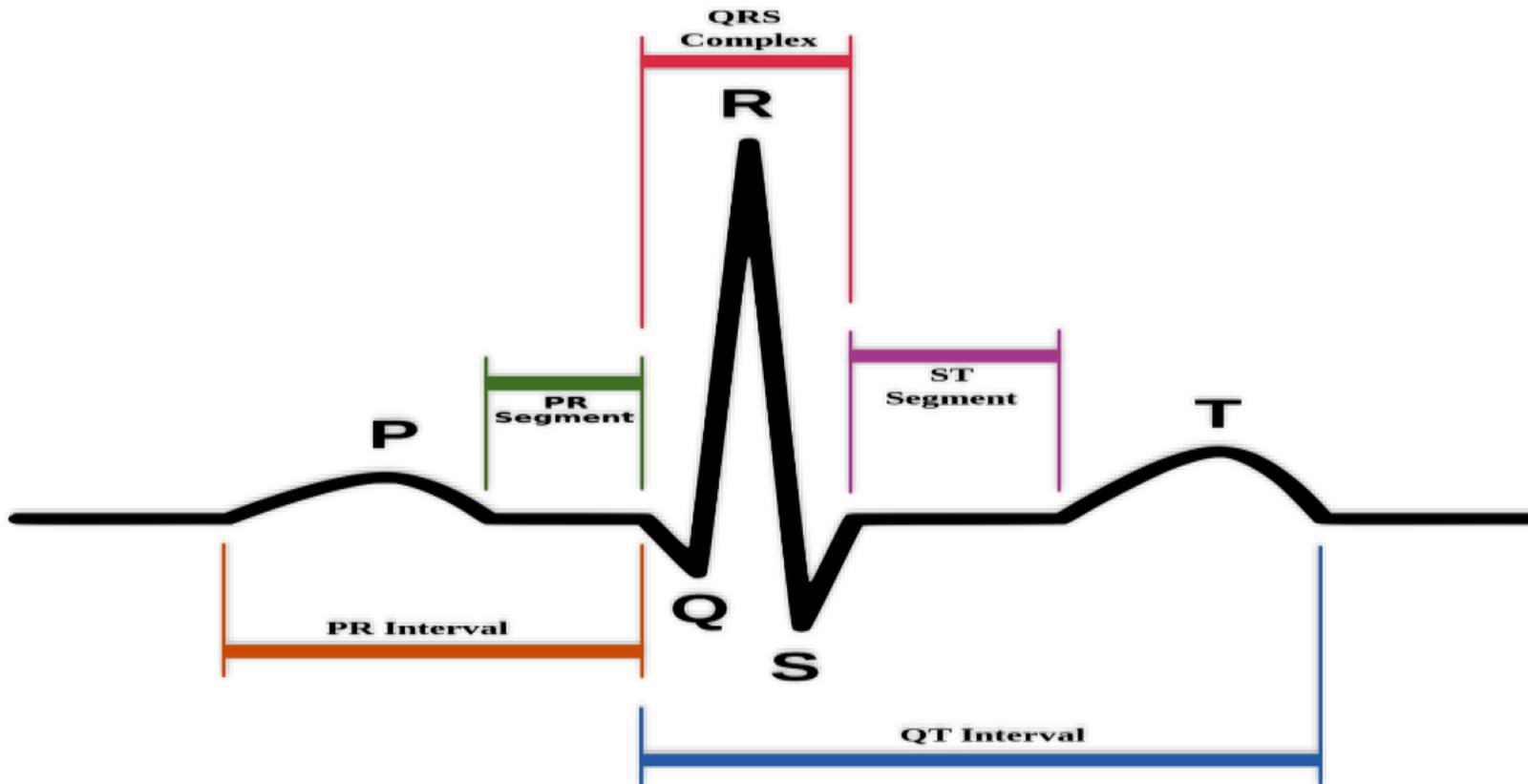
HYPERTROPHY

- LVH
 - R wave in **V5** or **V6** >25mm
 - S wave in **V1** or **V2** >25mm
 - Sum of R wave in **V5** or **V6** + S wave in **V1** >35mm
- RVH
 - R wave > S wave in **V1**
- LEFT ATRIAL ENLARGEMENT (P mitrale)
 - P wave > 0.12s (3 small squares) and bifid in **lead II**
- RIGHT ATRIAL ENLARGEMENT (P pulmonale)
 - P wave > 0.25mV (2.5 small squares) in **lead II**



STEP 5. ST SEGMENT

ECG WAVE – ST?



Electrical Activity	Graphic Depiction	Associated Pattern
Atrial Depolarization		P Wave
Delay at AV Node		PR Segment
Ventricular Depolarization		QRS Complex
Ventricular Repolarization		T Wave
No electrical activity		Isoelectric Line

OUR FACILITIES



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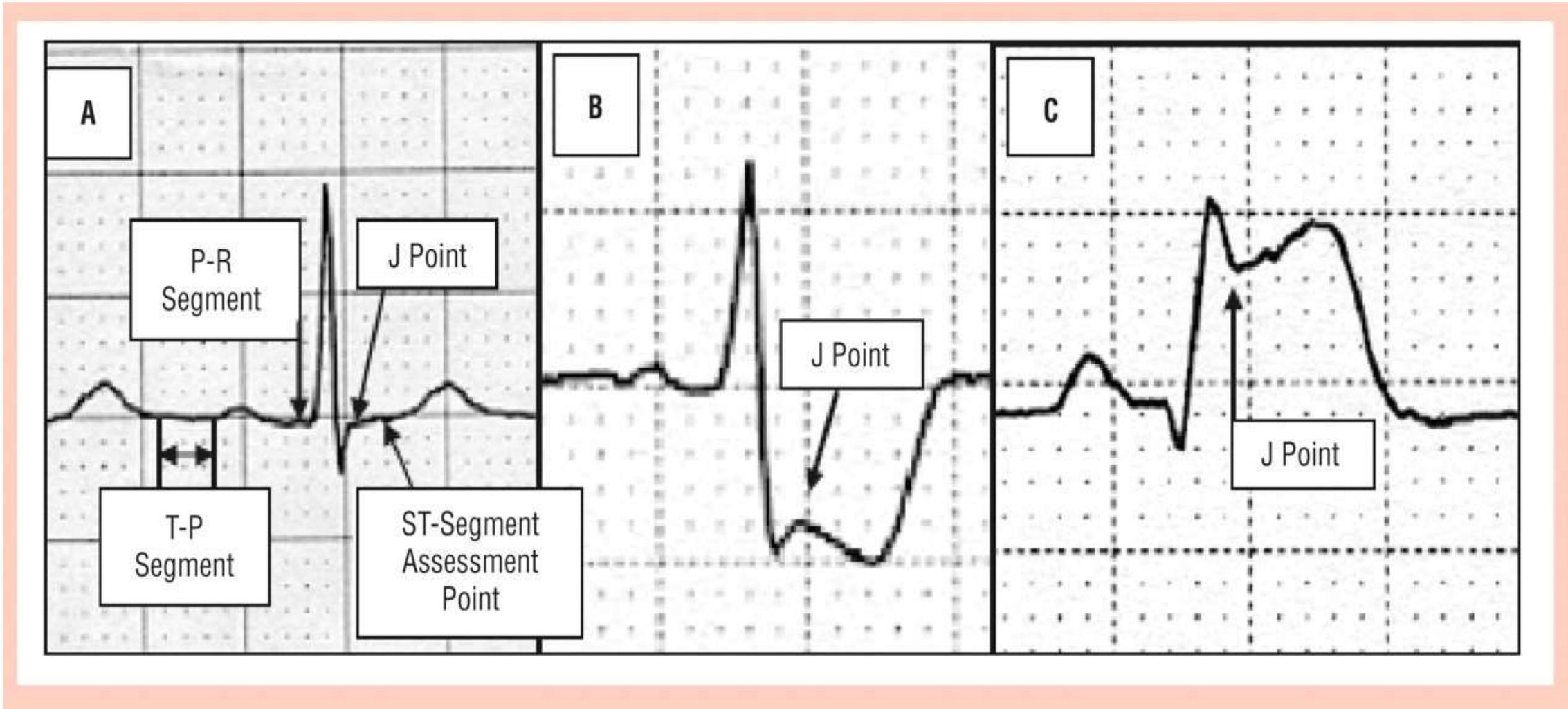
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SIUTE

Step 5 – ST segment

- The **ST segment** is the part of the ECG **between the end of the S wave and the start of the T wave.**
- **ST-elevation** is significant when it is:
 - **Greater than 1 mm** (1 small square) **in 2 or more contiguous limb leads** or
 - **Greater than 2mm in 2 or more chest leads.**

ST SEGMENT



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GENERAL SUITES etc

2

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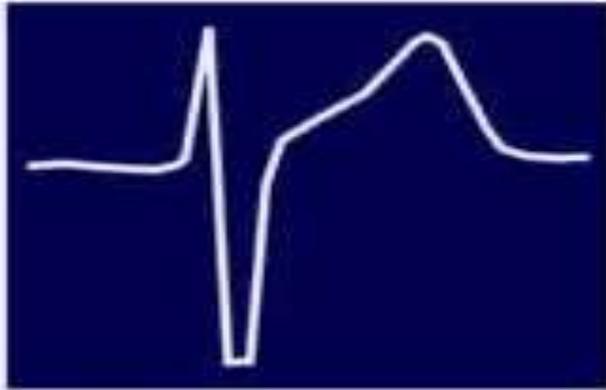
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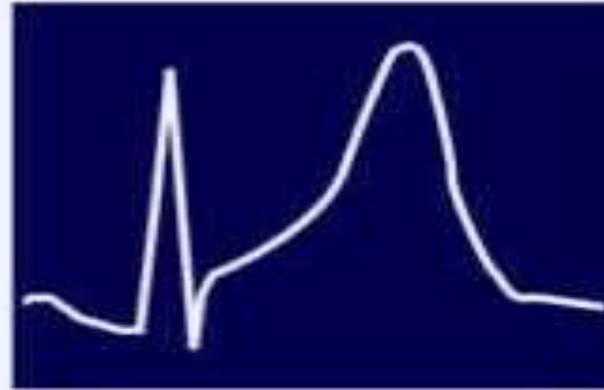
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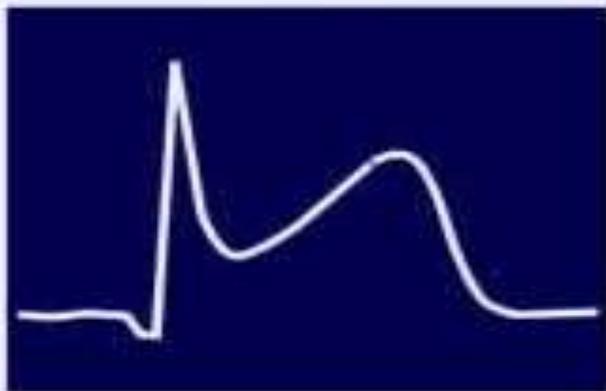
ST SEGMENT



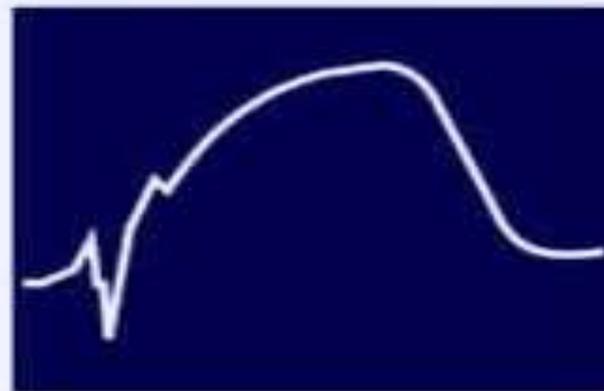
Concave upward
(BER)



Concave upward
(pericarditis)



Oblique straightening
(AMI)



Convex upward
(AMI)

ST SEGMENT ELEVATED?

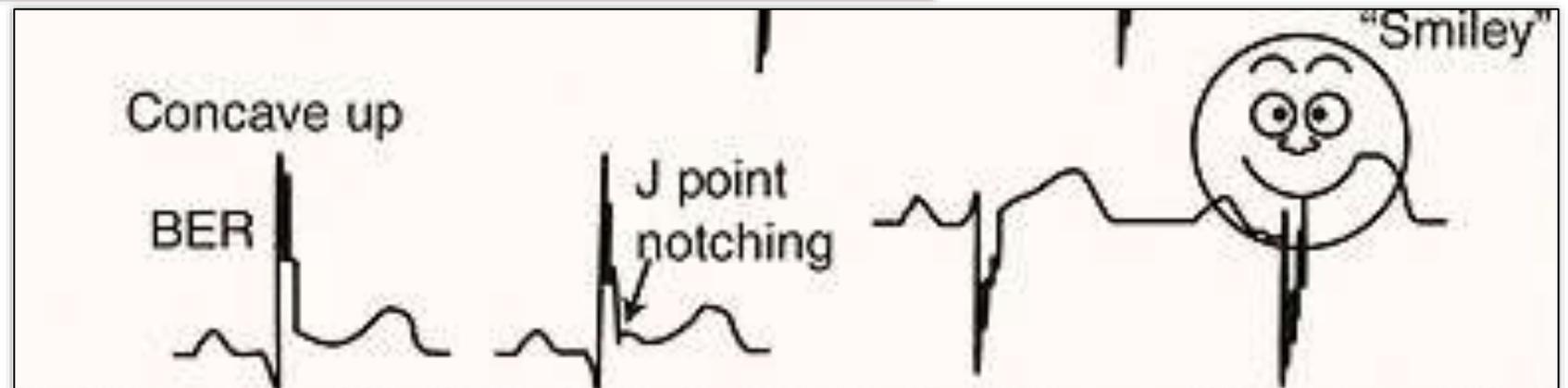
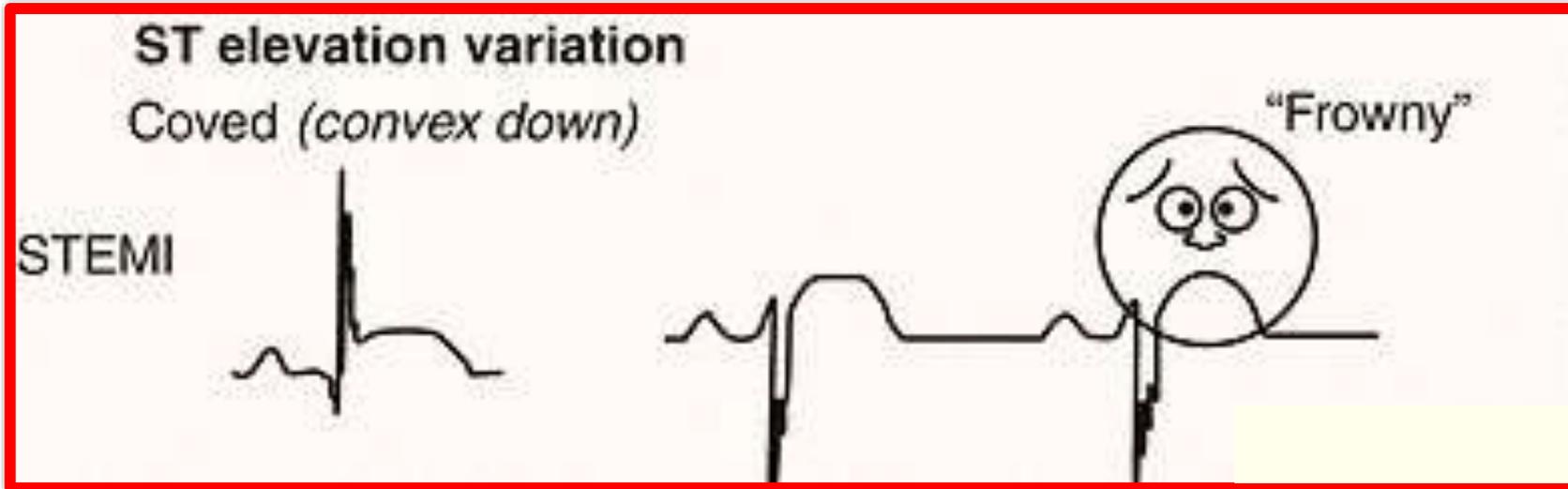
Benign Early Repolarization - Concave upwards, usually with J point notching mostly in v2-v3 only

