

Ischemia, Injury and Infarction on EKG

Sunnyvale HST

Definitions

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Ischemia :Inadequate blood supply, may lead to death of tissue

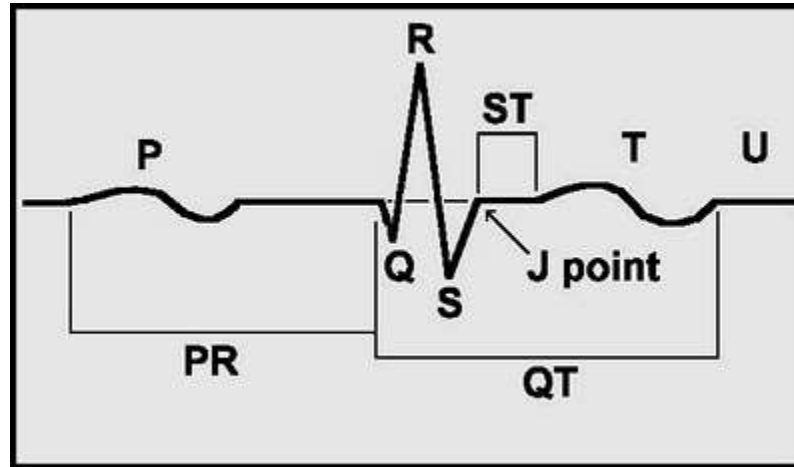
Injury :harm or damage

Infarction :obstruction of blood supply, causing death of tissue

The J Point

Junction between QRS complex and ST segment

Anomalies to the right of the QRS complex indicate injury, ischemia or infarction

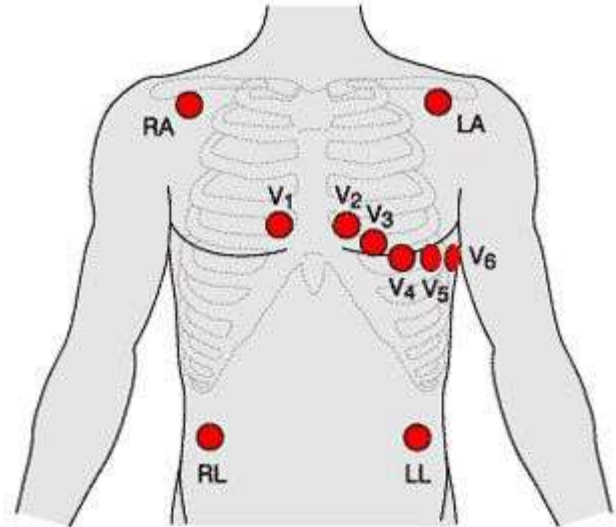
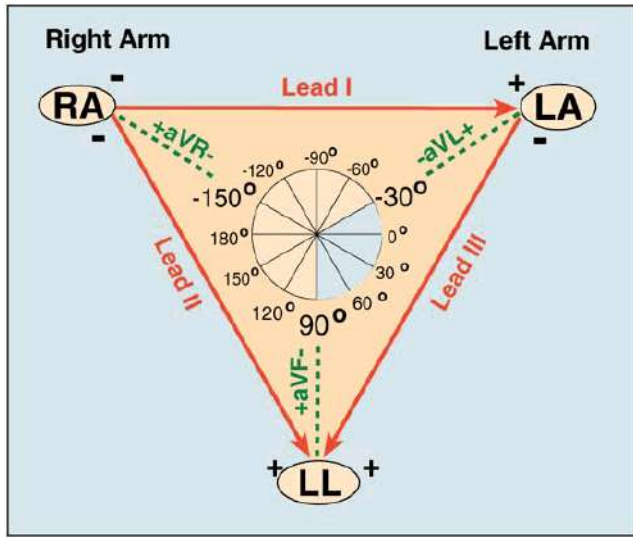


Reciprocal Leads

Opposite changes on reciprocal leads confirm anomalies

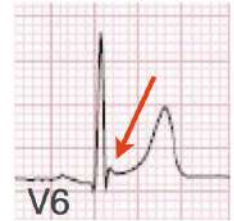
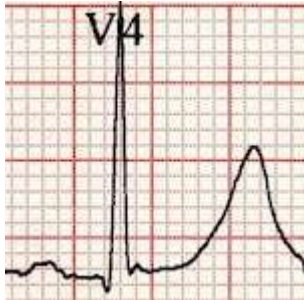
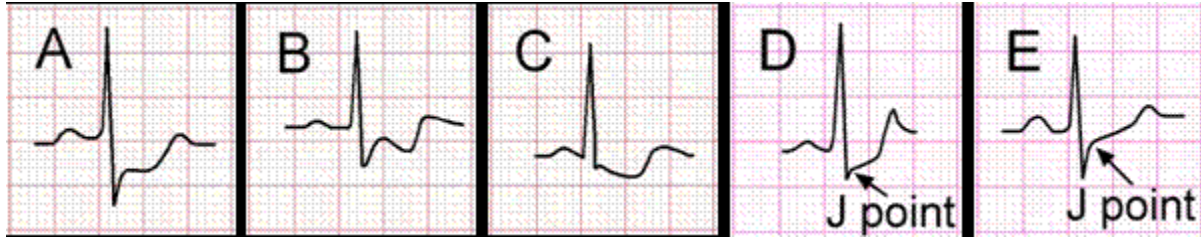
Common Reciprocal Leads

