

Type	Causes	Sx	ECG	Tx
Sinus Tachycardia	<ul style="list-style-type: none"> <li>- Physiology</li> <li>-Hyperthyroidism</li> <li>- Volume contraction (Dehydration)</li> <li>- Infection</li> <li>- PE</li> </ul>	Palpitation SOB	Sinus rhythm Ventricular rate > 100bpm	Underlying cause
Atrial Fibrillation	<p>Acute : PIRATES</p> <p>Chronic: CHF , HTN , Ectopic foci within pulm V.</p>	<p>Asx</p> <p>Palpitation Dizziness Fatigue</p> <p><u>May present with : =Complications</u> cardio shock stroke CEREBROVASCULAR ACCIDENT CHF.</p>	Irregular QRS Absent P wave	<p>&lt;48h or unstable : Cardioversion</p> <p>&gt;48h : Rate control + CHADS for Anticoagulant + TEE</p>
Atrial Flutter	Re-entry circuite around tricuspid Which fire regular discharge	<p>Asx</p> <p>Palpitation Syncope Lightheadness</p>	<p>Regular QRS, P wave "saw toothed"</p> <p>Atrial rate 240-320</p> <p>Ventricular rate 150</p>	^ Same
Multifocal atrial tachy	Multiple atrial pacemaker or re-entry pathway. Associated w COPD.	<p>Asx</p> <p>Sx of COPD.</p>	<p>Irregular</p> <p>3 or more MORPHOLOGICAL P wave.</p>	<p>^ Same</p> <p>But avoid BB.</p>
AVNRT	Reentry circuit in AV.	Palpitation SOB Syncope Lightheadness	<p>Rate 150-250</p> <p>Regular + Narrow</p> <p>P wave: Not seen.</p>	<p>Unstable: Cardioversion</p> <p>Stable: . Vagal maneuver ( Carotid , Ice , Valsalva )</p> <p>If failed</p> <p>Adenosine</p>

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 Cardiac death ( AF VF).	Wide QRS Delta wave Short PR	Observation for Asx  Best: Radiofreq cath ablation.  Acute: Procainamide 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.