Pericarditis - Concave “saddleback” ST elevation in I, II, III, aVF, V5-6 with depressed PR segments

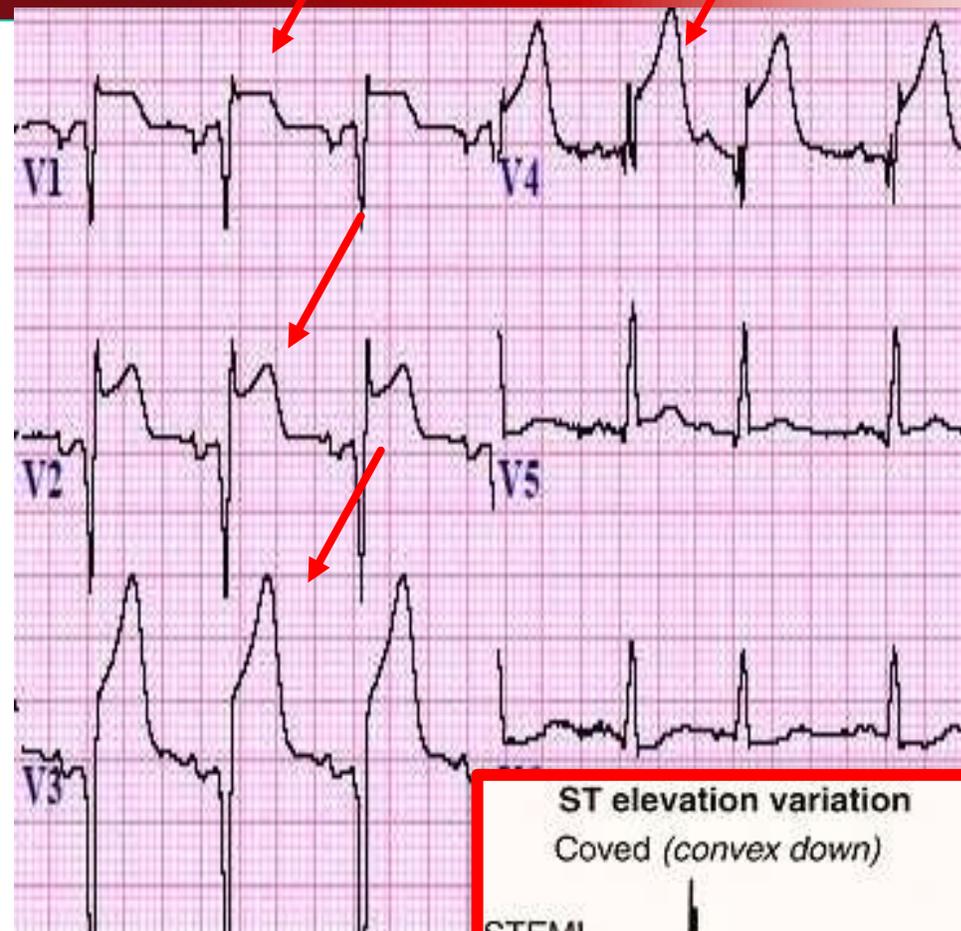
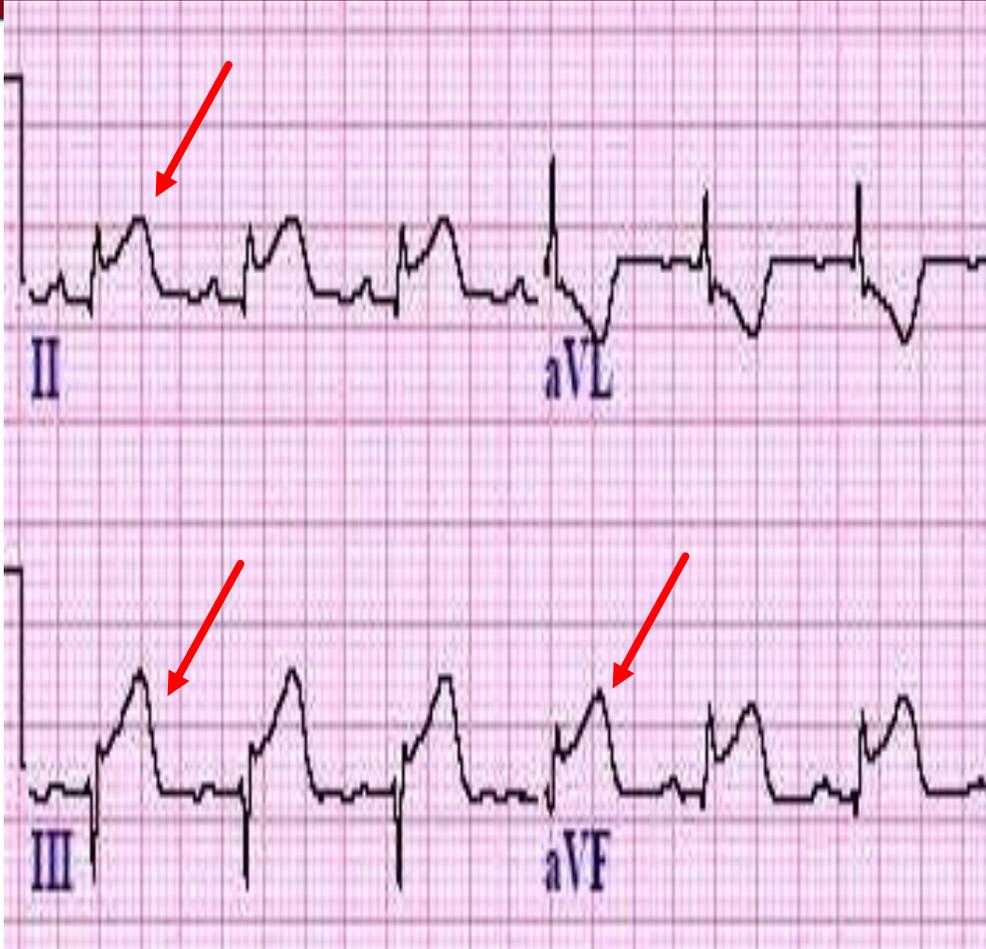
Acute MI – elevated typically in related leads mostly with ST depression in some other leads

CAVEAT: Must be interpreted in light of the patient’s cardiovascular risk

Never Miss a STEMI- even if it looks like PUD!!!

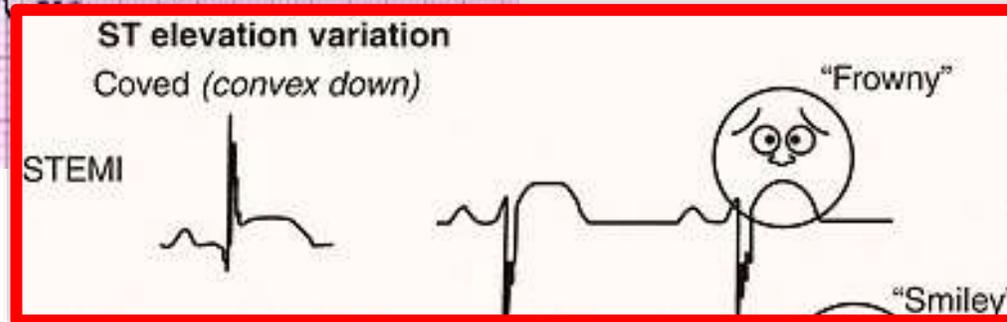


Never Miss a STEMI- even if it looks like PUD!!!



ST elevation variation
Coved (convex down)

STEMI



"Frowny"

"Smiley"

Our Clinic

Management Team



Interventional Cardiologists



Clinical Cardiologists



Cardiothoracic Surgeon



Endocrinologist



Neurologist



Nephrologist



Cardiac Physiologists



**Radiologist and Certified Cath
lab Technicians**



Dietician



Nurses

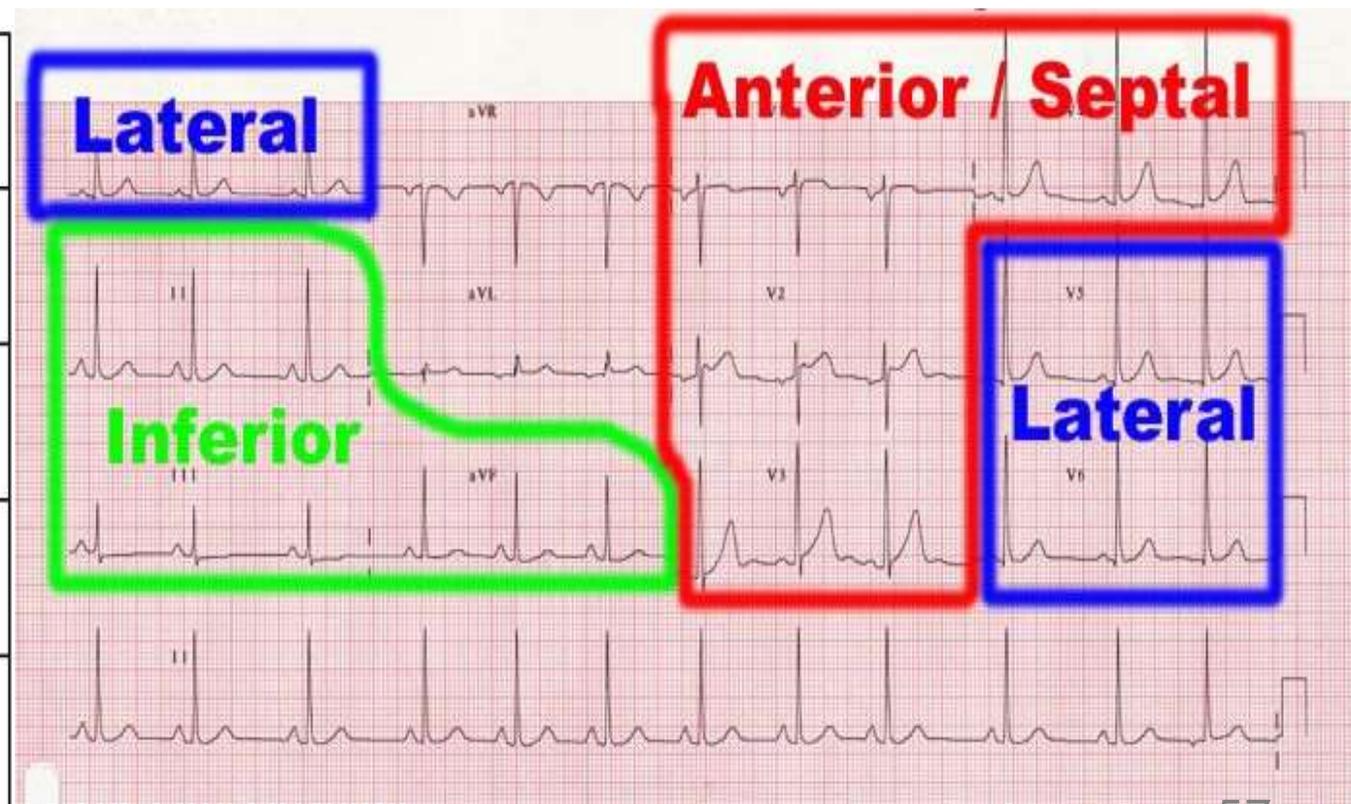


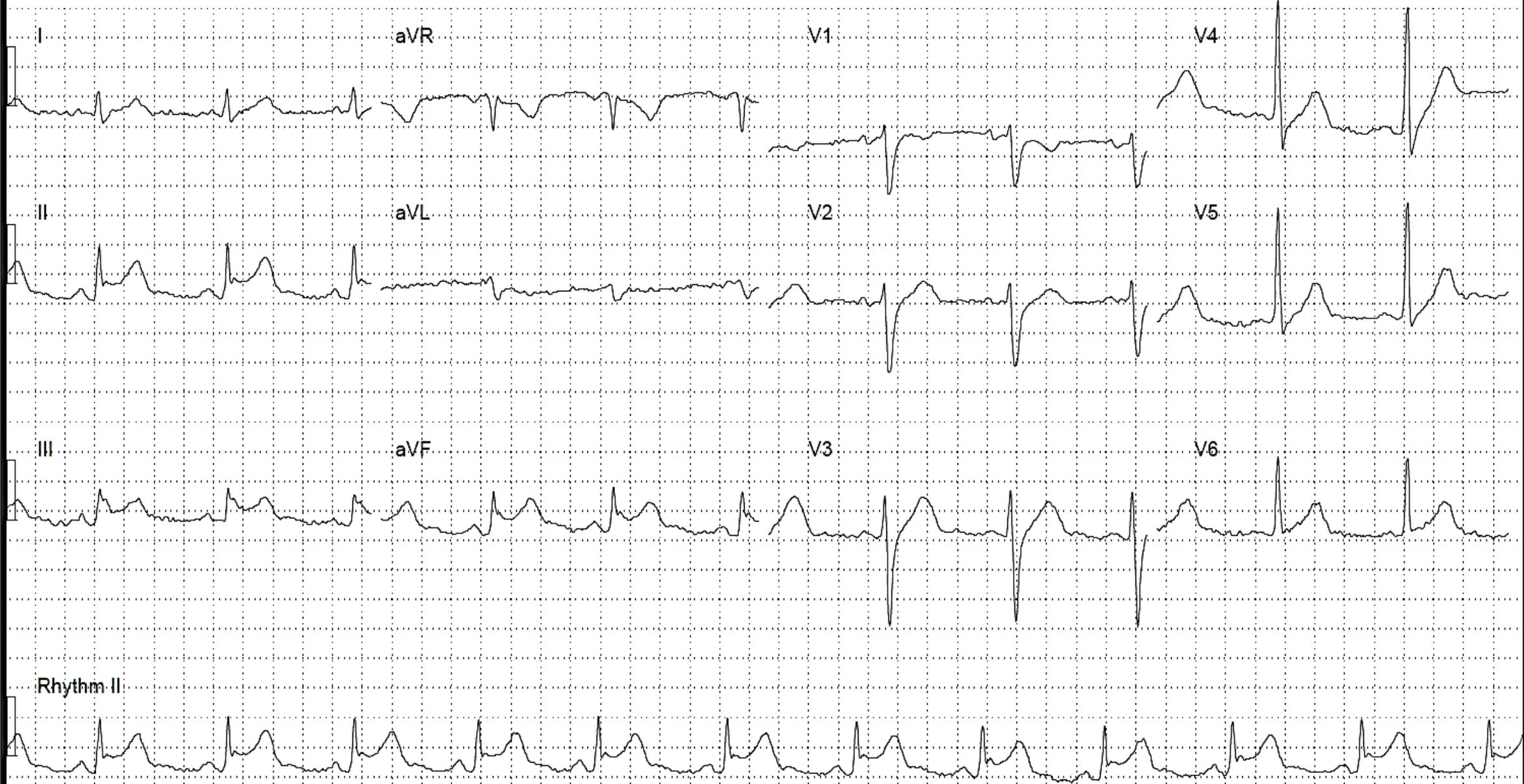
Pharmacists

Contiguous Leads

- II, III, and aVF- Inferior
- V1, V2 – Septal
- V3, V4- Anterior
- I, aVL, V5, V6- Lateral

