

EKG theory

Warm-up:

What is something new that you witnessed/learned about when watching the 'Dr. Diaries' documentary. How can you apply this into your future career goals?

History of ECG

Concept of EKG

- Also called ECG
- Muscle tissue releases electrical energy when it depolarizes and causes a change in electrical potential across the surface of the skin

What is an EKG?

- A graphic representation of changes in energy over time
- Many diseases of the heart result in specific changes to the EKG

Standard grid

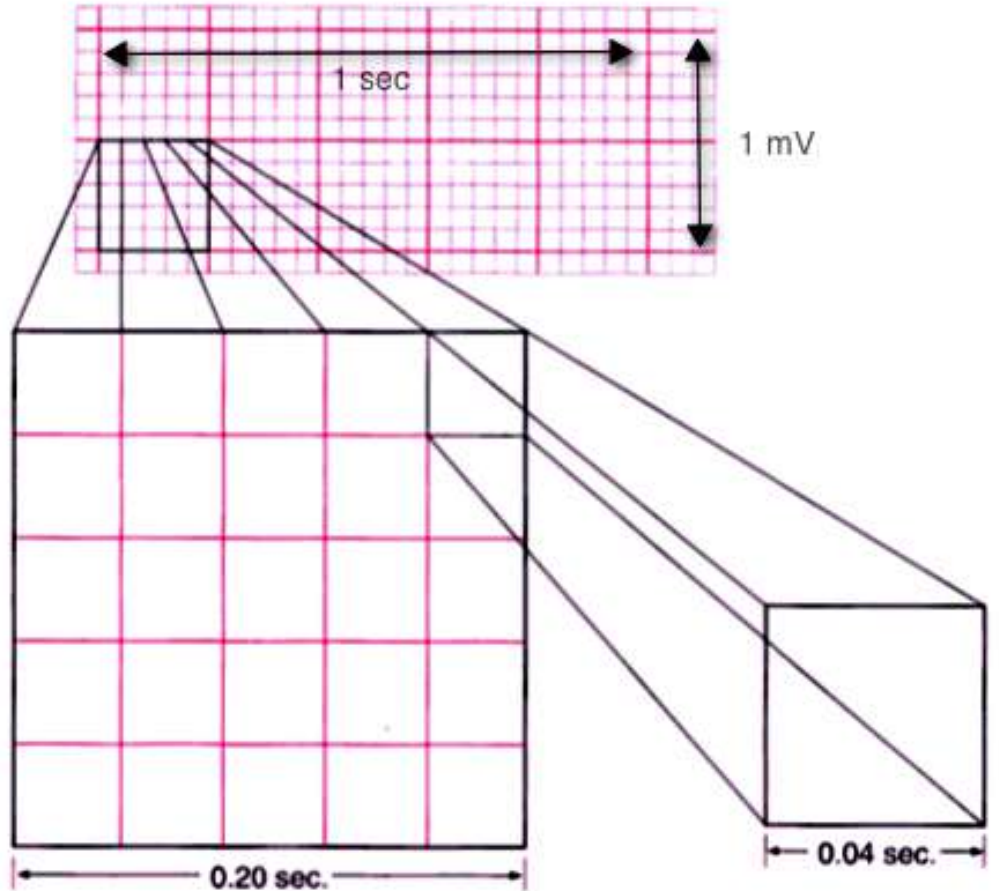
- Standard EKG paper contains small boxes - each measures 1 mm tall x 1 mm wide
- 5 small boxes make up one large box
 - Thicker gridlines indicate 5 mm boxes

Standard grid (cont'd)

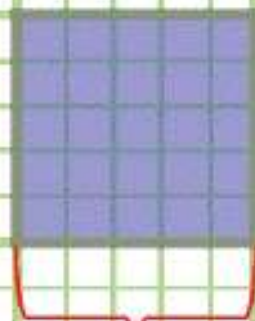
- Y axis is measured in millivolts (mV)
 - Each millimeter increment represents 0.1mV
- X axis measures time
 - 1 small box (mm increment) represents 40 milliseconds or 0.04 seconds

