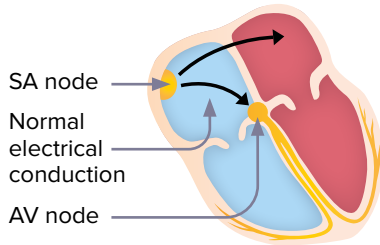


# COMMON ATRIAL DYSRHYTHMIAS



Normal

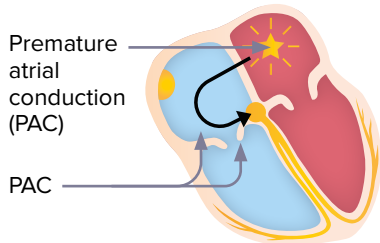


## Normal sinus rhythm (NSR):

Electrical impulse originates from the SA node in the right atrium and travels to the ventricles via the AV node and His-Purkinje system, producing a regular rhythm and heart rate between 60–100 beats per minute.

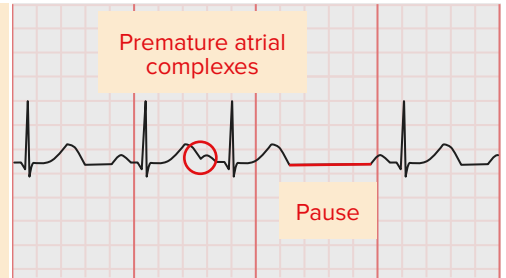


PACs

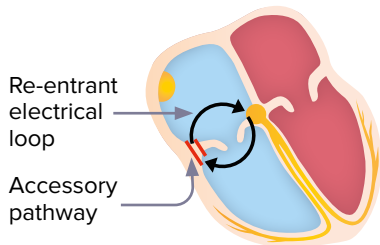


## Premature atrial complexes (PACs):

Electrical signal originates from ectopic foci within the atria, causing the heart to beat too soon. The SA node usually resumes pacemaking after the ectopic beat, returning to NSR. Usually intermittent and harmless.

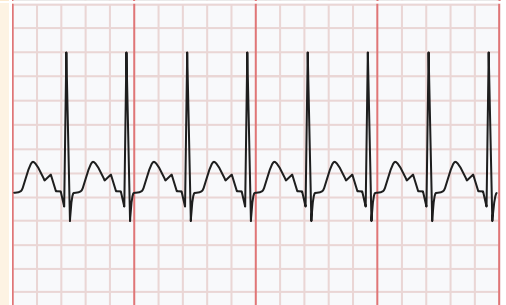


PSVT

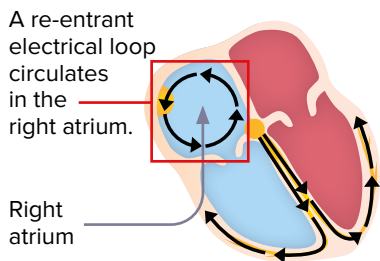


## Paroxysmal supraventricular tachycardia (PSVT):

Electrical signal originating at or above the AV node produces abnormally fast heart rate with regular rhythm. Incomplete ventricular filling causes symptoms such as light-headedness, dyspnea, and chest discomfort. Usually intermittent. May resolve spontaneously or require treatment.



Atrial flutter

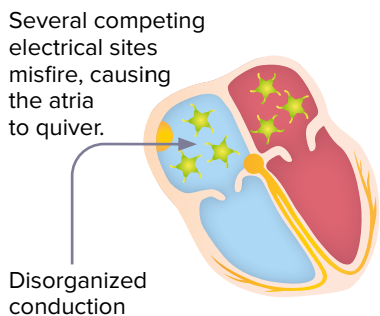


## Atrial flutter:

Electrical signal originates from ectopic foci in the atria and travels through a reentry pathway, causing the atria to beat at a rate 3–4 times that of the ventricles. On EKG, atrial flutter is recognized via a characteristic “saw tooth” pattern. Puts clients at risk for blood clots and stroke. Must be treated.



Atrial fibrillation



## Atrial fibrillation (A-fib):

Multiple ectopic foci in the atria fire rapidly, producing a fast, uncoordinated atrial rhythm with irregular ventricular response. Insufficient ventricular filling can cause symptoms such as fatigue, light-headedness, SOB, and chest discomfort. Turbulent flow of blood through the atria puts clients at risk for blood clots and stroke. Must be treated.



## NOTES