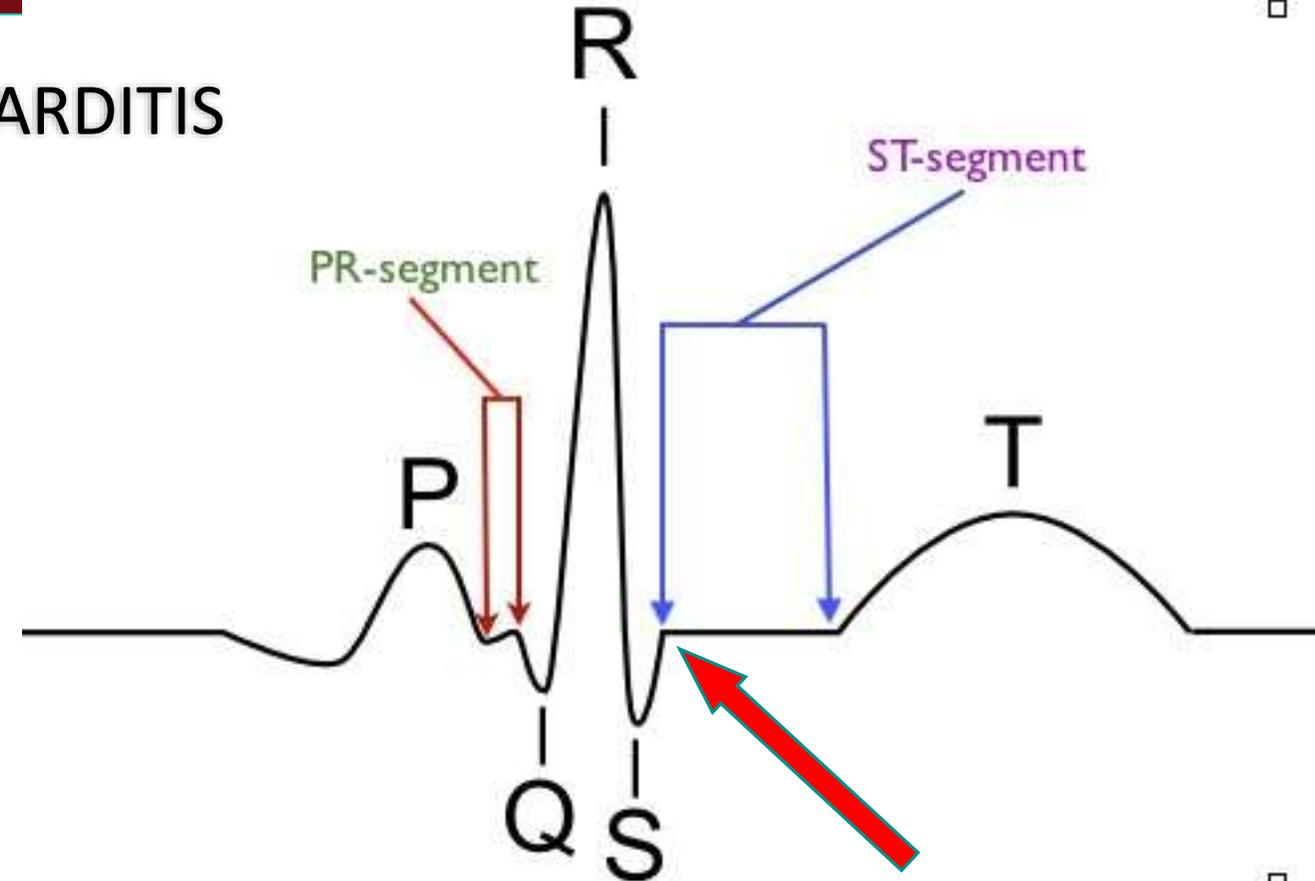
View of heart	Leads
Inferior	II, III, aVF
Lateral	I, aVL, V5, V6
Anterior	V3, V4
Septal	V1, V2





OTHER SEGMENTS

- PR SEGMENT- DEPRESSED IN PERICARDITIS
- TP SEGMENT- ISOELECTRIC LINE



- *EXCEPTION IN BBB FOR ST SEGMENTS*

OUR EDUCATIONAL SYMPOSIA



1

**1st – 9th Annual Abuja
Cardiovascular Symposia**

2

**1st National Interventional
Cardiology Symposium**

3

Peripheral Vascular Disease Seminar

4

Monthly Webinars since March 2020.

5

**Hospital Presentations at Govt
healthcare Facilities**

6

**Inhouse 1Weekly CPD's and
Routine BLS Training**



5. Q-WAVE

ABSENT OR PRESENT

Q WAVE

- A Q wave is any negative deflection that precedes an R wave or first negative deflection after P wave
- Represents the normal left-to-right depolarization of the interventricular septum
- Small 'septal' Q waves are typically seen in the left-sided leads (I, aVL, V5 and V6)

Q WAVE

■ Pathologic Q waves

1. The depth of the Q wave is at least 25% of the depth of the associated R wave
2. > 40 ms (1 mm) wide
3. They should appear in *at least 2* contiguous leads (An isolated Q wave to lead III/aVR is a very common normal variant)
4. Any Q wave in leads V1- V3 with a duration of >0.04seconds is likely to be pathological.

Our Milestones

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CARDIOCARE HAS PERFORMED OVER 500 CARDIAC PROCEDURES FOR NIGERIANS AND FOREIGN NATIONALS SUCCESSFULLY AND RELIABLY OVER THE YEARS

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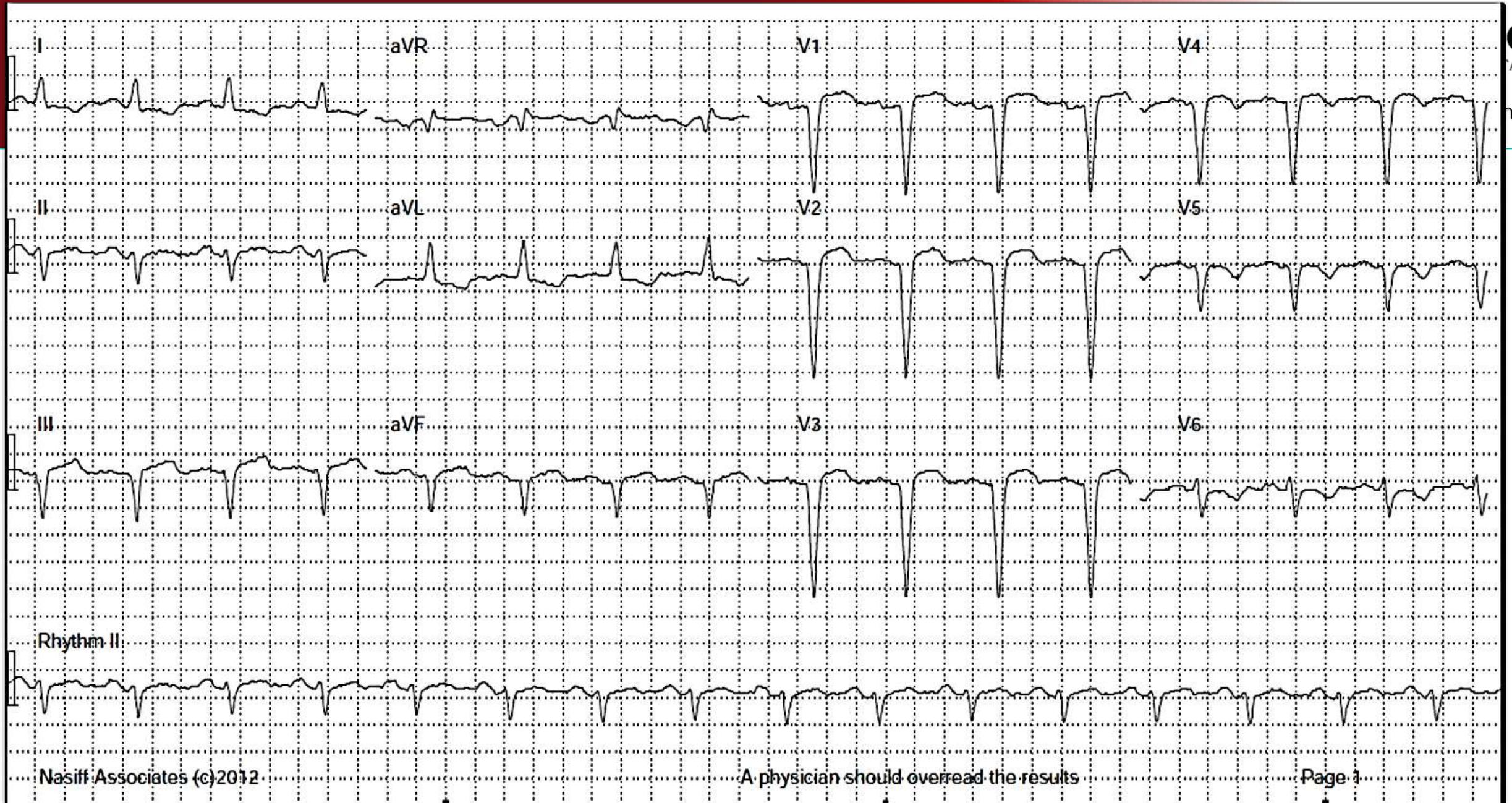
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6. T-WAVE

UP OR DOWN

T WAVE

- Positive in all leads except aVR and V1/V2
- Not more than 5mm in limb leads and 10mm in precordial leads
- Highest between V2/V3
- Should be concordant with the QRS complex

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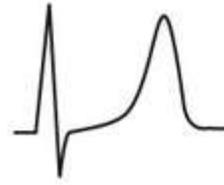
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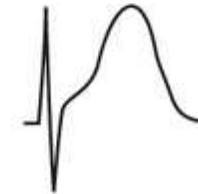
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T WAVE ABNORMALITY

Large T-waves

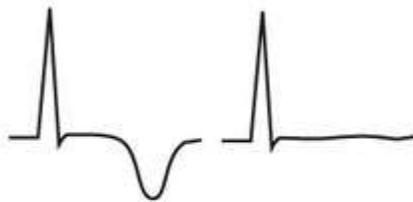


Hyperkalemia
Large, symmetric, pointed with short base.

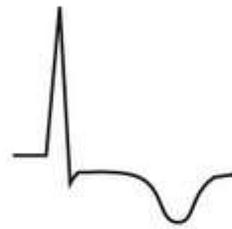


Hyperacute T wave
can be seen in transmural ischemia. High, broad based, symmetric, not pointed. Almost always seen in conjunction with ST-segment elevation.

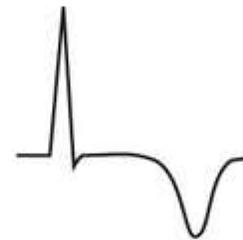
Negative (inverted) T-waves



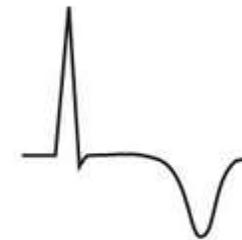
Post-ischemic
Symmetric T wave, with varying depth. Ranges from flat T wave to very deep T wave inversion. Inverted T waves do not equate acute (ongoing) ischemia, but rather appear after an episode of ischemia!



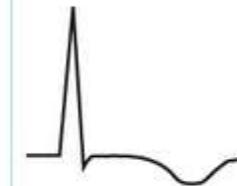
Acute (ongoing) ischemia
T wave inversion with simultaneous ST-segment deviation (most commonly ST-depression). Note that it is the ST-segment deviation that represents the acute ischemia!



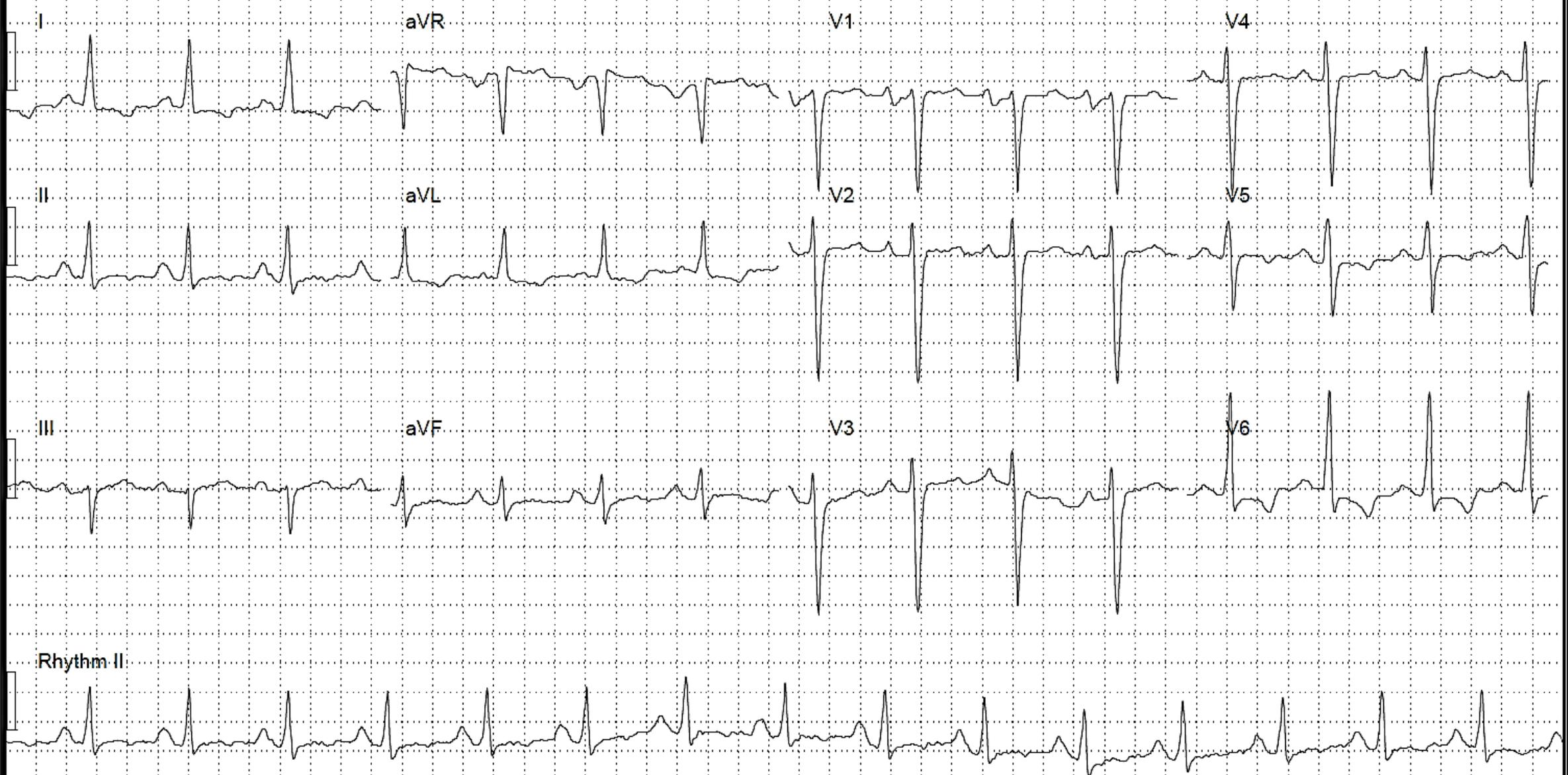
Cerebrovascular insult pattern
Very deep (gigantic) T wave inversions in the chest leads. Some studies report this finding in up to 30% of patients with intracerebral hemorrhage.