X Axis= time

Y Axis = voltage



ECG Paper is divided into large squares and small squares



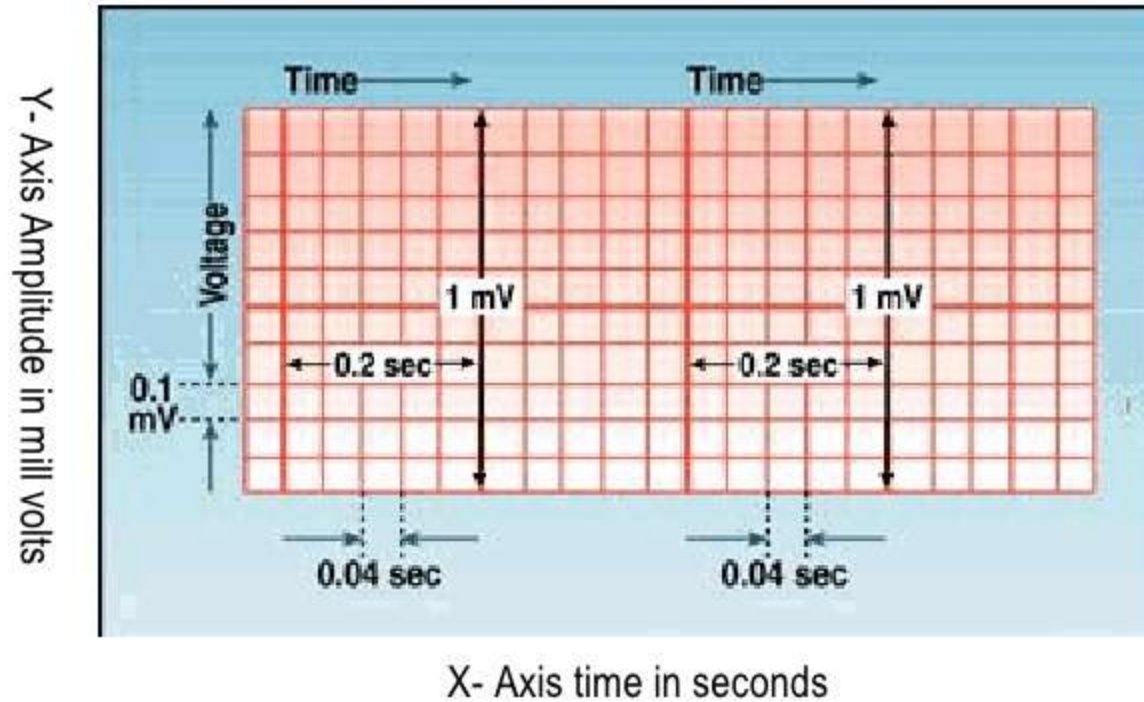
0.20 secs



0.04 secs

Large Squares are defined by dark lines and are 5 small squares high by 5 small squares long

ECG Graph Paper



Standard amplitude

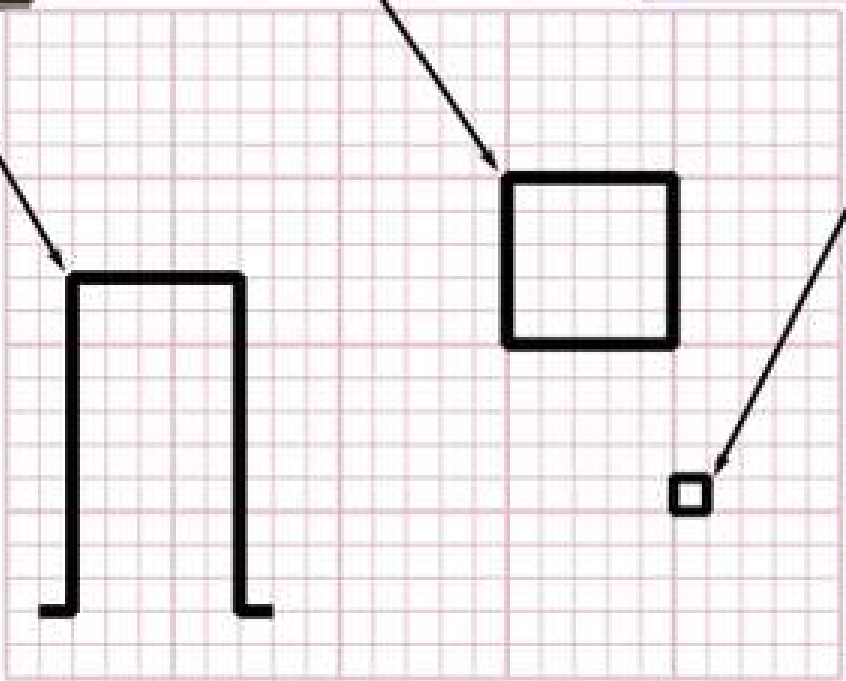
- Standard amplitude 10 mm/1 mV
- Standard calibration boxes should measure 10mm tall x 5mm wide and is seen at the beginning of the strip
- Indicates a standard paper speed
- A.K.A. Gain Control: normal is 1 mV

