



**please post**

**DOCUMENTATION  
REMINDER**

FAQ: How should ECG rhythm & 12-lead ECG be documented in Image Trend?

- “ECG-monitor” = PM’s interpretation of lead II rhythm strip
- “12-Lead ECG” = documentation of **computer interpretation**

ECG Monitor			
Time	ECG Type	ECG Lead	ECG Interpretation
20:43	ECG-Monitor		Normal Sinus Rhythm
21:06	12-Lead ECG		Normal ECG **Unconfirmed** Sinus Rhythm

ECG Monitor			
Time	ECG Type	ECG Lead	ECG Interpretation
03:08	ECG-Monitor	II	NSR
03:12	12-Lead ECG	12 Lead ECG	Sinus bradycardia, Inferior infarct age undetermined, ST & T wave abnormality, consider lateral ischemia, Abnormal ECG.

ECG Monitor			
Time	ECG Type	ECG Lead	ECG Interpretation
11:48	ECG-Monitor	II	SR
11:52	12-Lead ECG	12 Lead ECG	SR, Possible septal infarct age undet, Inferior/lateral ST-T abnormality may be due to myocardial ischemia

ECG Monitor			
Time	ECG Type	ECG Lead	ECG Interpretation
02:09	12-Lead ECG		Normal ECG "Unconfirmed" Sinus Rhythm
02:13	ECG-Monitor		NSR

ECG Monitor			
Time	ECG Type	ECG Lead	ECG Interpretation
09:37	ECG-Monitor	II	A-fib
09:38	12-Lead ECG	12 Lead ECG	Atrial fibrillation, Right bundle branch block, Left anterior fascicular block, Bifascicular block, Left ventricular hypertrophy with QRS widening

ECG Monitor			
Time	ECG Type	ECG Lead	ECG Interpretation
14:48	ECG-Monitor	II	Sinus Tach.
14:52	12-Lead ECG	12 Lead ECG	Sinus Tachycardia, Short PR interval, Possible right atrial abnormality, Left ventricular hypertrophy, Widespread ST-T abnormality may be due to hypertrophy and/or ischemia.

ECG Monitor			
Time	ECG Type	ECG Lead	ECG Interpretation
17:53	ECG-Monitor	II	A-Fib
17:54	12-Lead ECG	12 Lead ECG	Undetermined Rhythm Left axis deviation Marked ST abnormality, possible inferior subendocardial injury Abnormal ECG

ECG Monitor			
Time	ECG Type	ECG Lead	ECG Interpretation
06:41	ECG-Monitor	II	NSR
06:44	12-Lead ECG	II	Normal sinus rthm Nonspecific ST and T wave abnormality Abnormal ECG *** Unconfirmed ***

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