Hypertrophic cardiomyopathy
Symmetric T wave inversions, most commonly in V1-V3. Often very deep and accompanied by large R waves. Occasionally accompanied by ST-segment depression.



PERIMYOKARDITIS
T wave inversions occur after normalization of ST-segment elevations in perimyocarditis. T wave inversions often seen in most leads.



BASIC ECG TEMPLATE

1. IDENTIFY NAME AND CALIBRATION
2. RHYTHM AND P WAVES
3. QRS- WAVES
4. ST SEGMENT (& OTHER SEGMENTS)
5. Q WAVES
6. T WAVES



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Website

www.cardiocare.ng

Email

info@cardiocare.ng

Visit

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Area 11 Garki, Abuja, Nigeria**

Call us

0908-331-7777

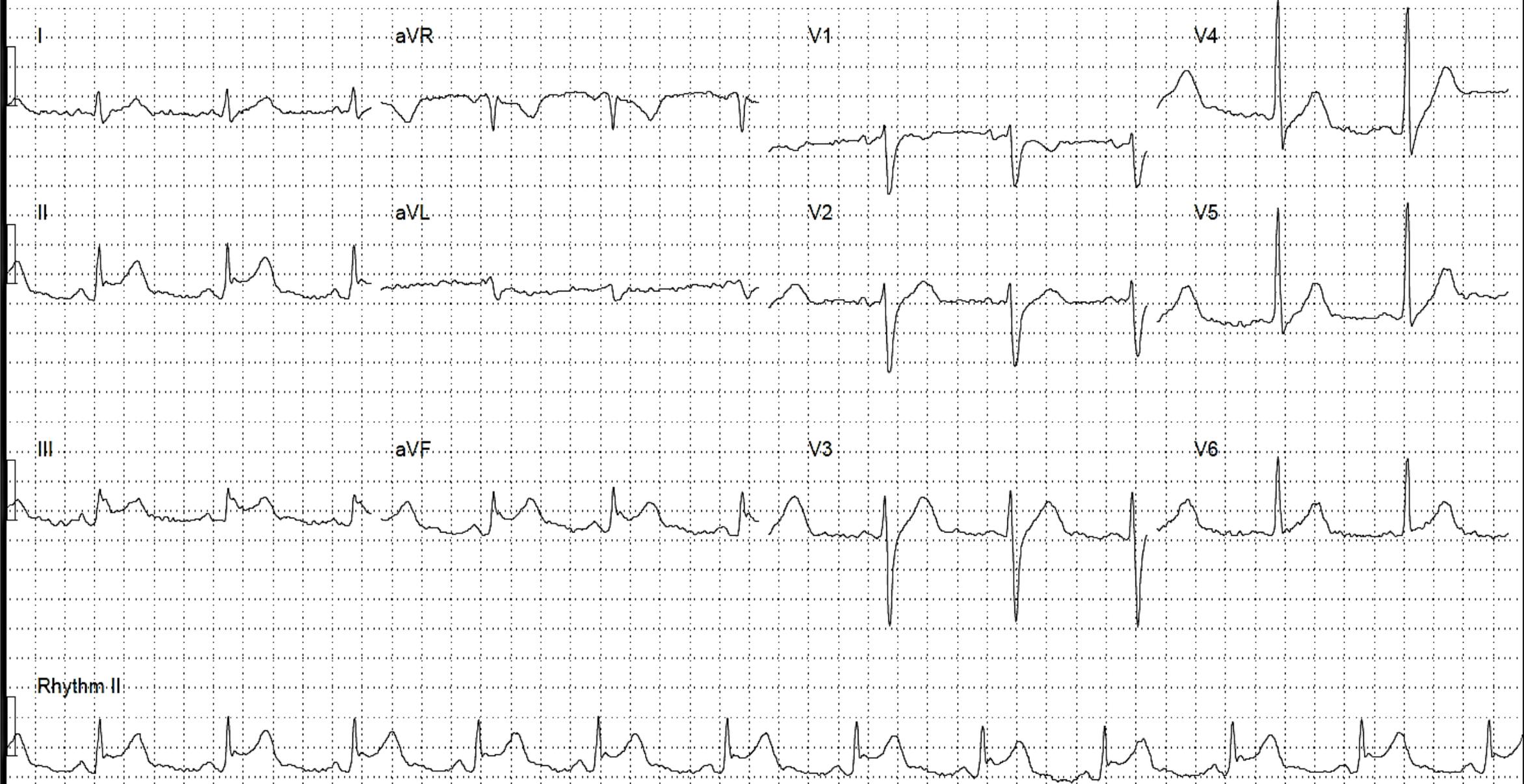


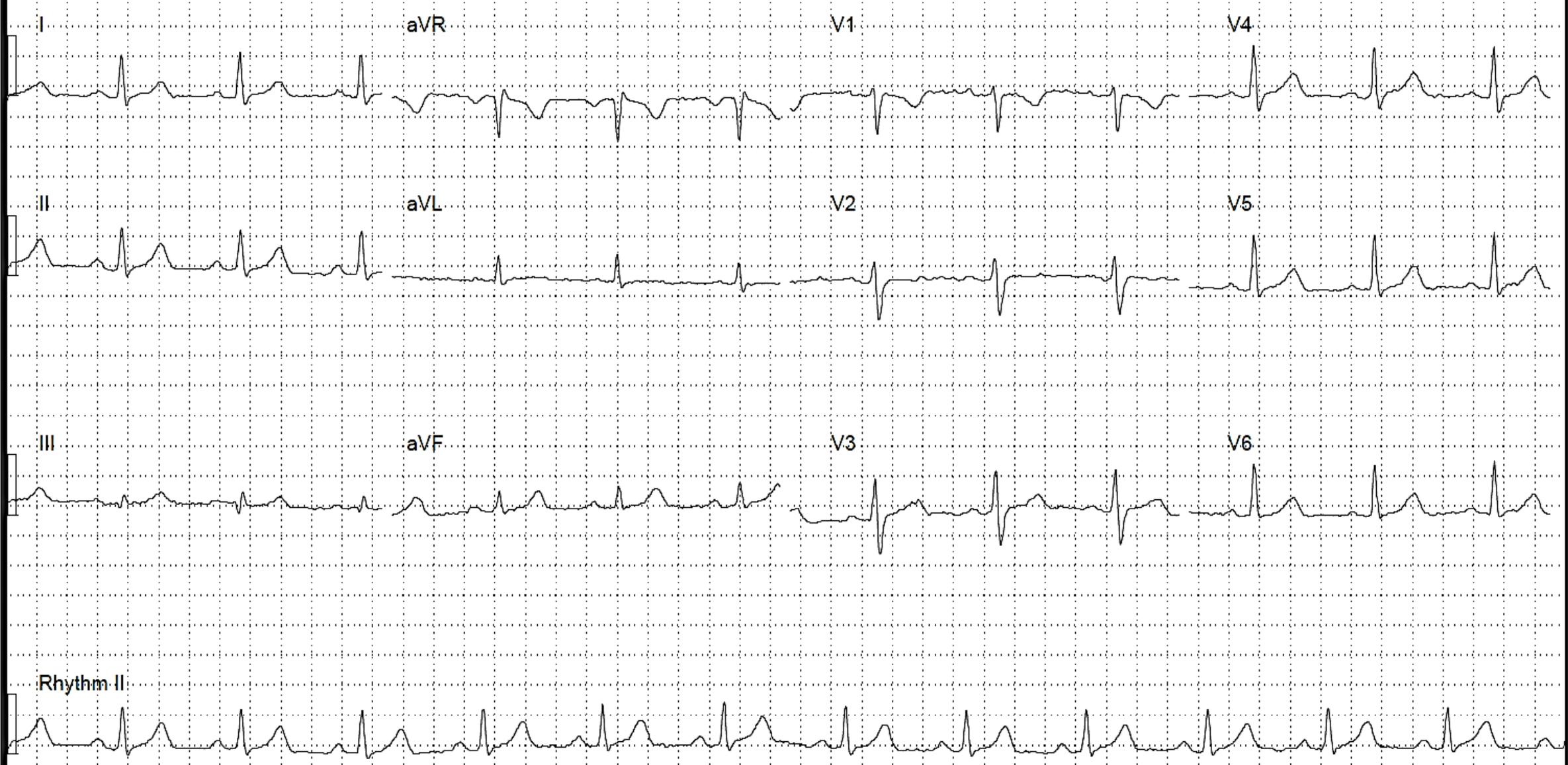



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OTHER ECGs





THANK YOU

Our vision to curb medical tourism
Is incomplete without your collaborations

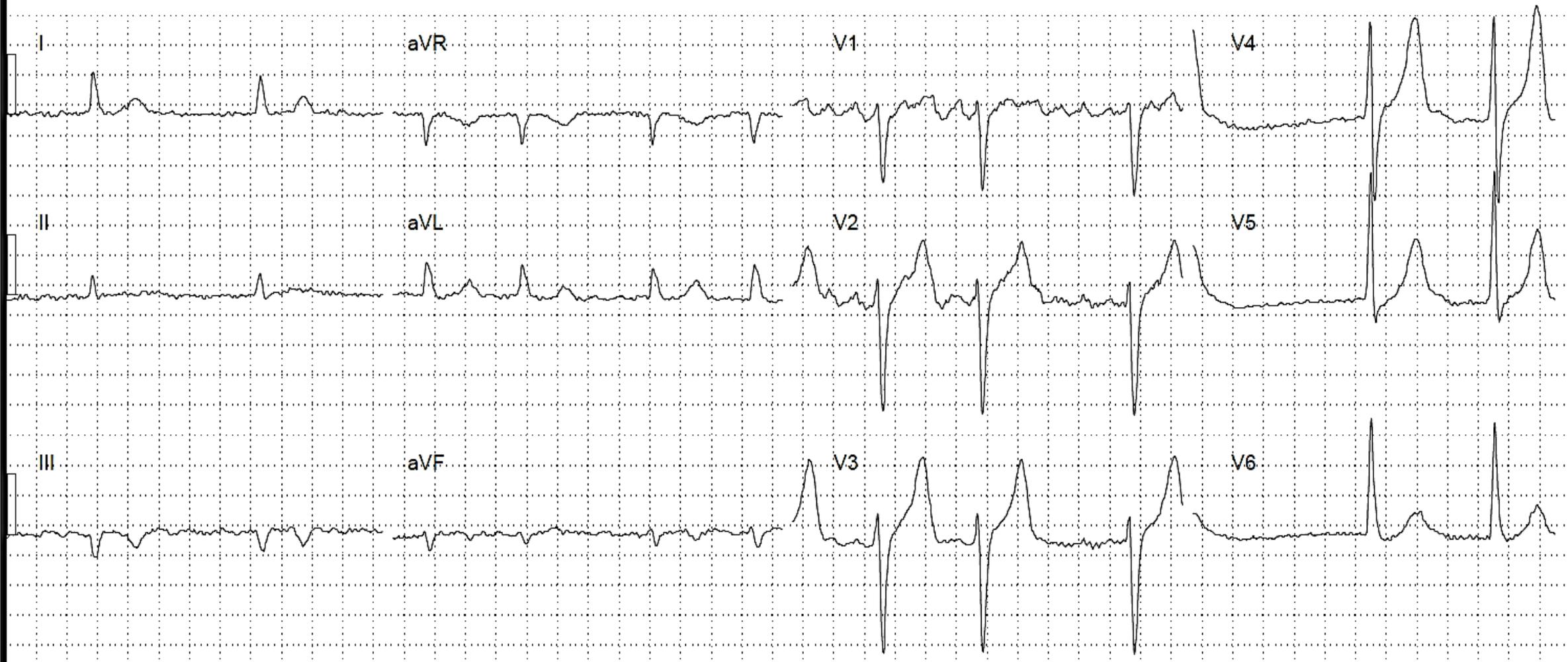
Lets do it together!

