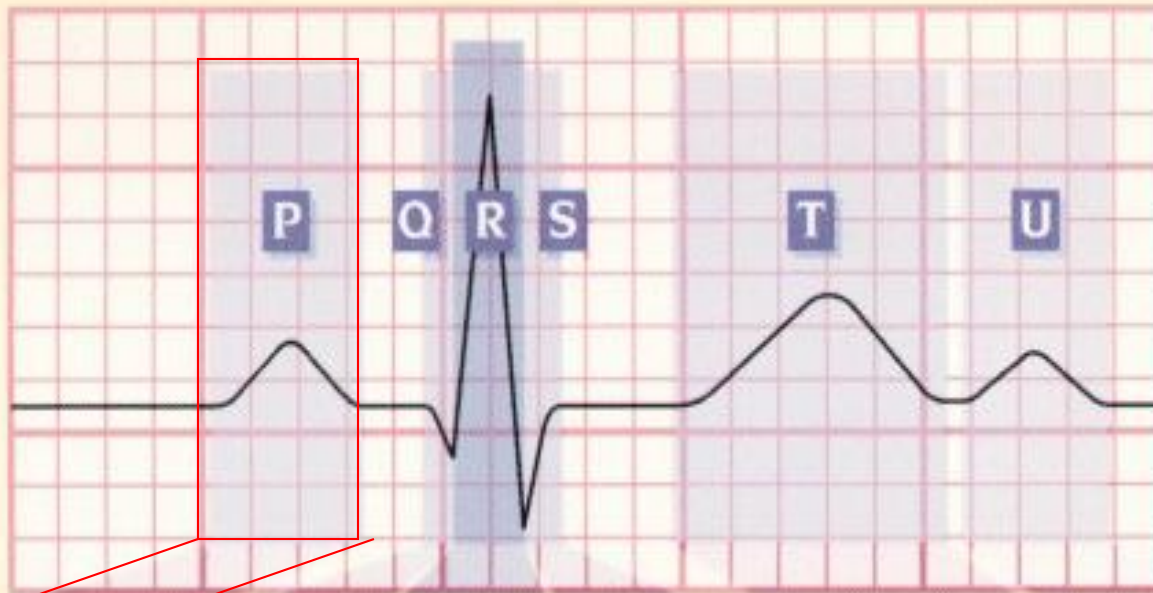




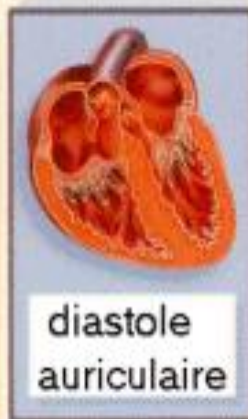
ECG



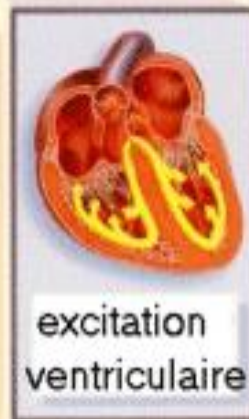
excitation
auriculaire



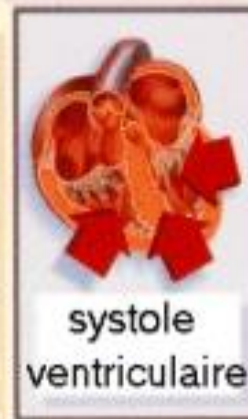
systole
auriculaire



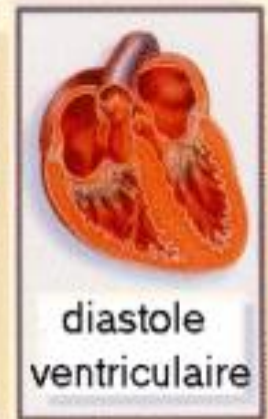
diastole
