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1. **Dysrhythmia Tests**
   a. *Review BOTH the Basic and Advanced Refreshers provided by your recruiter* (even if you are taking the Basic Dysrhythmia exam). These are absolutely wonderful EKG refreshers for the Relias Dysrhythmia exams
   b. PRACTICE! PRACTICE! PRACTICE!
      i. Here are some links to use:
         1. https://ekg.academy/
         2. https://www.skillstat.com/tools/ecg-simulator/
         3. https://www.teachingmedicine.com/Case.aspx?mode=demo
      ii. Use any other resources you can find to practice reading different strips of the different rhythms, especially for the rhythms you have the most difficulty with
   c. Know how to measure!
      i. Hover the cursor over the strip and that part of the strip will magnify to make it easier to count the number of “little” boxes
      ii. Check the Basic Refresher document provided your recruiter to review how to measure PR and QRS intervals
   d. Know both ways to determine rates
      i. Count number of R’s then multiply by 10 OR
      ii. Use the rate chart after counting the number of little boxes between R’s (see Basic Refresher document for rate chart – have this handy when you take the exam)
   e. NEVER just “look” at a rhythm or think “it looks like” a particular rhythm to determine the rhythm unless it is clear and unmistakable like asystole (example: SR may actually be SR with first degree AV block but you wouldn’t know that if you didn’t measure the PR interval)
      i. IMPORTANT – *it is always best to use a routine process for reviewing each strip – the answers to each step will help rule out certain rhythms and will help steer you to the correct rhythm:*
         1. What is the RATE?
         2. Is the rate REGULAR or IRREGULAR?
         3. Is there a P WAVE?
         4. What is the PR INTERVAL?
         5. What does the QRS look like?
   f. Know what the hallmarks are for certain rhythms to help reduce confusion when trying to determine the correct rhythm
      i. Blocks
         1. First Degree – PR is prolonged >.2o, NO dropped QRS
         2. Second Degree Type I - PR gets progressively longer then a QRS is dropped
         3. Second Degree Type II – PR interval is constant with randomly dropped QRS (PR interval may be < .20)
         4. Third Degree – no correlation between P’s and QRS’s , P waves usually march out consistently, even if buried in another wave
      ii. Junctional rhythms
         1. P wave is absent or inverted

2. If P wave is present, the PR interval will be short (< 0.12)
3. Know rates to determine the correct Junctional rhythm
    a. Junctional rhythm – rate is 40-60 bpm
    b. Accelerated Junctional – rate is 61 – 100 bpm
    c. Junctional Tachycardia – rate is > 101 bpm

iii. Idioventricular rhythms
1. NO P waves AND widening of QRS
2. Know the rates to determine the correct Idioventricular rhythm
    a. Idioventricular rhythm – rate is < 40 bpm
    b. Accelerated Idioventricular – rate is 40 – 100 bpm
    c. VTach – rate is >100 bpm

iv. Don't confuse:
1. Afib and aflutter
    a. AFib
        i. Rate is always irregular (irregularly irregular)
        ii. No distinguishable P waves
        iii. Atrial activity won't always be the same before each QRS
    b. Aflutter
        i. Sawtooth "like" pattern –may be more rounded than pointed
2. PACs and PVCs
    a. PACs
        i. A normal beat but it occurs early
            1. Will have P wave with normal looking QRS
        ii. Irregular rhythm is result of the PAC, would be regular otherwise
    b. PVCs
        i. QRS is always wide and bizarre compared to a "normal" beat
        ii. P wave will be absent before the PVC
3. ST with SVT
    a. ST – rate is 101-160 bpm
    b. SVT – rate is 150 – 250 BPM, P waves and PR intervals not usually discernable

g. Know ventricular bigeminy, trigeminy, couplets & triplets
    i. Bigeminy – every other beat is a PVC
    ii. Trigeminy – every 3rd beat is a PVC
    iii. Couplets – 2 PVCs in a row
    iv. Triplets – 3 PVCs in a row

h. Pacer spikes
    i. Every pacer spike (if capturing) should have either a P wave or a QRS complex following it depending on if the pacer is atrial, ventricular or both
    ii. Look at wave following the spike to determine what type of pacer it is