1 mV (10 mm high)
reference pulse

One large 5 mm × 5 mm box
represents 0.2 seconds (200 ms)
time and 0.5 mV amplitude.

One small 1 mm × 1 mm block
represents 40 ms time and
0.1 mV amplitude.

Amplitude ↑



Time →

Standard paper speed

- **25 mm/seconds**
- By increasing paper speed to 55 mm/second, the EKG appears to slow (or stretch out)

****Paper speed can ONLY be changed with an MD order****

- Improper paper speed can result in improper arrhythmia interpretation.

New: Lead
 Patient ID: 007123
 Date: 01-01-00
 Time: 12:00
 PR: 120 ms
 QRS: 120 ms
 QT: 320 ms
 QTc: 40 ms
 P-R-T axis: 00-90-90

ECG: 007123
 Age: 7
 Sex: Male
 Twp:

2-lead, 12-lead



leads at half standard

New: Lead
 Patient ID: 007123
 Date: 01-01-00
 Time: 12:00
 PR: 120 ms
 QRS: 120 ms
 QT: 320 ms
 QTc: 40 ms
 P-R-T axis: 00-90-90

ECG: 007123
 Age: 7
 Sex: Male
 Twp:

2-lead, 12-lead



leads at 2 times standard

Fig 12 Adjusting the Gain setting

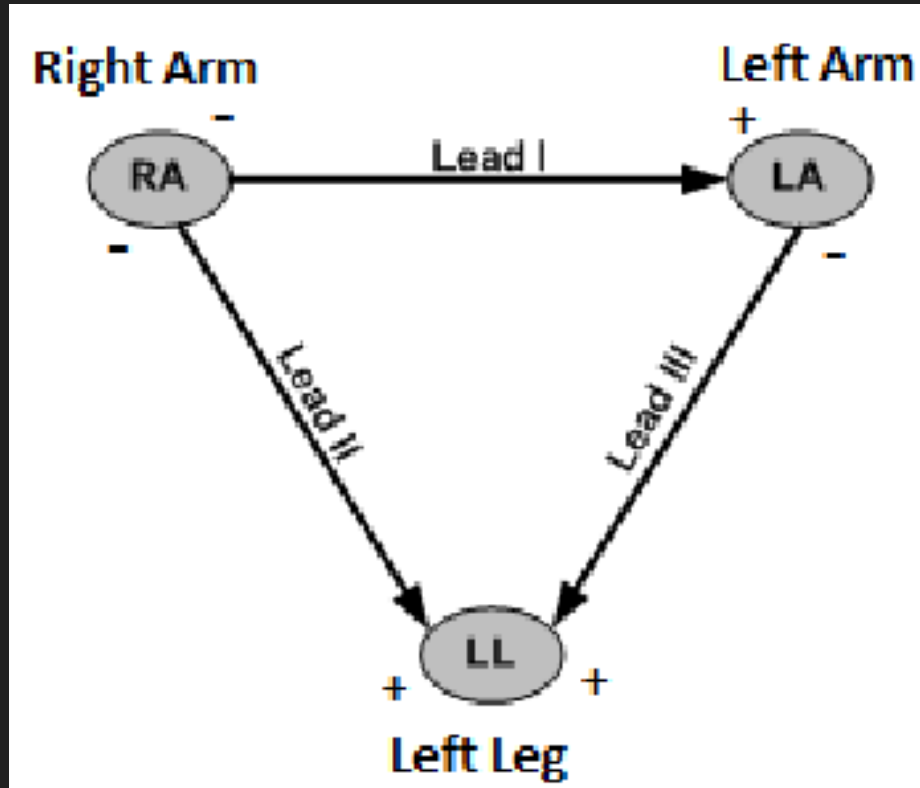
Practice: (we will do this in class thursday)

1. Label your own Graph paper
2. Compare it to the true EKG paper
3. Using the example EKG, circle/highlight and label the following:
 - a. Gain Control
 - b. Paper speed
 - c. Time Axis
 - d. Voltage/Amplitude Axis

Einthoven's triangle

- His original data was used to form an imaginary inverted triangle over the torso with the heart at it's center. This triangle is still used today.