auriculaire



excitation
ventriculaire



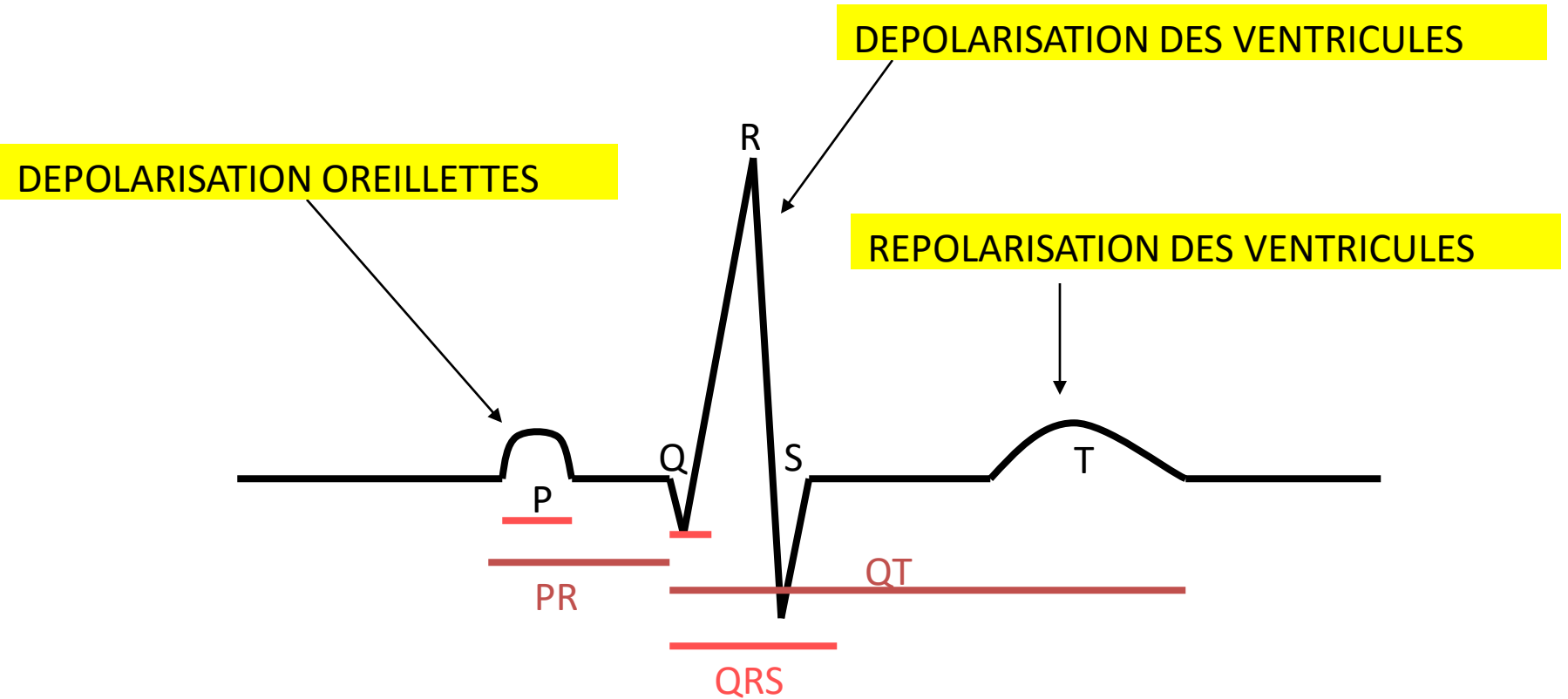
systole
ventriculaire



diastole
ventriculaire

Correspondance électromécanique du coeur

COMPLEXES ET DUREES



P 8/100S

Q 4/100S

QRS 8/100S

PR 12-20/100S

QT 40/100S (AGE ET SEXE)

