

ECG Quick Guide — 1-Page Cheat Sheet

Systematic approach, common rhythms, STEMI territories & practical mnemonics

Systematic 6-step approach

- 1) Rate — count QRS per minute
- (300/150/100 rule or 6-second strip
- x10)
- 2) Rhythm — regular or irregular? P
- waves present before each QRS?
- 3) Axis — normal (-30 to +90°).
- Extreme axis suggests pathology.
- 4) Intervals — PR (120-200 ms), QRS
- <120 ms, QTc (Bazett's) normal range
- 5) Hypertrophy / enlargement — QRS
- voltages, P-wave in V1 (RVH), V1/V5
- criteria
- 6) Ischemia / infarct — ST
- elevation/depression, T wave
- inversion, pathological Q waves

Quick rules & mnemonics

- Regular narrow complex tachycardia:
- think SVT/AF with RVR; vagal
- maneuvers/adenosine if unstable →
- cardiovert
- Mnemonic for causes of wide QRS
- tachycardia: VTACH until proven
- otherwise (wide, history of MI, AV
- dissociation)
- STEMI leads: LAD (V1-V4), Lateral
- (I, aVL, V5-V6) — RCA (II, III, aVF)
- T wave inversion: ischaemia, LV
- strain, CNS events, recent
- reperfusion
- Long QT: drugs, electrolyte
- disturbances (low K+/Mg2+),
- congenital syndromes

Common rhythms

- Sinus rhythm — P before each QRS,
- regular.
- Atrial fibrillation — irregularly
- irregular, absent discrete P waves.
- Atrial flutter — sawtooth P waves
- (usually 2:1 block).
- SVT — narrow QRS, sudden
- onset/offset tachycardia.
- Ventricular tachycardia — wide QRS,
- history of structural heart disease;
- treat as VT until proven otherwise.

STEMI territory quick map

- Anterior (LAD): V1-V4 → anterior
- wall, large territory
- Inferior (RCA or LCx): II, III, aVF
- → check for reciprocal changes
- Lateral (LCx or diagonal LAD): I,
- aVL, V5-V6
- Posterior MI: tall R in V1, ST
- depression in V1-V3 (reciprocal) →
- consider posterior leads V7-V9

Practical ECG checks before action

- Compare with old ECG if available
- Check clinical picture (chest pain,
- syncope, palpitations) before
- activating cath lab
- Consider electrolytes (K+, Ca2+,
- Mg2+) in arrhythmias
- Record a 12-lead properly: limb lead
- placement matters for axis &
- morphology

Mini ECG strip examples (for study):

Sinus rhythm



Atrial fibrillation



VTach (wide complex)

