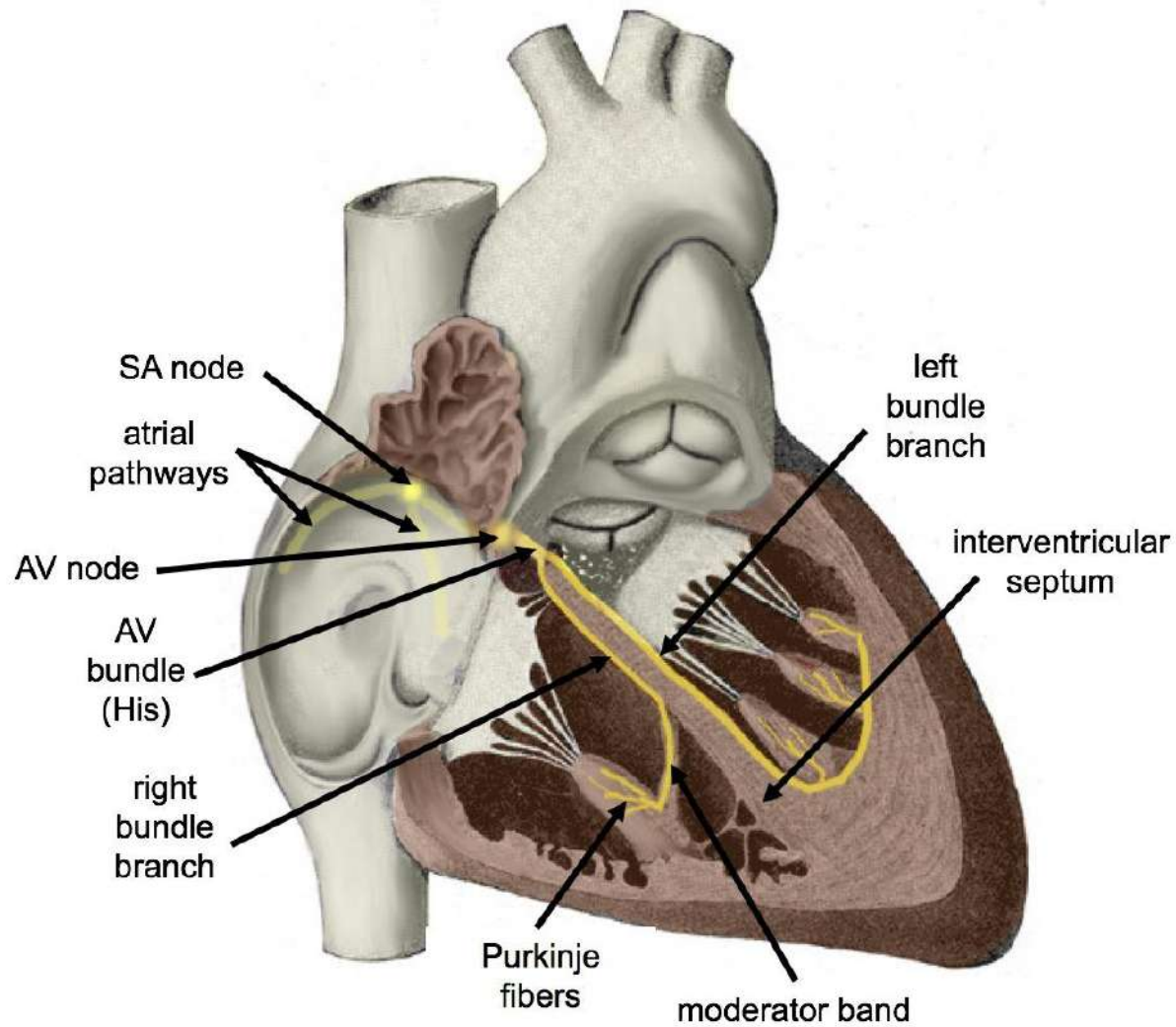


# Bundle Branch Block

[Video](#)