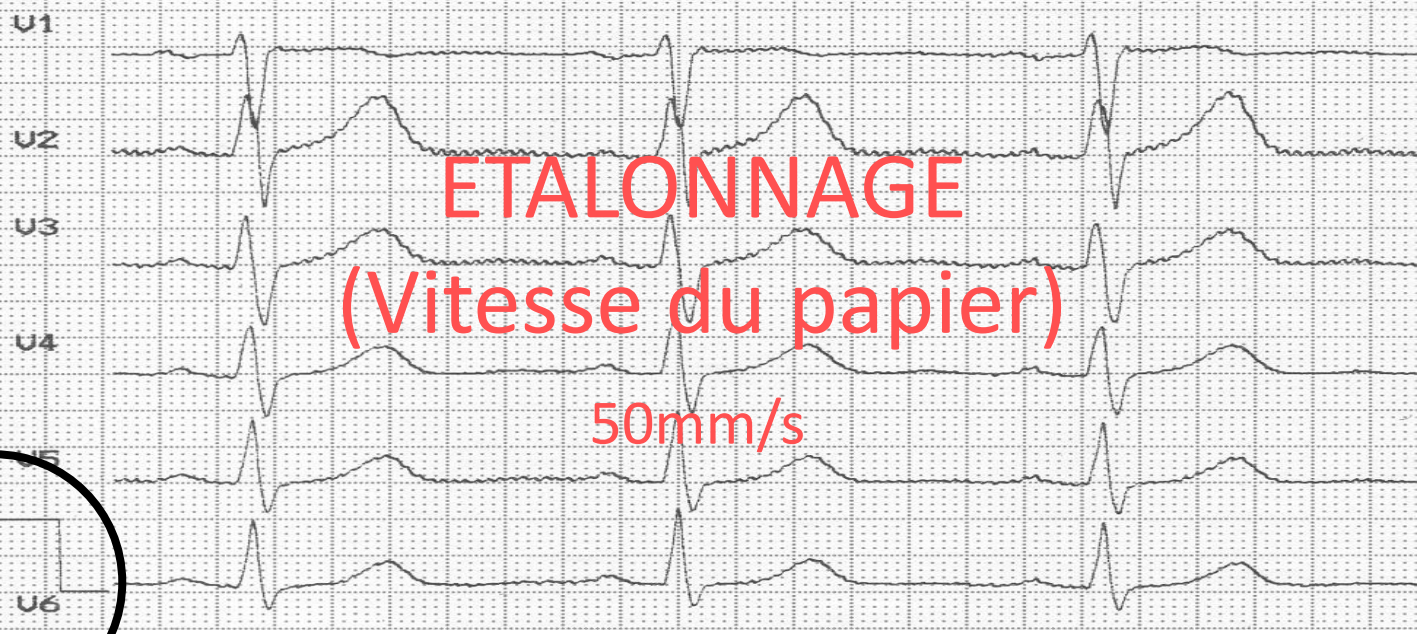
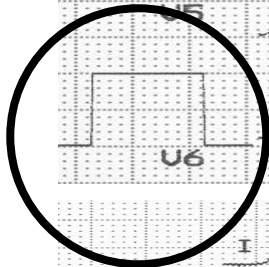
DUREE: 1 PETIT CARREAU = 4/100S