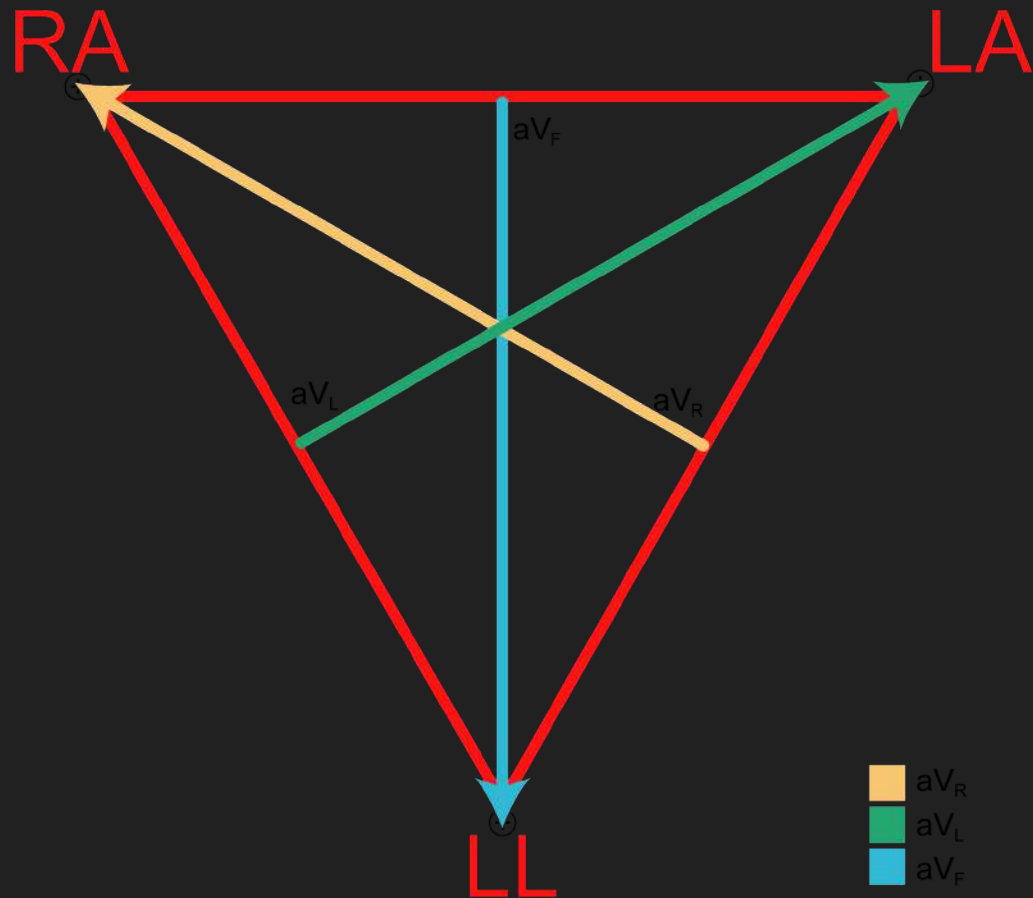
Einthoven's Triangle



****correct limb lead placement s of critical importance -
measures the heart's electrical axis and is a reference for
unipolar leads**

Wilson's central terminal

- A reference point for six of the 12 leads
- Serves as a “zero” end
- Improper limb lead placement creates an incorrect WCT reference point
- WCT is the reference point for the unipolar leads (+)



Unipolar and Bipolar leads

- Unipolar only have one “pole”
 - They use a reference point to create the “other end”
- Wilson’s central terminal serves as the reference point
- Bipolar leads: 2 poles, one positive and one negative

The 12 Leads

Limb leads (bipolar): I, II, III

Augmented leads (unipolar): avR, avL, avF

Precordial Leads (unipolar): V1, V2, V3, V4, V5, V6

