

Tulane University Health Sciences Center

DEPARTMENT OF MEDICINE
Student Programs Office
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INTERDEPARTMENTAL
CORRESPONDENCE

TO: T-3 Medicine Students

FROM: Elma I. LeDoux, MD, Director
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DATE: August 8, 2001

RE: Student goals of EKG interpretation

By the completion of your Junior Medicine Clerkship, it is expected that you know and be able to recognize the following basic EKG findings (The EKG practical exam will be derived from this list.):

Waves - P, Q, R, S, T, U
Intervals - PR, QRS, QT
Segments - ST elevation, ST depression, PR segment
Rate - be able to count the atrial or ventricular rates (# per minute)
Rhythm -
asystole
normal sinus
sinus tachycardia
sinus bradycardia
junctional rhythm
atrial fibrillation
atrial flutter
paroxysmal supraventricular tachycardia
wolff - parkinson - white syndrome
premature atrial contraction
premature ventricular contraction
(including bigeminy, trigeminy, quadriminy, multiform, R on T phenomena)
ventricular tachycardia
ventricular fibrillation
first degree AV block
second degree AV block (Type I and Type II)
third degree AV block
right bundle branch block
left bundle branch block
Axis - left axis deviation

- right axis deviation
- normal axis
- Hypertrophy - left and right atrial enlargement
- left and right ventricular hypertrophy (with or without strain pattern)
- Infarction - know significant vs. insignificant Q waves
- recognize acute ischemia (acute T wave inversion)
- recognize acute infarction (acute ST segment elevation or depression)
- recognize old infarction (Q waves)
- know the location of ischemia or infarct
 - (inferior, anterior, lateral, posterior) by EKG pattern recognition
 - know which coronary vessel is likely involved in acute ischemia or infarction
 - (right, left main, left anterior descending, or circumflex coronary artery)
- Misc. - Acute pericarditis
- pacemaker spikes
- hypokalemia, hyperkalemia
- hypocalcemia
- digitalis effect

EIL/bmj

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