VALIDATION de L' ECG

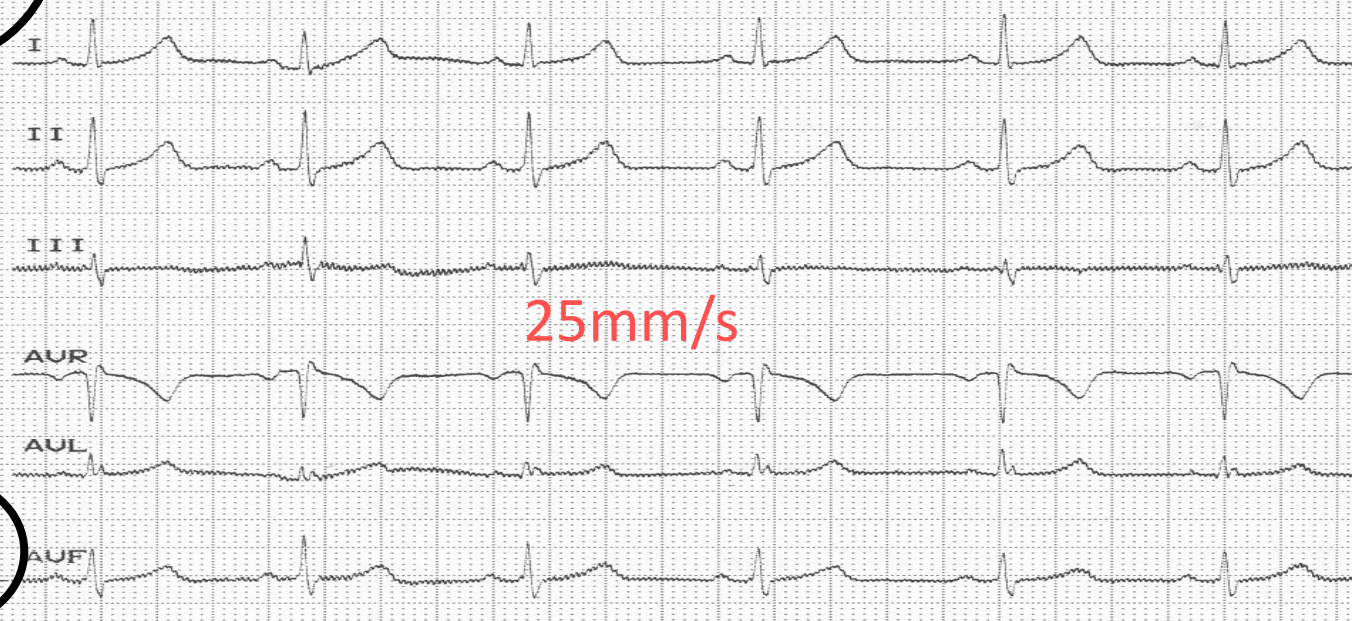
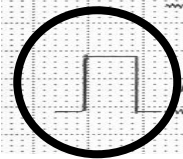
LES 3 PIEGES A EVITER

ETALONNAGE (Vitesse du papier)

