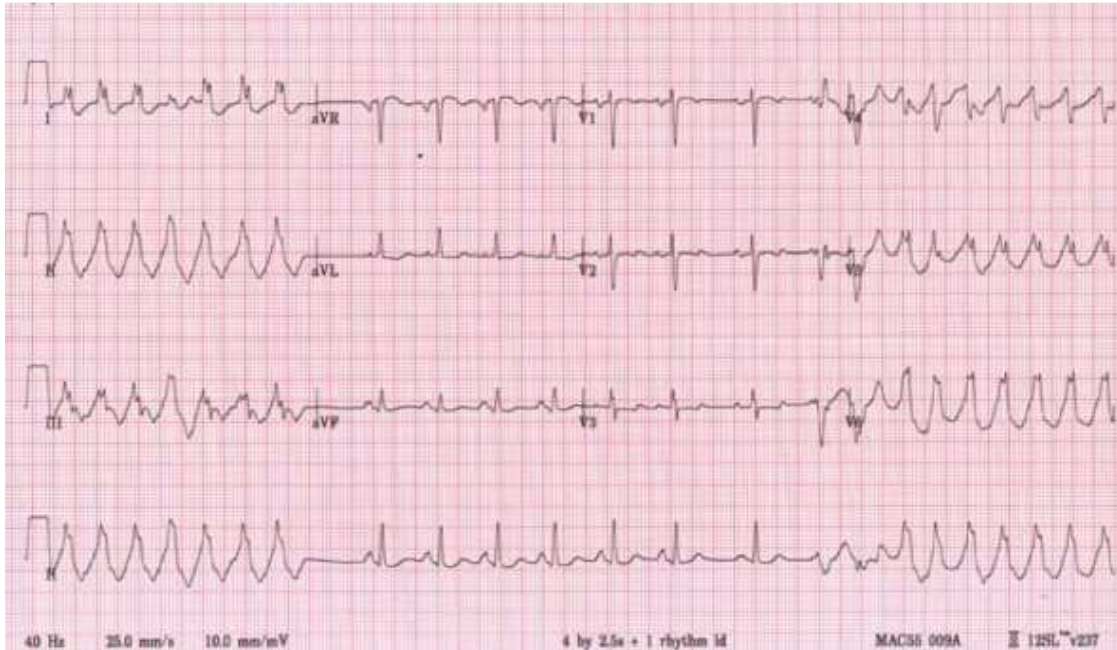


## VAQ 2010.2.1 (ECG)

A 35 year old woman presents to the emergency department with onset of palpitations.

Her observations are:

BP	130/80	mmHg	
O <sub>2</sub> Saturation	98	%	on room air



Describe and interpret the ECG (100%)

Her ECG shows dynamic rhythm changes with both sinus rhythm and VT. Her haemodynamics may also change with her rhythm and this may dictate urgent treatment.

Two rhythms are noted:

midsection – rhythm 1

normal sinus rhythm

rate 75-110

axis uninterpretable with limited leads

P – normal

Q – none significant

R – no significant changes

S – no significant changes

T – nonspecific T wave changes anteriorly

U – not seen

PR – normal

QRS – narrow

ST – nonspecific ST changes V2-3

QTc – variable in rhythm strip from approx half R-R to less than half later

Rhythm 2

broad complex tachycardia

rate 150-180, fusion beats, Notching near the S wave nadir, QRS >160ms

>85% of WCT are VT

no delta wave while in sinus rhythm

college expect >2 qualifiers of why VT from those above or reasonable others (including dropped beats, although I see none in the ECG given)

This is suggestive of VT rather than SVT with aberrancy.

Causes: ischaemia, drug toxicity, degenerative, structural heart disease, congenital (e.g. sodium channelopathy)