**Lets support your practice for better patients
outcomes.**

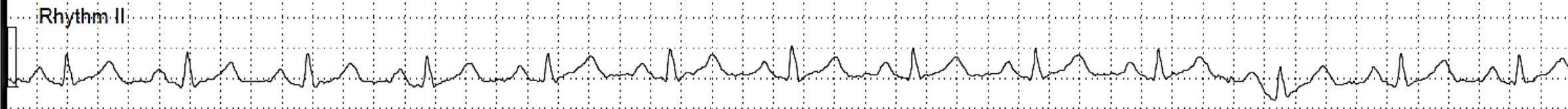
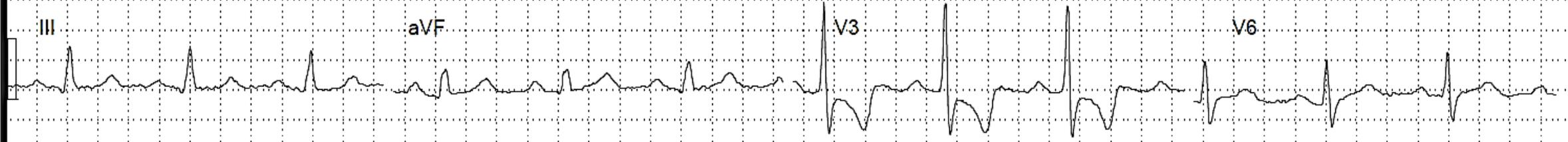
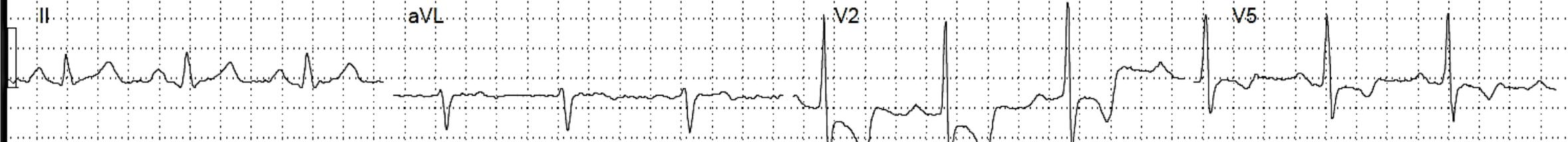
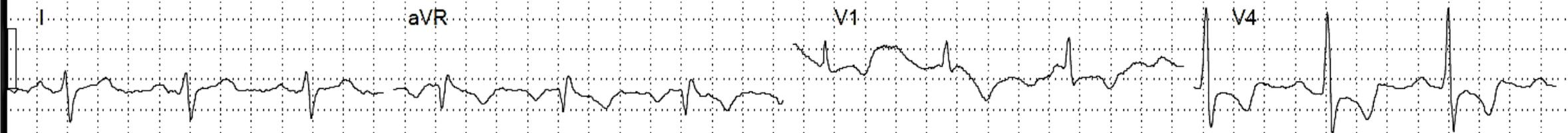
Lets partner with you...