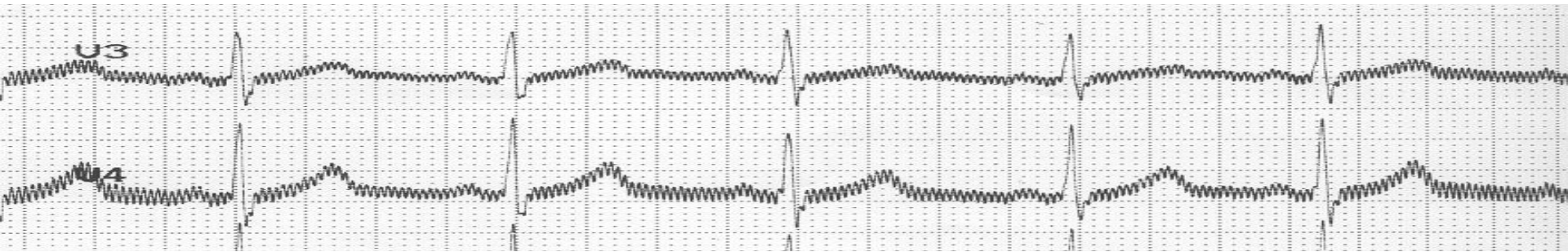
50mm/s

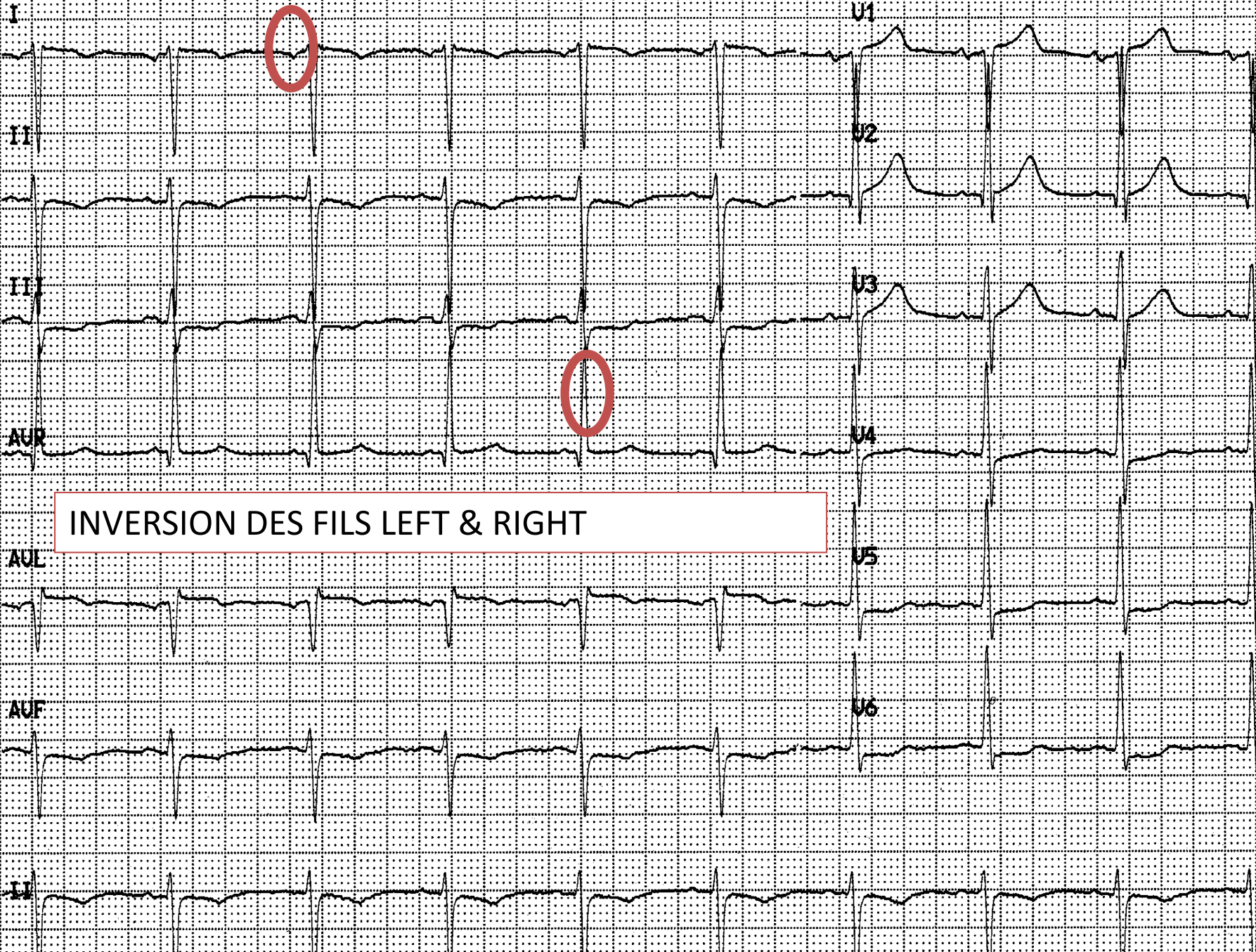


25mm/s



PARASITAGE





INVERSION DES FILS LEFT & RIGHT

ANALYSE de L' ECG

Calcul de la Fréquence Cardiaque

FC = 300/Nb de Carreaux

QTD/QTeBD:

Sokolow :