- II, III, aVF are reciprocal to I, aVL
- VI, V2 and V3 are reciprocal to TT TTT aVF



J Point Depression or Elevation

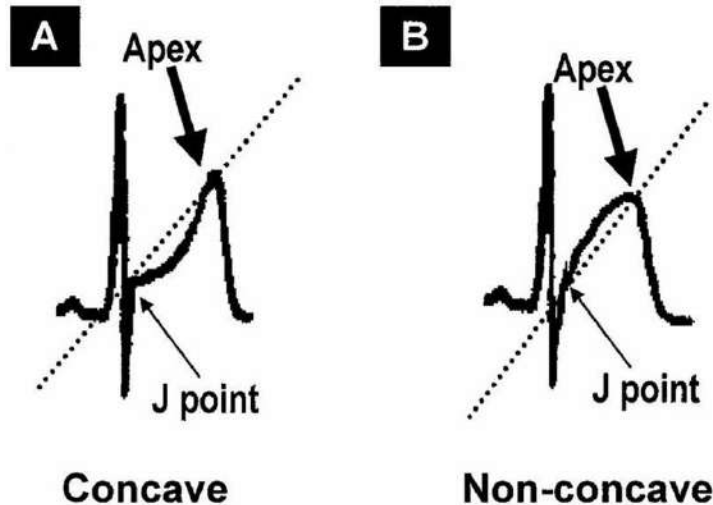
Indicates ischemia



Convex ST Segment

Indicates ischemia

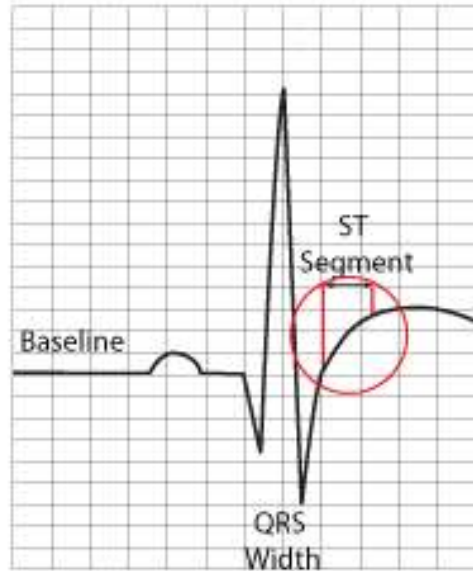
Draw a line from the J point to the peak of T wave, if T wave is on the drawn line or above it, the ST segment is convex



Concave ST Segment

Likely means no ischemia present

NON CONCAVE
(CONVEX)

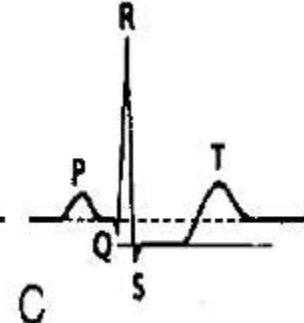
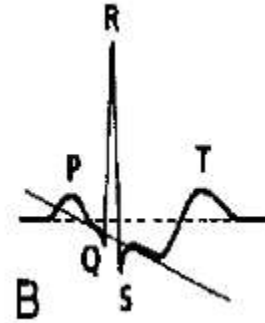
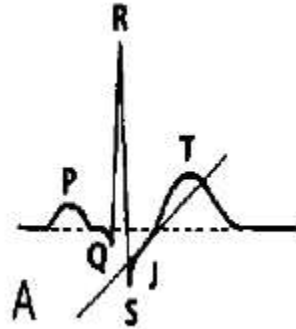


CONCAVE
(SADDLE SHAPED)



ST Slope Irregularities

Indicates ischemia



Rapid Upslope
Horizontal Slope
(Normal with exercise)

Downslope
(Abnormal) (Abnormal)

****Gradually upsloping ST segment also indicates ischemia**

T Wave Abnormalities

The following T wave findings indicate abnormalities:

- Symmetry--the T wave is symmetrical with respect to the y-axis
- Peaked/Tented--the apex of the T wave elevates and forms a peak
- Hyperacute--the T wave is taller than $\frac{1}{2}$ of the QRS height
- Inverted--the T wave is inverted with respect to the y-axis
- Bifid--T wave has two peaks

