

PR interval

- for a healthy heart this should be between 0.12-0.2s (3-5 small squares)
- if increased/widened think heart block
- N.B. PR segment depression may indicate atrial injury or pericarditis

Heart Block

- causes: AV node/bundle of his/purkinje fibre disease
- the later stages of the disease usually results in bradycardia because less electrical signals are passing to the ventricles

types:

1. 1st degree: ↑PR interval, treat by just observing
 2. 2nd degree (mobitz 1/wenckebach): each beat results in a progressively increasing PR interval ⇒ missed beat which then resets the PR interval & the cycle begins again, may need a pacemaker
 3. 2nd degree (mobitz 2): only every 2nd/3rd P wave is conducted, always ⇒ complete heart block, pacemaker needed
 4. 3rd degree (complete heart block): no P waves conducted to the ventricles, no connection between P & QRS, P wave & ventricular escape rhythms become independent, urgent pacemaker needed
- N.B. imagine heart block as increasing degrees of damage to the conducting fibres between the atria & ventricles, with complete heart block being total destruction of these fibres ⇒ no signal can pass

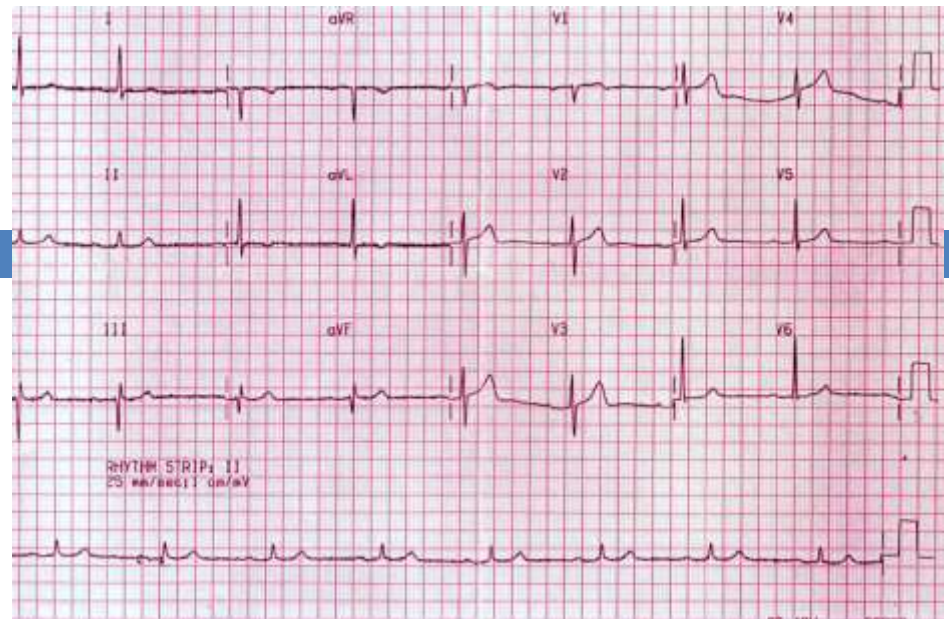
Heart Block



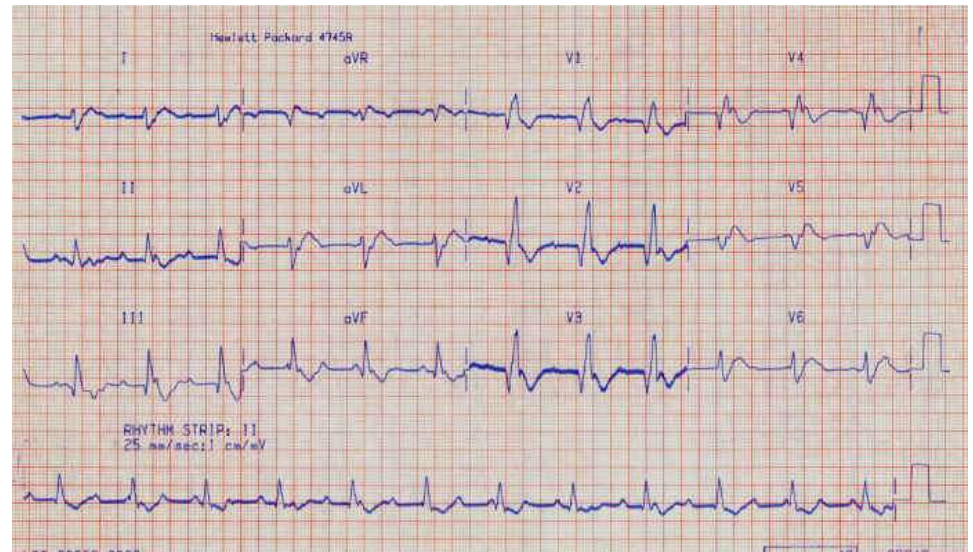
Wenckebach (Mobitz type I)



Mobitz type II



1st degree Heart Block



Complete heart block