NK :

ms

6

I

II

III

AUR

AUL

AUF

U1

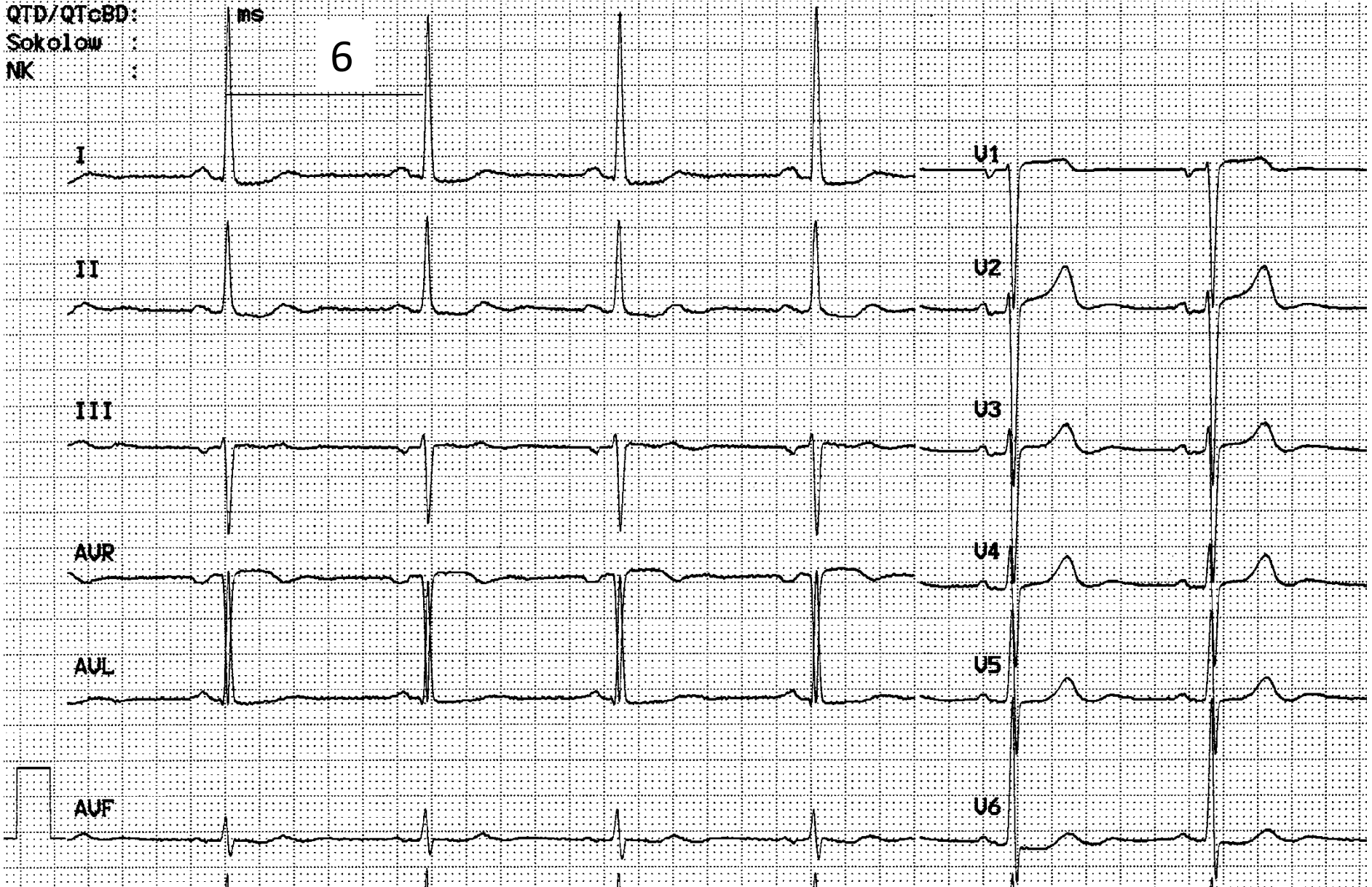
U2

U3

U4

U5

U6





Tachycardie (123 pulsations/min)