**Cardiocare Hospital Abuja appreciates you &
the opportunity to be here!**





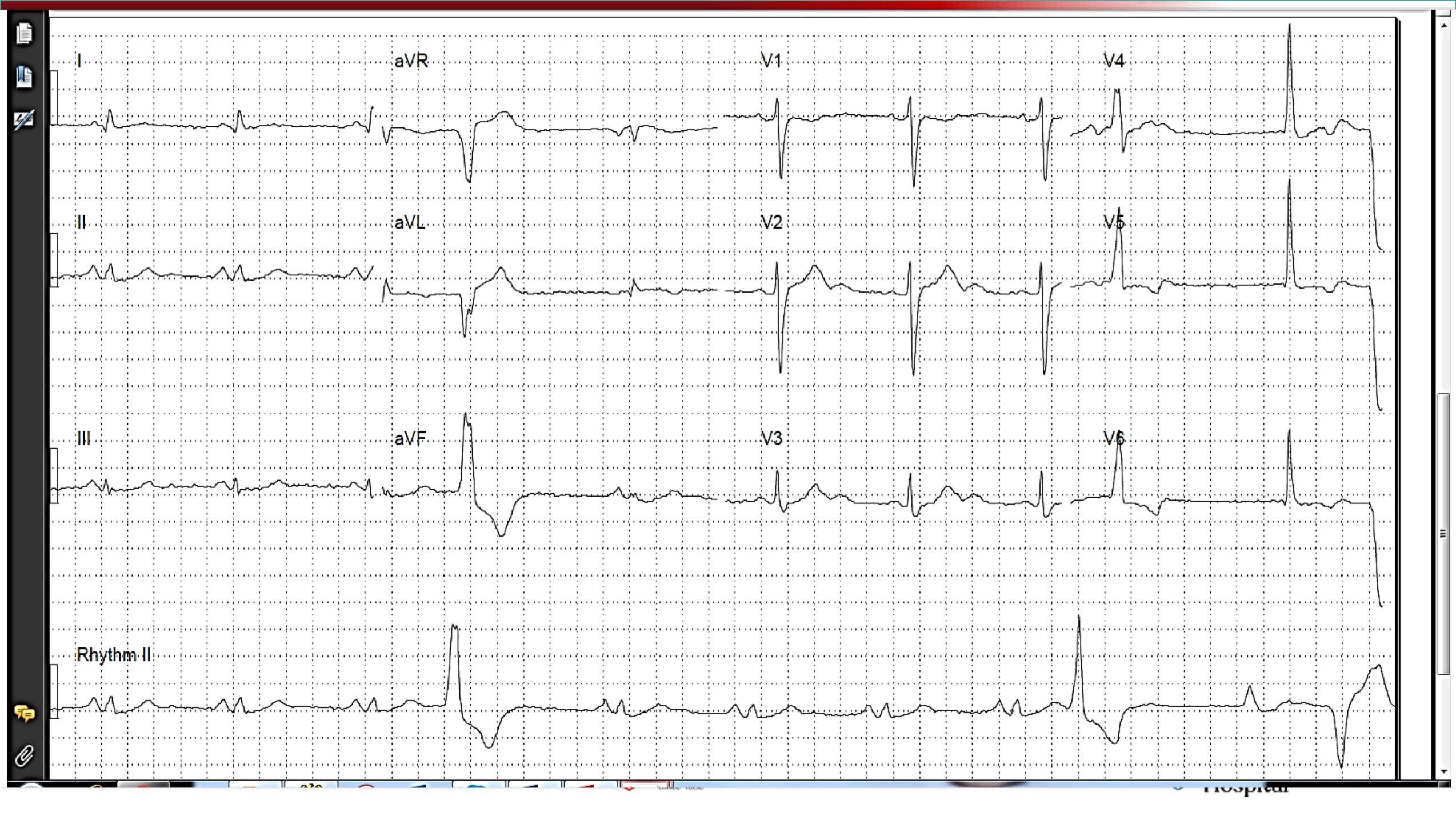
Rhythm II

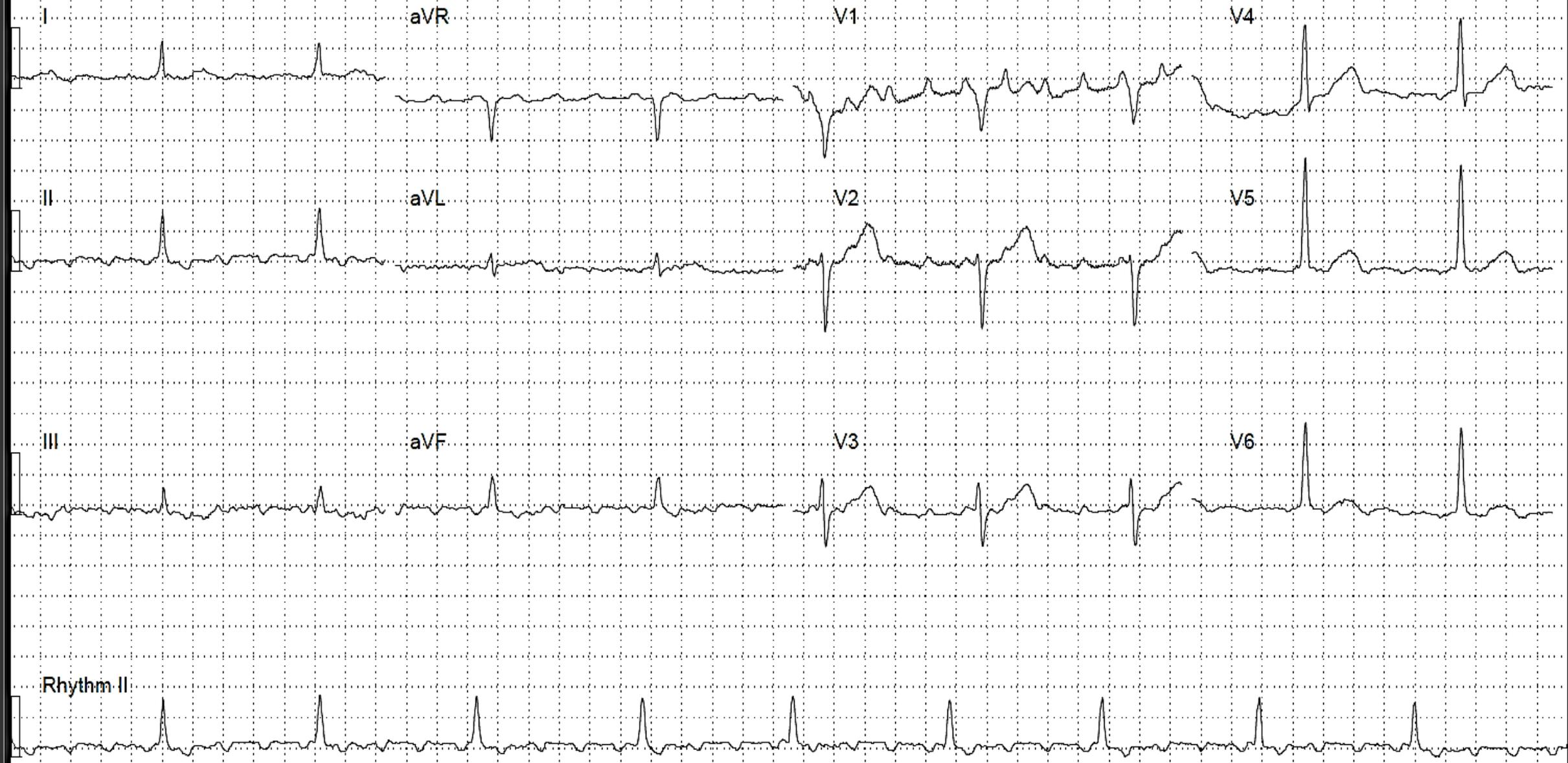


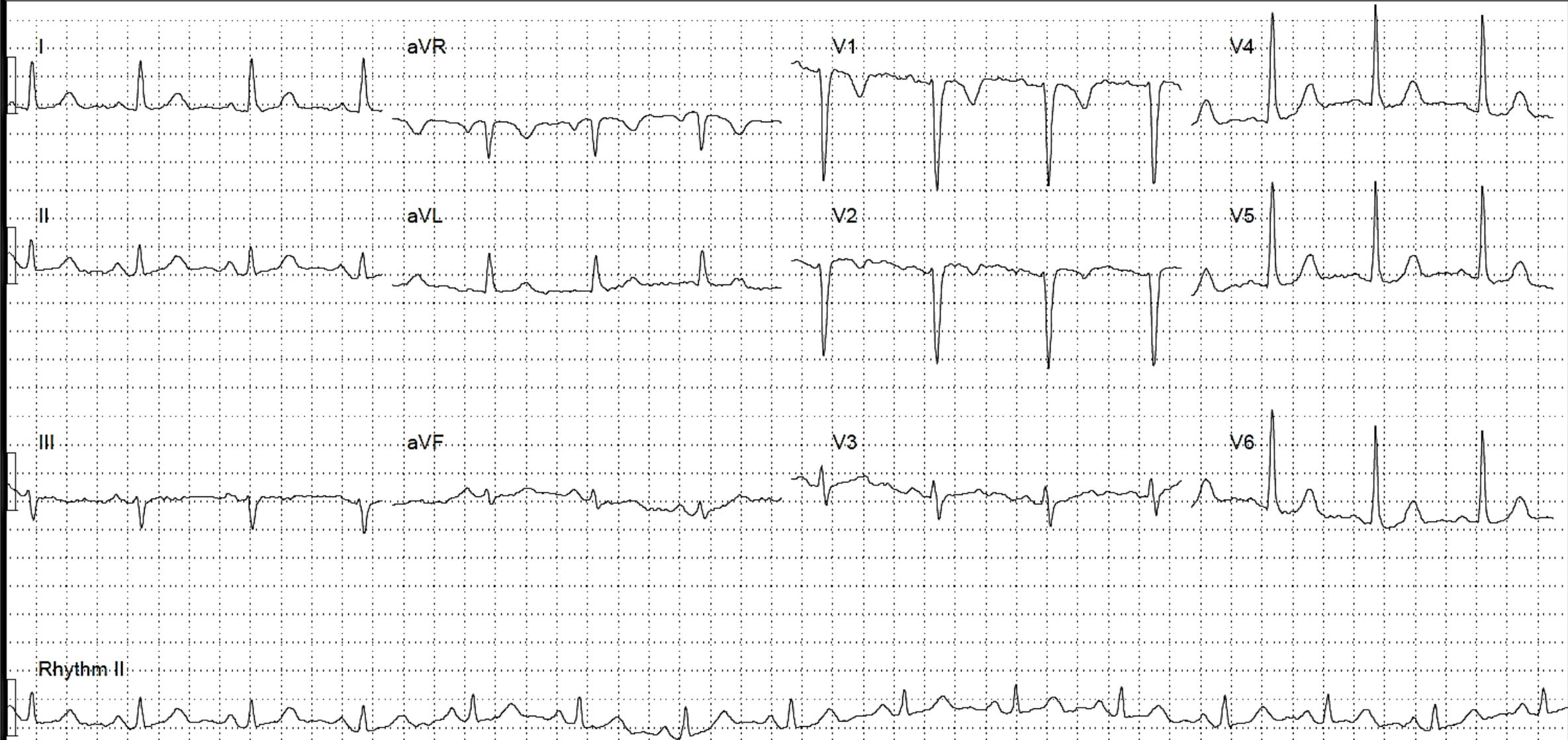


**LET'S SUPPORT
YOUR PATIENTS WITH
WORLD CLASS
CARDIAC SOLUTIONS**





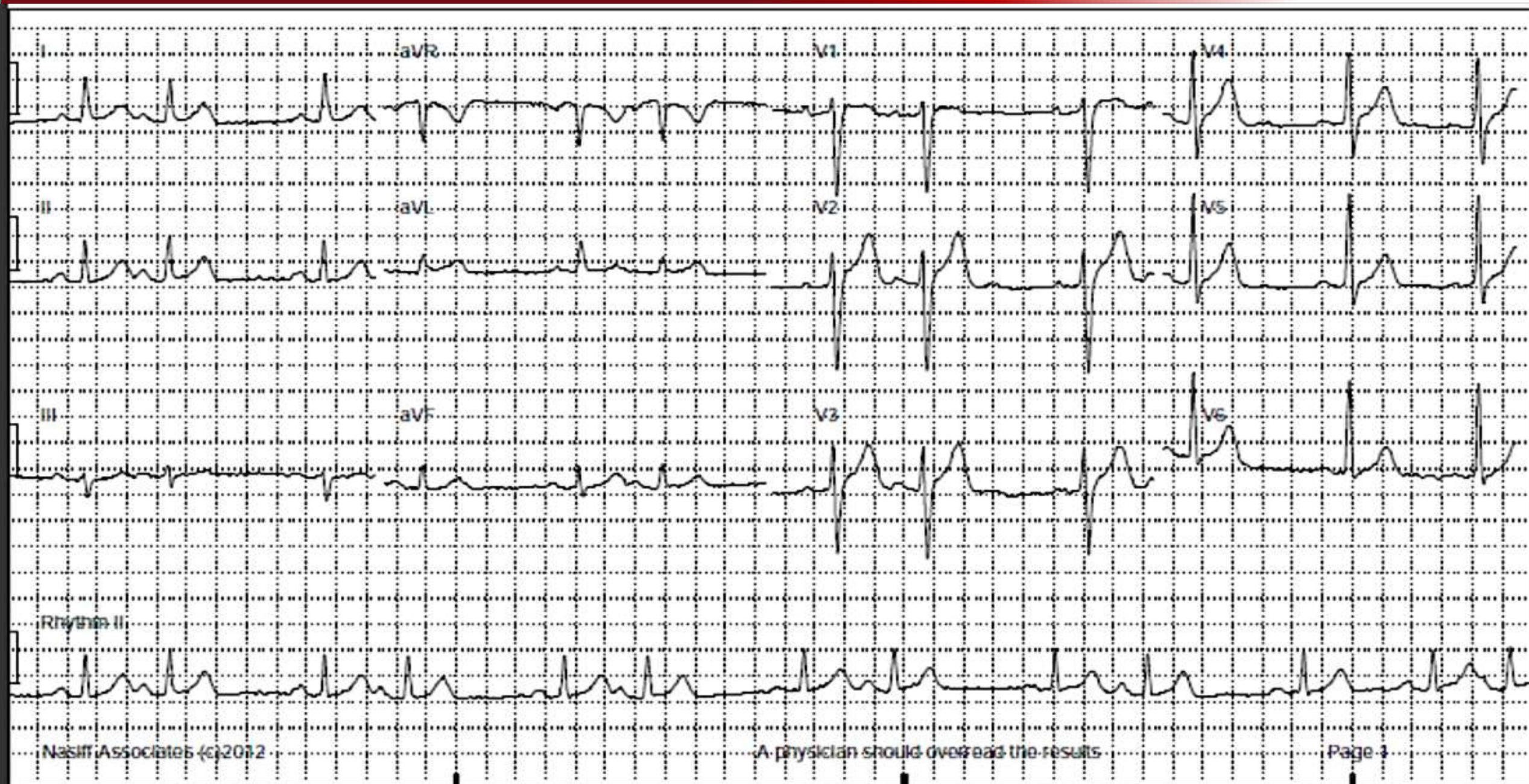


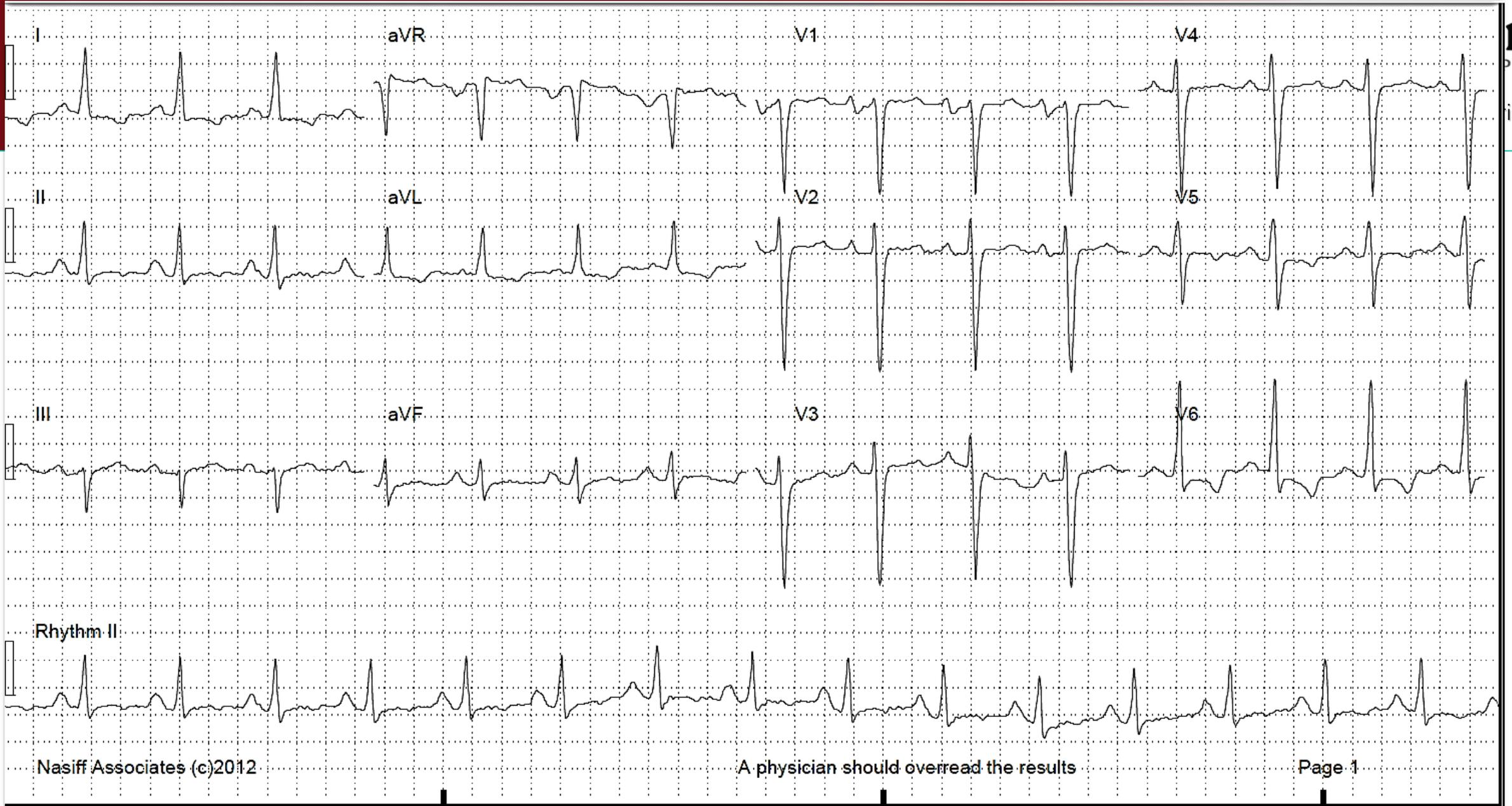


HOW TO REFER TO CARDIOCARE

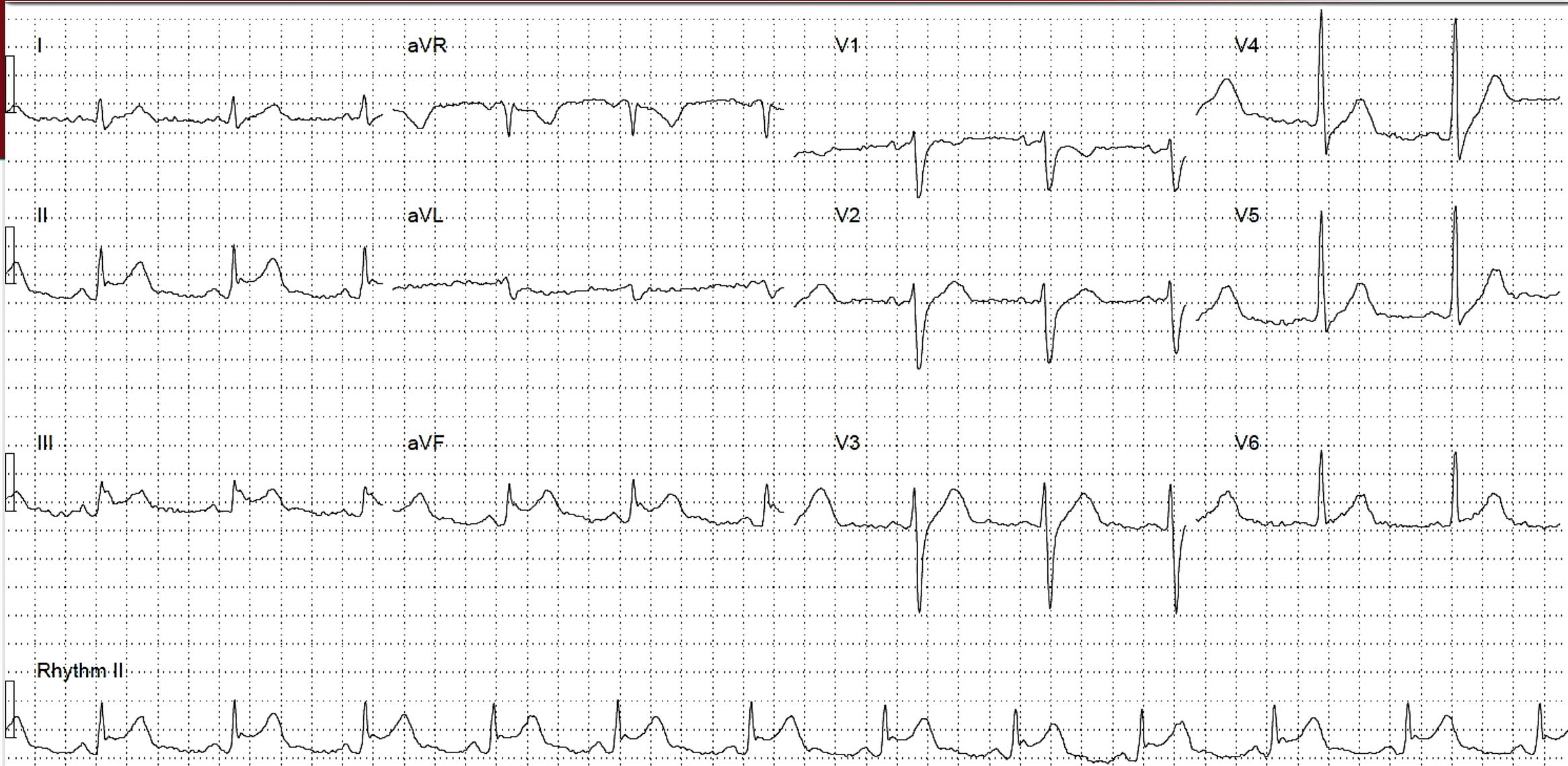


1	REFERRAL LETTER: Give a standard referral letter & preferably attach any available results of previous investigations
2	ON-SITE REFERRAL: Visit no 5 Giza Close, Area 11 Garki off Dunukofia Str- near FCDA) Abuja-FCT.
3	EMAIL: Send an email to frontdesk@cardiocare.ng or o.solomon@limihospital.org or e.james@limihospital.org
4	WHATSAPP: Send a Whatsapp message to 0908-331-7777 0806-530-1797
5	CALL: 0908-331-7777, 0817 444 0888
6	IDENTIFICATION: Kindly indicate Doctor's name, & email/phone number especially if you wish to receive a medical report afterwards.





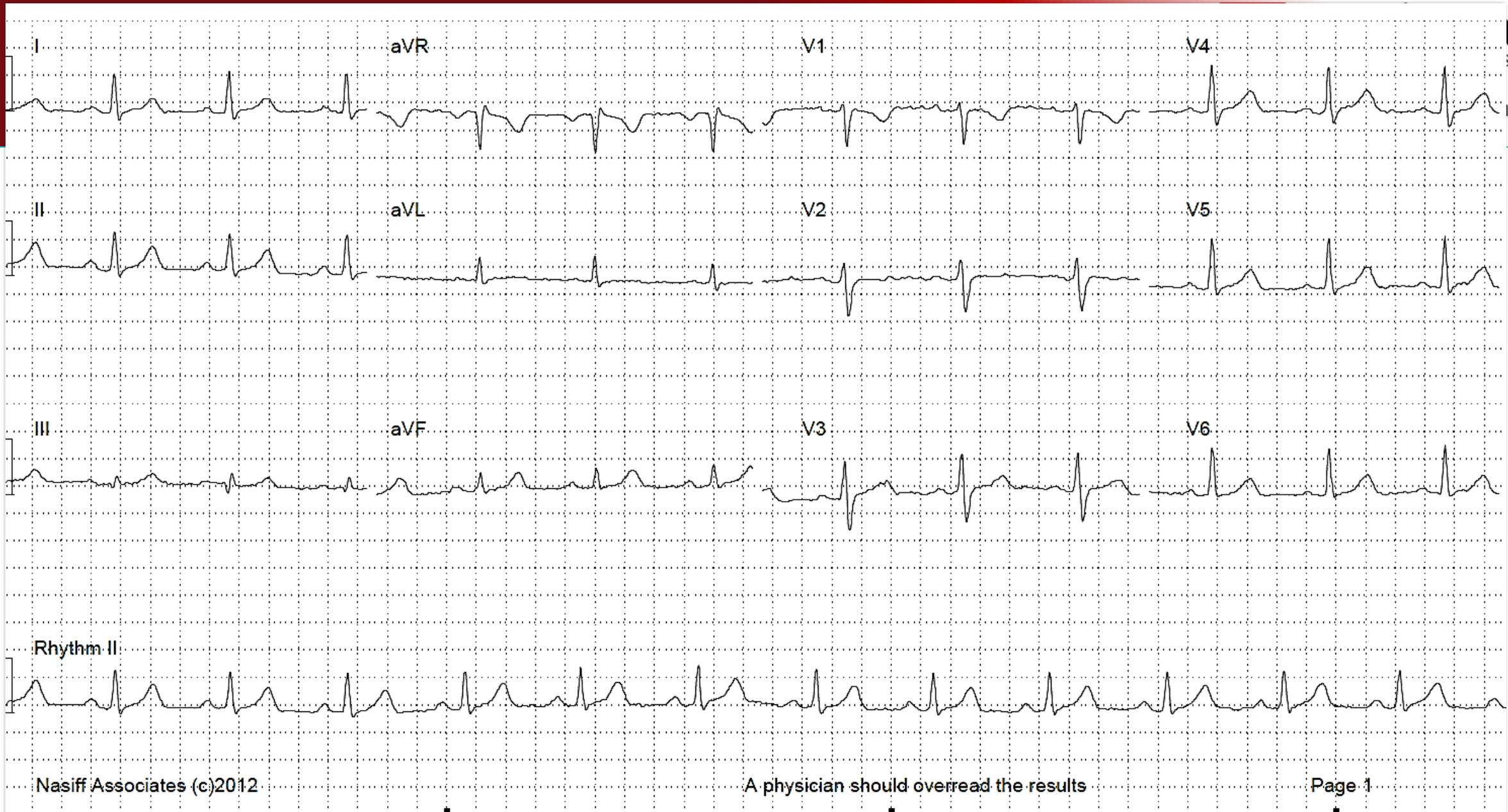
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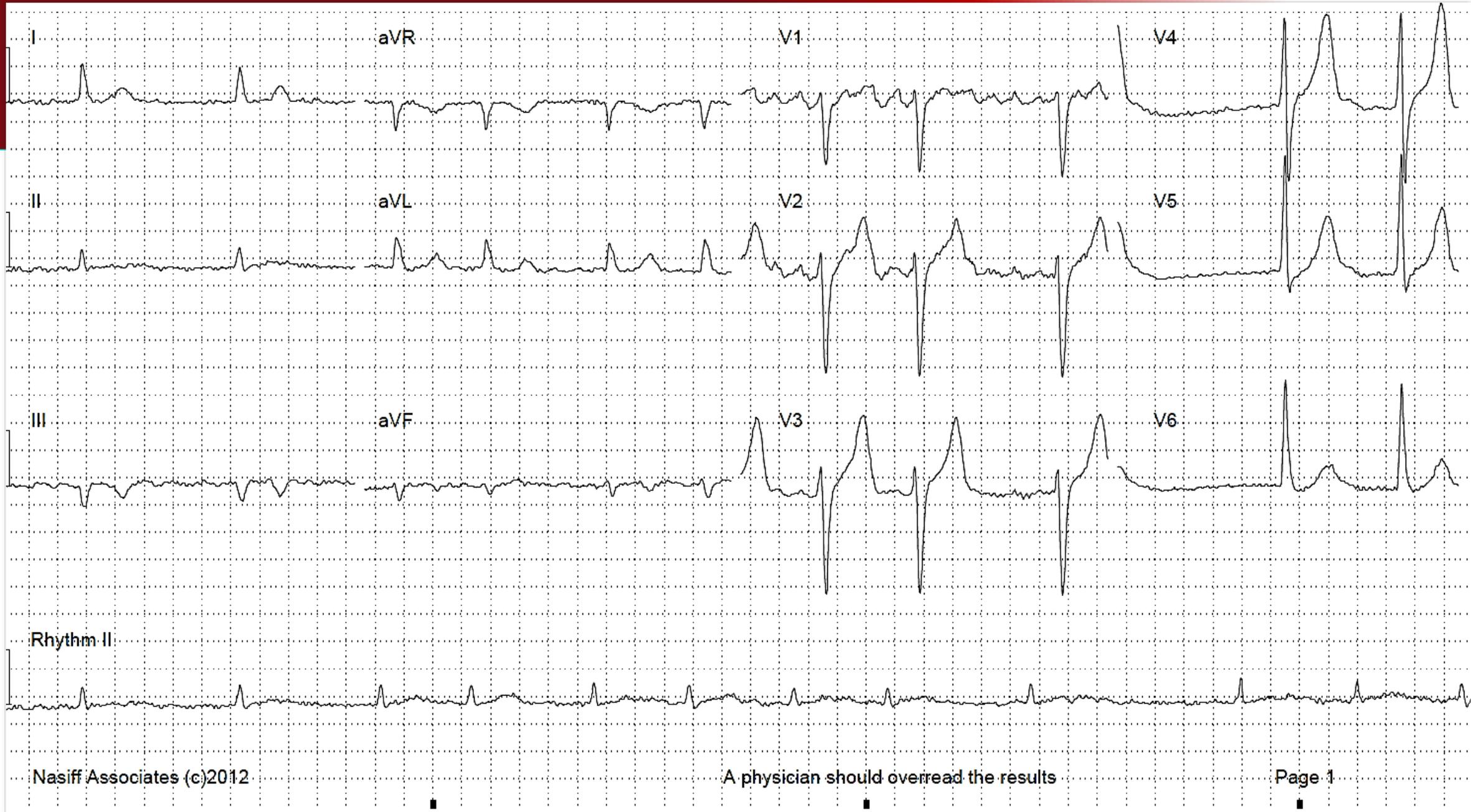