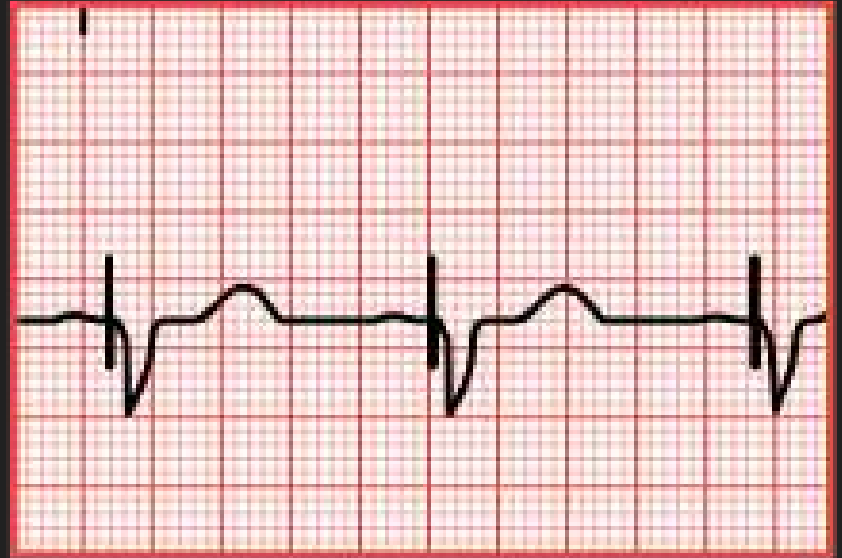
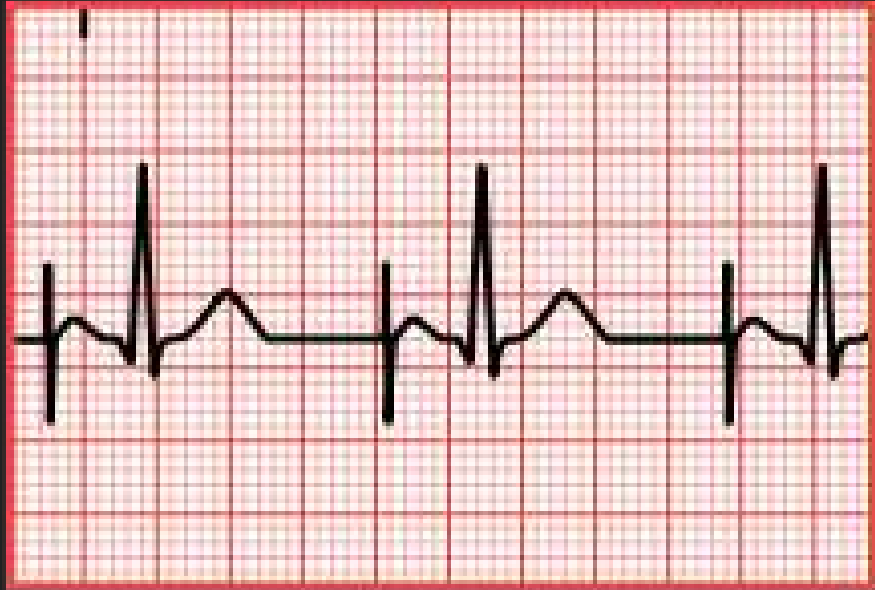
“Bunny ears”



# Pacemaker spikes

Atrial pacing

Ventricular pacing



# Define

**Ischemia**-a condition where there is a reduced blood flow to a specific area of the body

**Contiguous Leads** - a group of ECG leads that are positioned sequentially on the body and provide a comprehensive view of specific, adjacent areas of the heart (not continuous)

# Contiguous Lead Examples

- **Anterior leads:** V1, V2, V3, V4
- **Lateral leads:** V5, V6, I, aVL
- **Inferior leads:** II, III, aVF
- **Septal leads:** V1, V2
- **Right ventricular leads:** V4R, V5R, V6R
- **Posterior leads:** V7, V8, V9, V10

- Myocardial ischemia is exhibited through ST segment depression of 1 mm or greater, occurring in two contiguous leads or T wave inversion. Contiguous leads look at the same part of the heart. As an example, leads II, III, and AVF are contiguous, while leads V1, V2, and V3 are continuous.
- If the ischemia persists for more than a few minutes, myocardial injury is likely, and the waveforms will demonstrate more evidence of injury. The T wave inversion can occur independently or concurrently with ST segment elevation, which is more indicative of injury.
- When ST elevation is noted, the injury is current, and tissue has not yet died. Without intervention, the tissue will die. This, along with symptoms of chest pain, is referred to as ST elevation myocardial infarction (STEMI), and a complete blockage of a coronary artery has occurred. The significance and sequelae associated with the infarction depends on the location of the blockage.

## ST segment depression



- A myocardial infarction that does not have ST segment elevation is referred to as non-STEMI (or NSTEMI). Pathologic Q wave changes are indicative of infarction and necrosis if noted in two or more continuous leads. The Q wave will measure 0.04 seconds and will be equal or greater than one-third the height of the R wave.

## ST segment elevation