Bradycardie (46 pulsations/min)

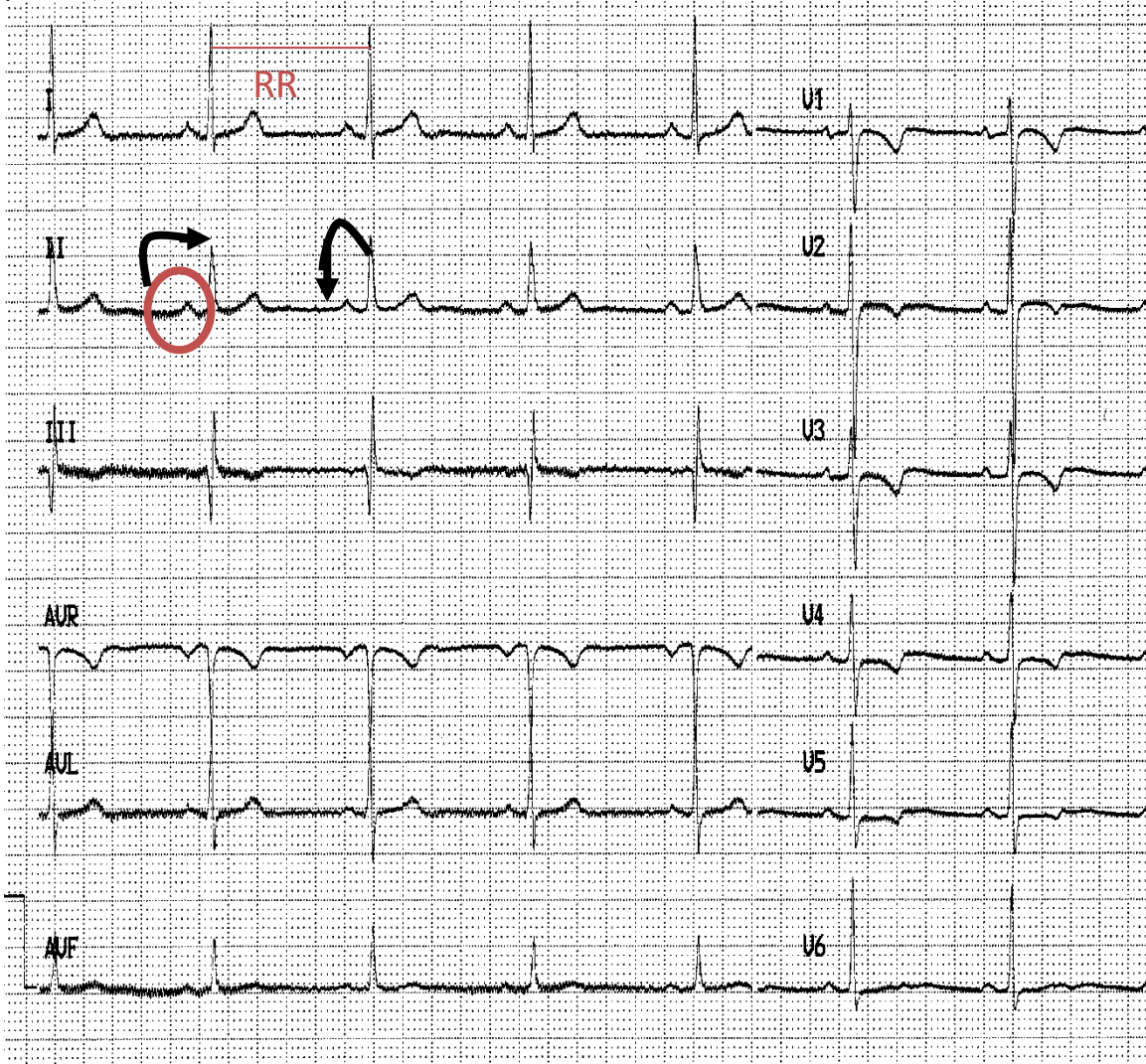
RYTHME CARDIAQUE

