NCLEX EKG Rhythms: What Nursing Students Need to Know

The rhythm strips NCLEX expects you to recognize, how to remember heart blocks, and the nursing action for each

RN Basics
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NCLEX EKG rhythms: read the client, then the strip

The NCLEX EKG rhythms to know are the sinus rhythms, atrial fibrillation and flutter, SVT, the four heart blocks, PVCs, ventricular tachycardia, ventricular fibrillation and asystole. The exam rarely asks you to measure a strip; it asks what you do next, and the answer starts with the client: pulse, blood pressure, breathing and symptoms.

1. Rate: about 60–100/min is normal.
2. Rhythm: regular or irregular.
3. P waves: one before every QRS?
4. PR interval: normal 0.12–0.20 s (3–5 small boxes) and the same each beat?
5. QRS: narrow (normally 0.10 s or less, 2½ small boxes) or wide (0.12 s or more)?

SAFETY A flat line or chaotic strip on the monitor with a talking client is a lead or artifact problem. Check the client first, then the leads.

Sinus rhythms



Normal sinus rhythm: 60–100/min, regular, a P wave before every narrow QRS. No action; document.

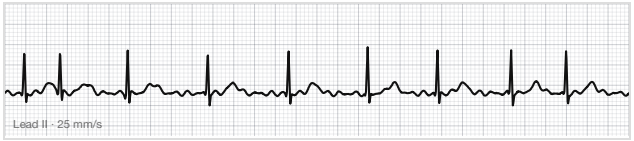


Sinus bradycardia: under 60/min (here about 42). Normal in athletes and in sleep. Symptoms (dizziness, low BP, confusion): stay with the client, report; atropine is the first drug, pacing if it fails.

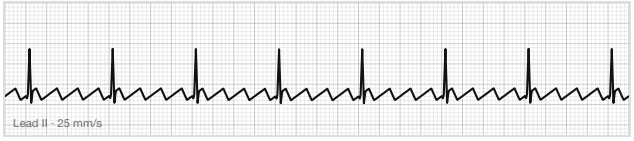


Sinus tachycardia: over 100/min (here about 128). Look for the cause: pain, fever, anxiety, bleeding, dehydration, low oxygen. Treat the cause, not the rate.

Atrial rhythms and SVT



Atrial fibrillation: irregularly irregular, no clear P waves, wavy baseline. Check the apical pulse and BP; new or fast AF: report. Stroke risk: expect anticoagulation, teach bleeding precautions.



Atrial flutter: sawtooth flutter waves between regular QRS complexes (here 4:1). Managed like AF: rate control and anticoagulation.



SVT: regular, narrow and very fast (here about 180), P waves hidden. Stable: vagal maneuver (bear down), then adenosine as a rapid IV push with a flush; warn of a brief pause. Unstable: synchronized cardioversion.

Heart blocks and how to remember them



First-degree: every P conducts, PR long (over 0.20 s) and constant. Usually no symptoms: monitor and review drugs that slow the AV node.



Second-degree type I (Wenckebach): PR gets longer, longer, then a P drops; the cycle repeats. Usually benign: monitor; report symptoms.



Second-degree type II: PR stays the same, then a P suddenly does not conduct. Dangerous: can progress to complete block. Report now; pacing pads ready.



Third-degree (complete): P waves and QRS complexes ignore each other; slow escape rhythm (here about 36). Assess perfusion, call for help, prepare to pace; atropine often does not work.

EXAM TIP How to remember heart blocks: first degree, long but steady. Type I, longer, longer, drop. Type II, same PR, sudden drop. Third degree, the P waves and QRS do not talk to each other. Type II and third degree are the ones that need a pacemaker.

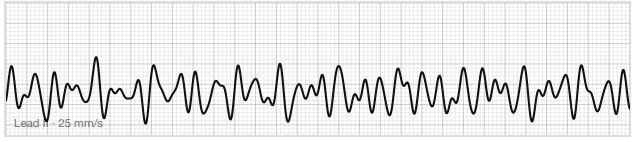
Ventricular and lethal rhythms



PVCs (here every other beat): early, wide, bizarre beats. Check potassium, magnesium and oxygen; report if new, frequent or in runs.



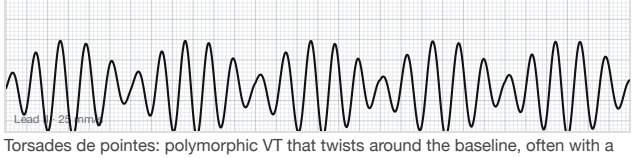
Ventricular tachycardia: wide, regular, fast (here about 165). Check the pulse first. No pulse: CPR and defibrillate. Pulse but unstable: synchronized cardioversion. Stable: report, 12-lead, antiarrhythmic per order.



Ventricular fibrillation: chaotic, no QRS, no pulse. Call a code, start CPR, defibrillate as soon as possible; epinephrine 1 mg every 3–5 min after the second shock.



Asystole: flat line, no pulse. Confirm in a second lead, call a code, CPR and epinephrine as soon as possible. Never shock. PEA (a rhythm on the screen, no pulse) is treated the same way.



Torsades de pointes: polymorphic VT that twists around the baseline, often with a long QT. Pulseless: defibrillate. With a pulse: IV magnesium per order; stop QT-prolonging drugs.

Which rhythm first?

PRIORITY	RHYTHM	WHY
1	VF, pulseless VT, asystole, PEA	No cardiac output: CPR now
2	VT with a pulse, third-degree or type II block, symptomatic brady or SVT	Output at risk; can deteriorate
3	New AF with fast rate, frequent PVCs	Report; treat the cause
4	Sinus tachy or brady without symptoms, first-degree, type I	Monitor; find the cause

Sources (5) are listed with links at rnbasics.com/sheets/nclex-ekg-rhythms.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. RN Basics is an independent study aid not affiliated with any certifying body.