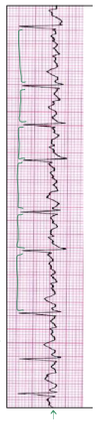
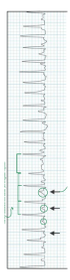
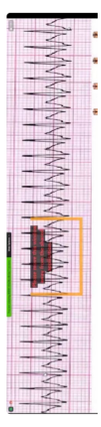
Type	Causes	Sx	ECG	Tx	
Sinus Tachycardia	- Physiology -Hyperthyrodism - Volume contraction (Dehydration) - Infection - PE	Palpitation SOB	Sinus rhythm Ventricular rate > 100bpm	Underlying cause	
Atrial Fibrillation	Acute : PIRATES Chronic: CHF , HTN , Ectopic foci within pulm V.	Asx Palpitation Dizziness Fatigue <u>May present with :</u> <u>=Complications</u> cardio shock stroke CEREBROVAS ACCIDENT CHF.	Irregular QRS Absent P wave	<48h or unstable : Cardioversion >48h : Rate control + CHADS for Anticoagulant + TEE	
Atrial Flutter	Re-entry circuite around tricaspid Which fire regular discharge	Asx Palpitation Syncope Lighthedness	Regular QRS, P wave “saw toothed” Atrial rate 240-320 Ventricular rate 150	^ Same	
Multifocal atrial tachy	Multiple atrial pacemaker or re-entry pathway. Associated w <u>COPD</u>.	Asx Sx of COPD.	Irregular 3 or more MORPHOLOGICA L P wave.	^ Same But avoid BB.	
AVNRT	Reentry circuit in AV.	Palpitation SOB Syncope Lightheadness	Rate 150-250 Regular + Narrow P wave: Not seen.	Unstable: Cardioversion Stable: . Vagal maneuver (Carotid , Ice , Valsalva) If failed ↓ Adenosine	

AVRT	Ectopic connection btw atrium + Ventricle Seen in WPW	^ Same	Rate 150 Regular + Narrow Retrograde P wave	^ Same Except if WPW will do Radiofreq cath ablation.
WFW	Fast accessory pathway (Bundle of kent)	^ Same And rarely Cardic death (AF VF).	Wide QRS Delta wave Short PR	Observation for Asx Best: Radiofreq cath ablation. Acute: Procinamide or amiodarone. Never ever use (BB , CCB , Digoxin)
Paroxysmal Atrial Tachy	Ectopic pacemaker in atrium	^ Same	. Narrow + Regular + No P wave (with an unusual axis before each QRS). . Rate >100	Adenosine.