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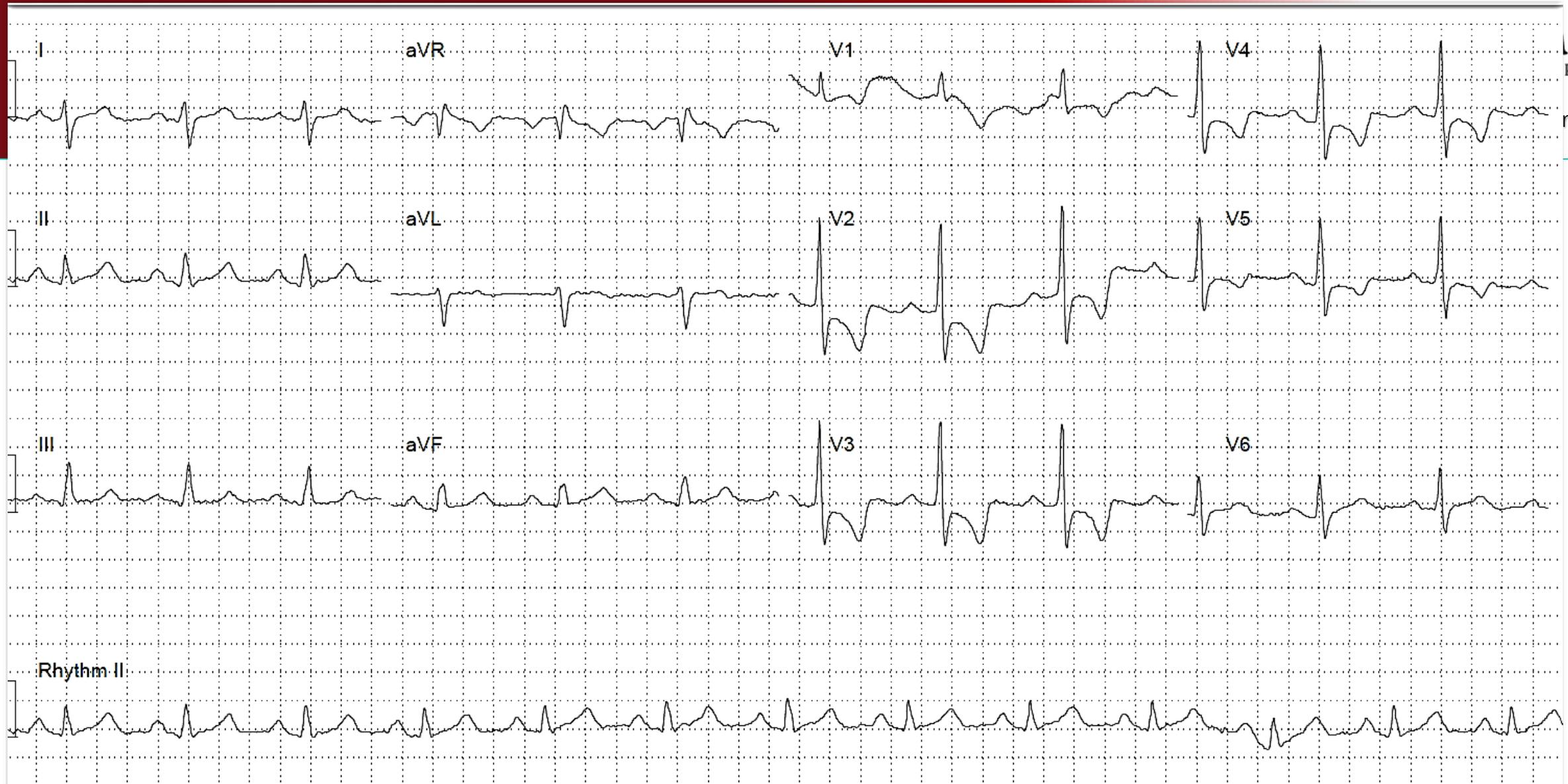


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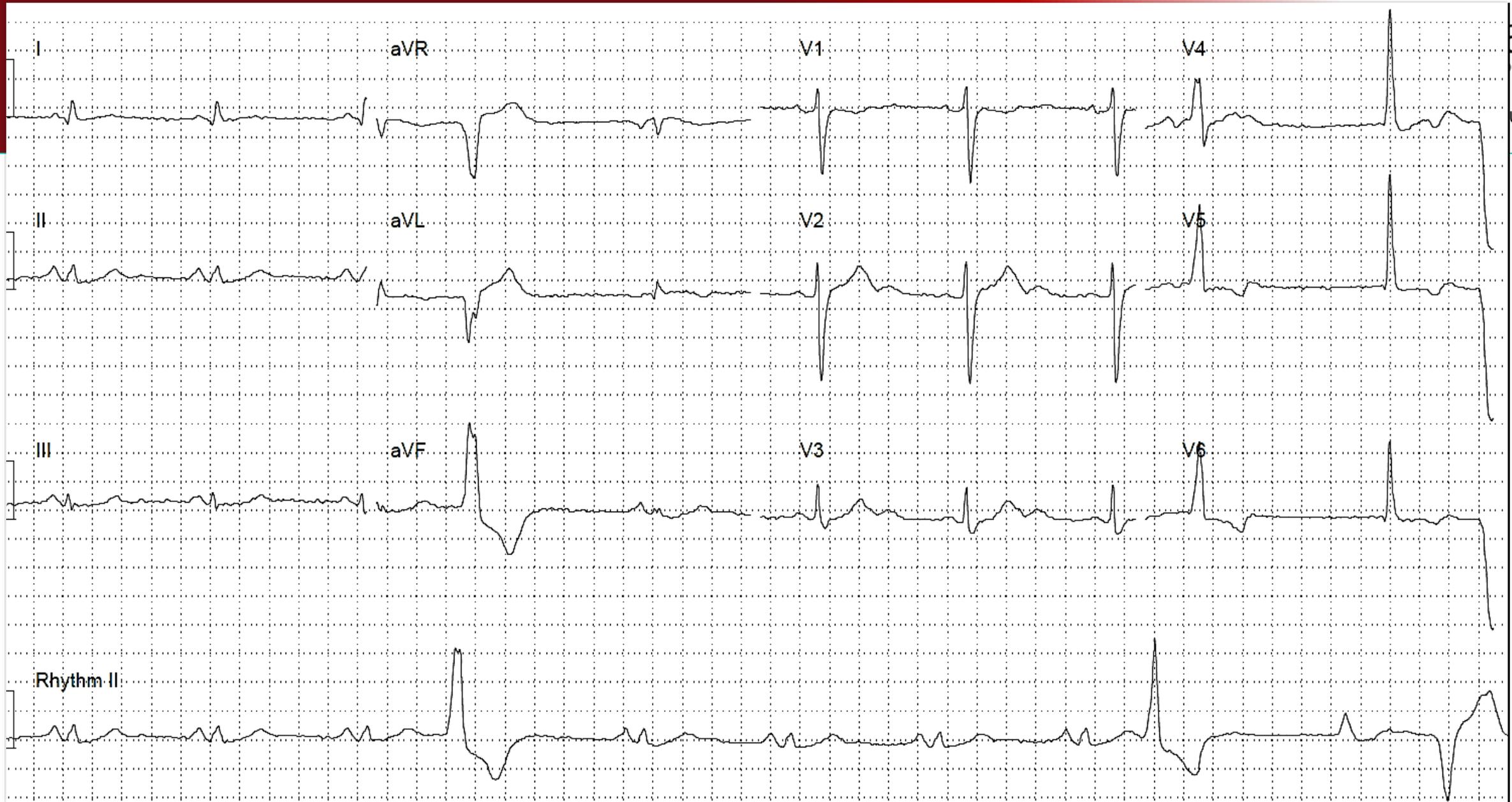
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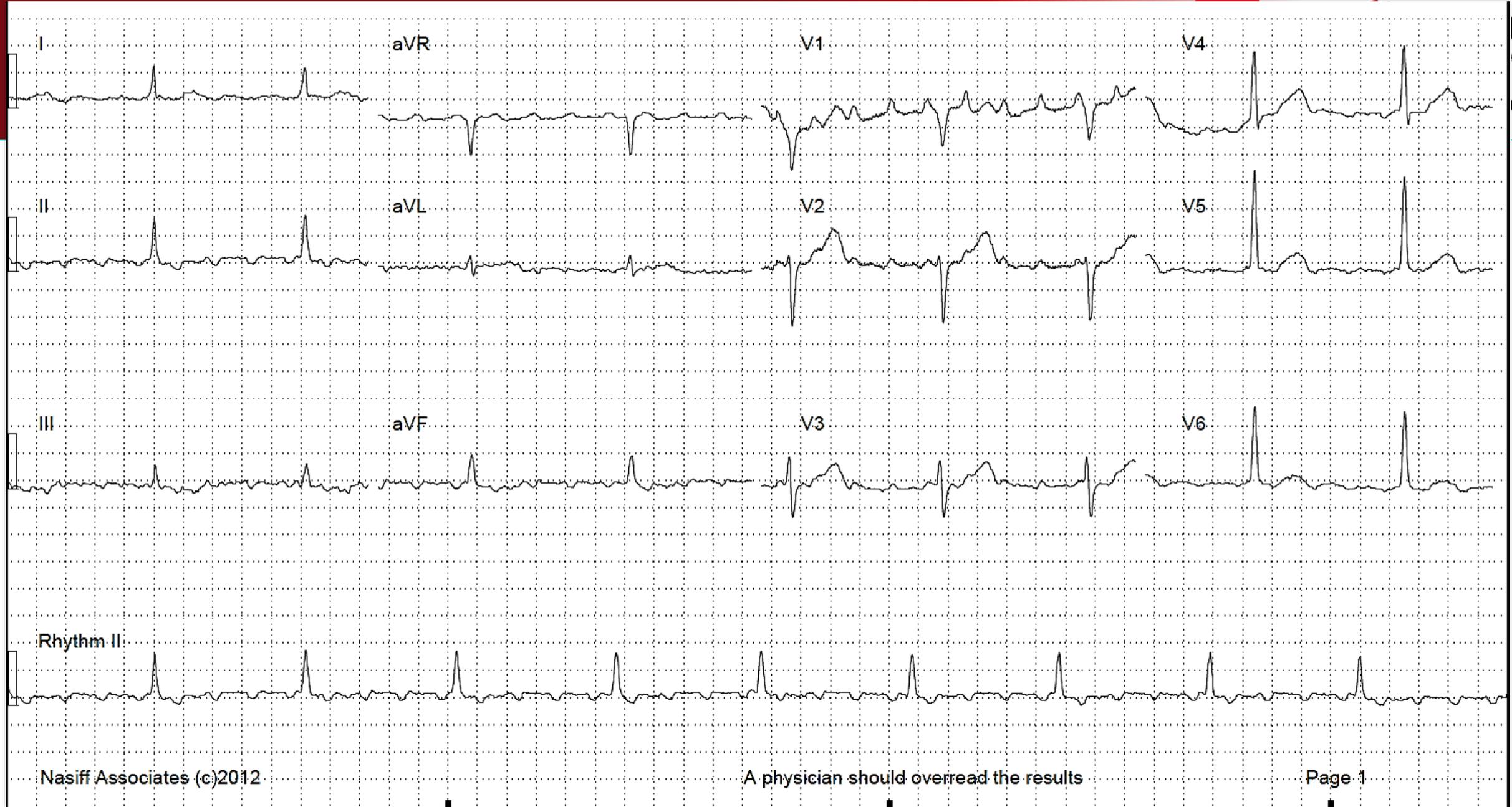
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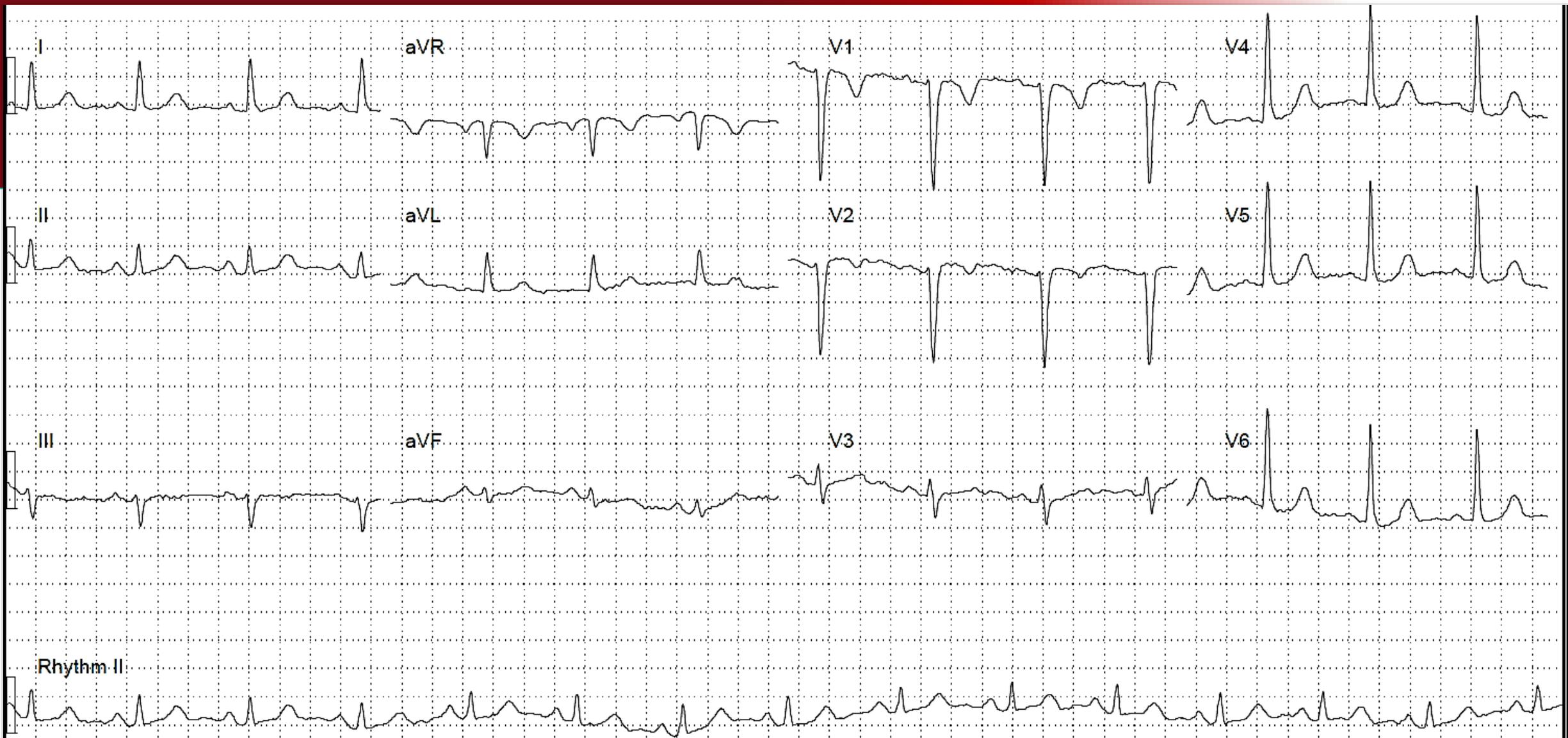
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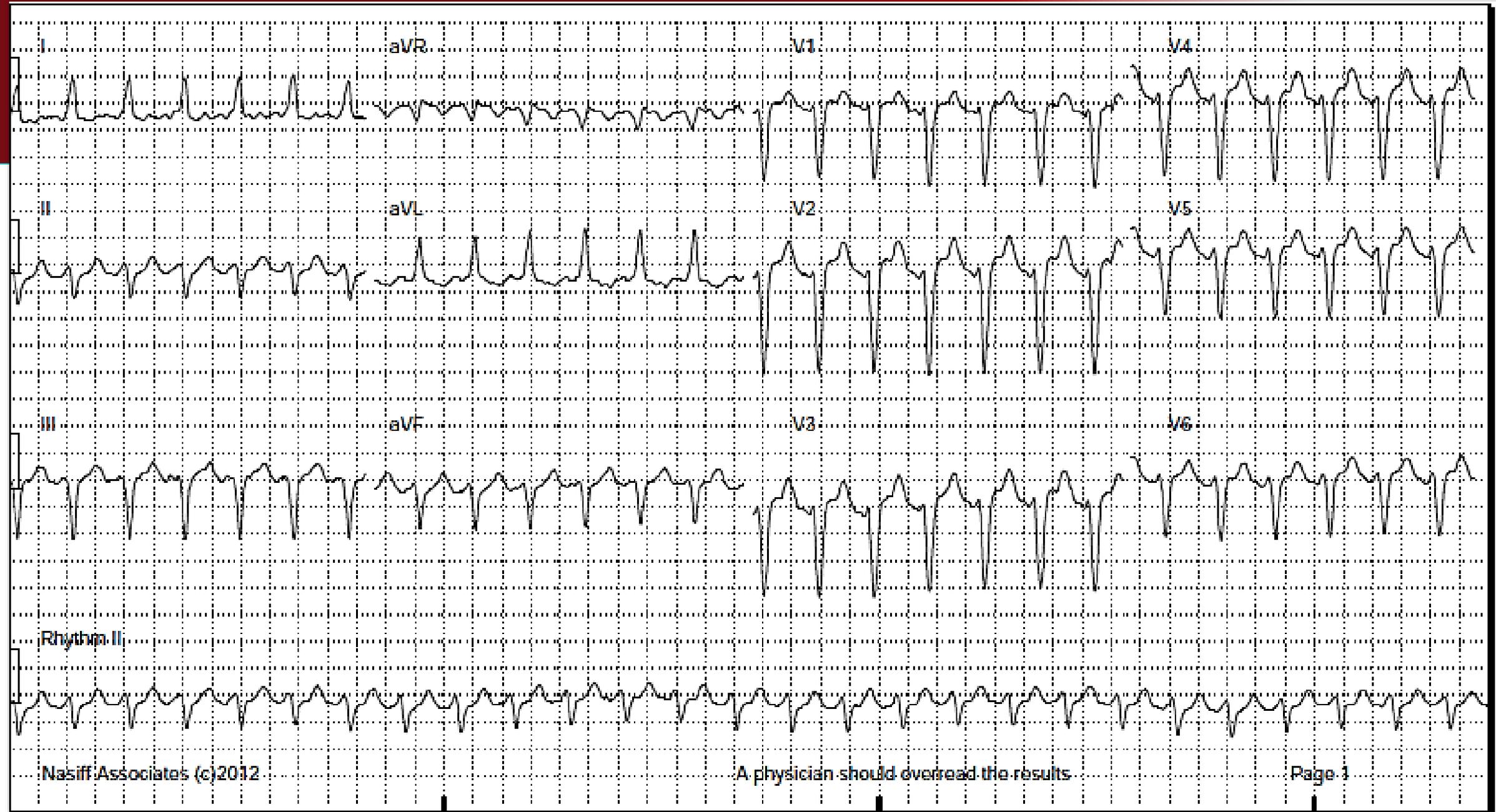
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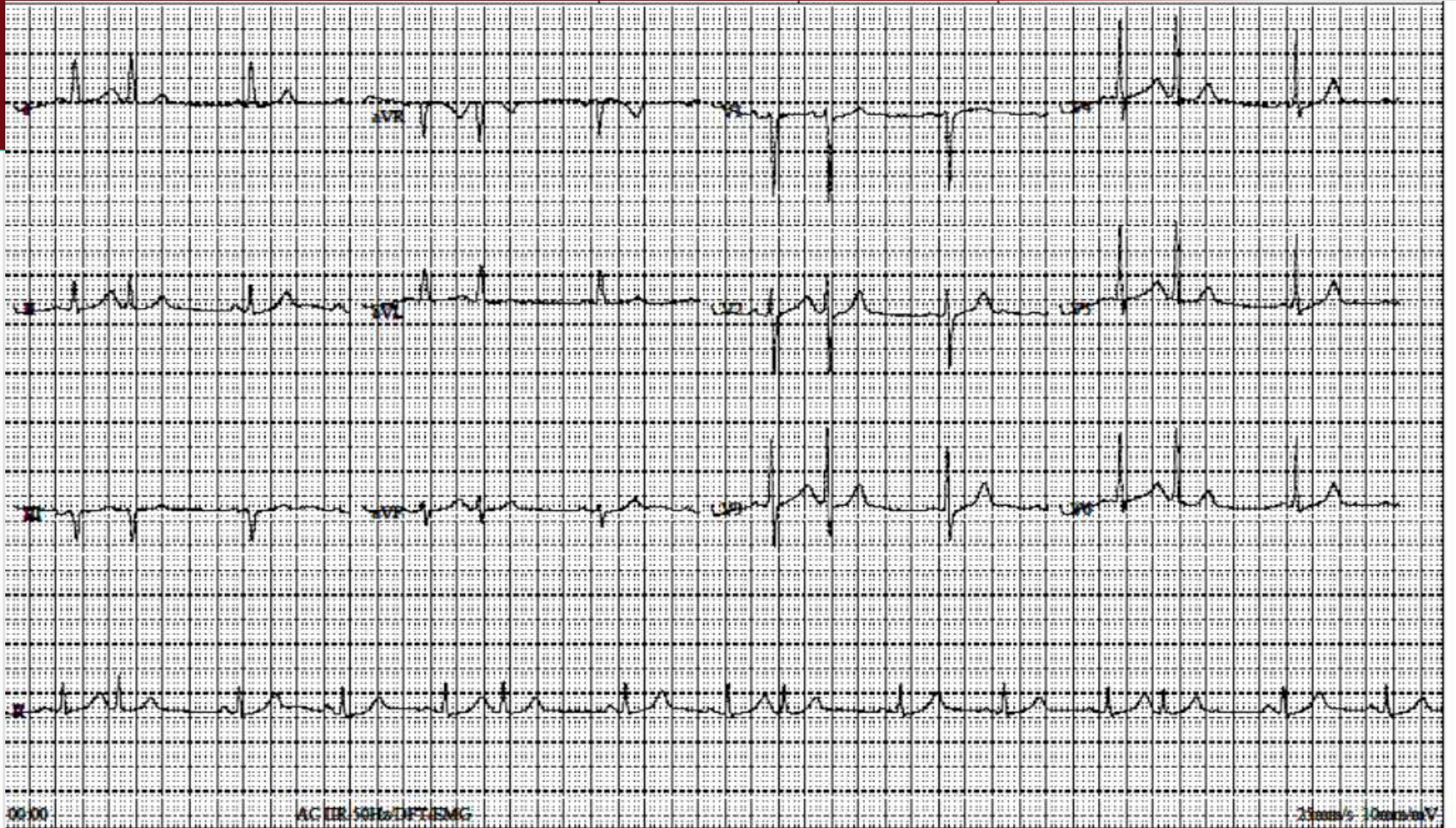
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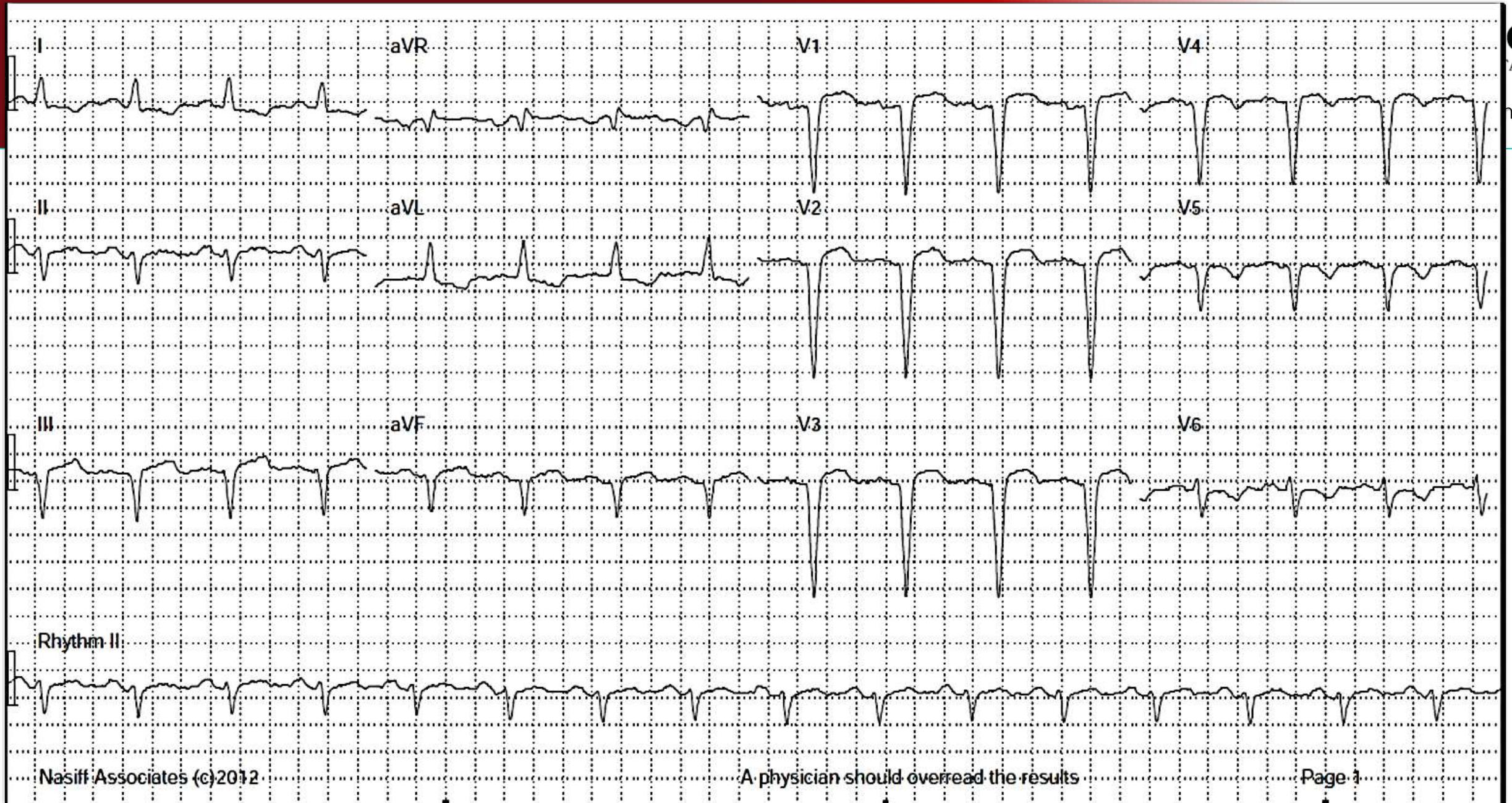


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Few Alarm Signs On ECG: Call for help!

- Heart Rate <50 or >130
- Significant ST elevation in 2 or more contiguous leads
- Rhythms that are not Sinus
- Multiple Ventricular Ectopic beats especially when they occur together (Ventricular Tachycardia)
- Ventricular Fibrillation
- New Left Bundle Branch Block
- New ST depression/T wave inversion in V1-V3
- Q Waves

THANK YOU

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