

Critical Care Update Post-Test – Advanced EKG Interpretation of Critically Ill Pts – Mel Tucker

Name _____ Date _____

****Submit post test to your department educator or training officer for 2 hours of Inservice****

1. Describe the correct placement of limb leads for 12-lead EKG placement.
2. How do you distinguish between physiologic and pathologic Q waves?
3. What does the presence of pathologic Q waves indicate?
4. True or False: All myocardial infarctions cause ST elevation.
5. What is a subendocardial MI?
6. How do you determine the amount (mm) of ST elevation
7. How do you determine if the leads have been switched?
8. What are other things that cause ST elevation besides AMI?
9. What are the signs/EKG reading of pericarditis?

10. Explain the significance of convex and concave sT segments
11. What finding is present on EKG in hypothermic patients?
12. What does PR depression indicate?
13. Where should V7, V8 and V9 be placed
14. What are we looking at when we view V7, V8, and V9?
15. Define concordance as it relates to 12-Lead EKG and BBB
16. In what two rhythms/situations can we use Sgarbossa's Criteria?
17. Describe the pathophysiology of Lown-Ganong-Levine Syndrome
18. What does a delta wave indicate?
19. What is Brugada Syndrome?
20. How is Brugada Syndrome evidenced on the 12-lead

21. What does right axis deviation indicate?

22. What direction should the complex be in AVR in V-fib?

23. Draw the axis circle as described on the slides: