

* Sinus rhythm if the P wave present

* rate $\rightarrow \frac{300}{4} = \dots$

* axis (non pathological for example) / most $\dots$

ST segment:-
① elevation $\rightarrow$ Concave - convex
② depressed $\rightarrow$ horizontal 99% $\rightarrow$ Ischemic / down sloping 5% $\rightarrow$ ischemic not ischemic
③ normal

* most isoelectric line is $\rightarrow$ TP interval...

* Convex ST segment in MI (anterior septal MI $\rightarrow$ ST elevation convex in V1/V2/V3).

* Concave ST segment in pericarditis / early reperfusion phenomenon. [normal]

QRS complex $\rightarrow$ amplitude $\rightarrow$ R_1, R_2, R_3
duration $\rightarrow$ complex 1, 2, 3 wide

R wave $\rightarrow$ $V_1 \rightarrow V_6$
S wave $\rightarrow$ $V_1 \rightarrow V_6$
S = R $\rightarrow$ V3

* R long $\rightarrow$ in muscle.
deep S $\rightarrow$ V_1, V_2

If ventricle hypertrophy $\rightarrow$ R long in V5-V6
S deep in V1-V2

normal QRS complex up to 110

* If bundle branch block.
+ M shape

- wide complex $\rightarrow$ if or Rt bundle branch block...

T wave $\rightarrow$ R $\rightarrow$ V_1, V_2
S $\rightarrow$ V_1, V_2

* T wave $\rightarrow$ longer than R in V3
V4 $\rightarrow$ R $\rightarrow$ T $\rightarrow$ S
Peak T wave in hyperkalemia
MI $\rightarrow$ $K^+ [5.5 - 6.5]$

* Flat T wave: - hypo kalemia...
+ prominent u wave

[QRS complex wide + absent - flat p wave $\rightarrow$ 6.5 - 7.5
+ T wave peak.
very wide u + absent p wave + T wave peak $\rightarrow$ 7.5 - 8.5

sinewave + $K^+ > 8.5 \rightarrow$ death
 $\rightarrow$ absent of ST complex. [Asystole]

relaxation in hyperkalemia.

V1-V2 septal
V3-V4 Anterior
V5-V6 lateral

* B-Blocker lead to Bradycardia.

* QT interval prolongation lead to sudden death..