



# 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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