RYTHME CARDIAQUE

2 QUESTIONS

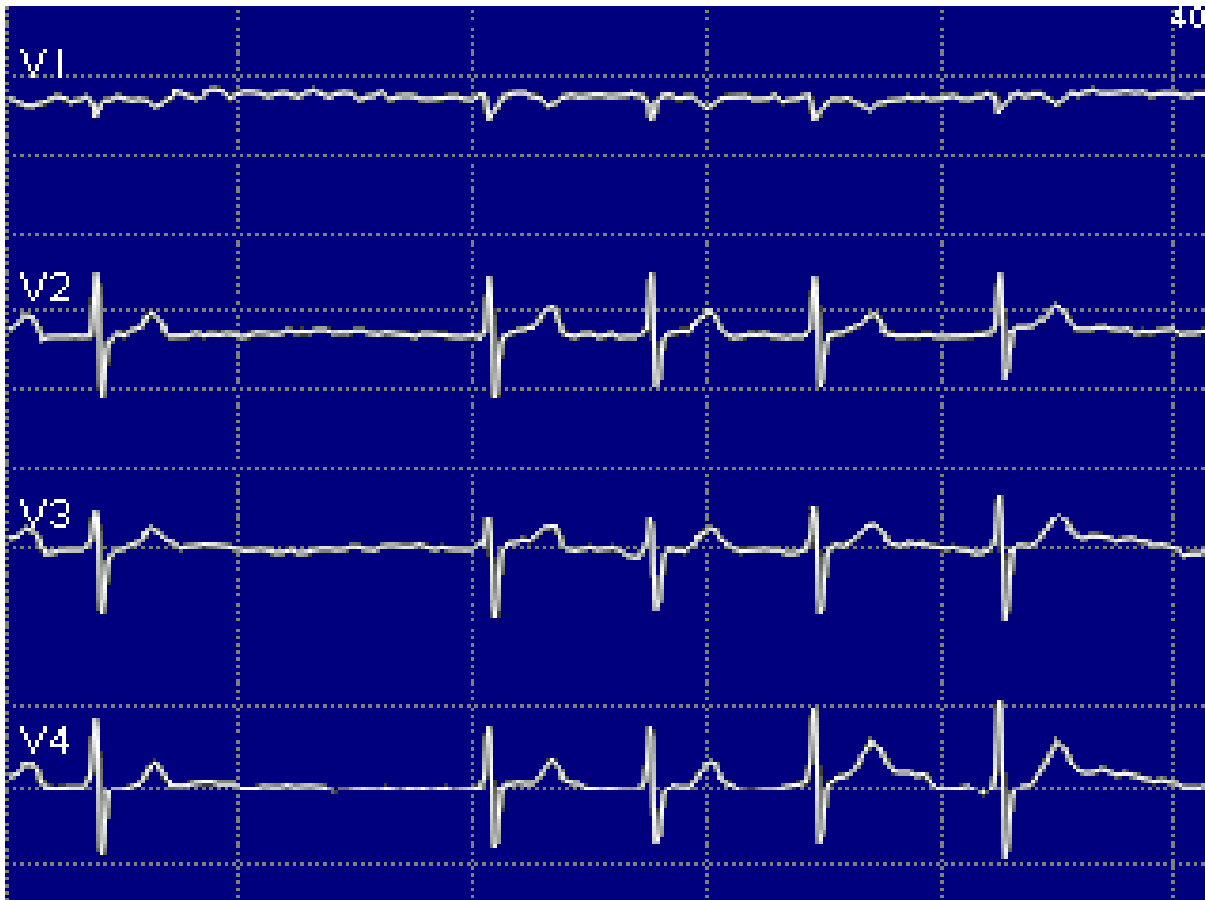
REGULIER OU IRREGULIER ?

SINUSAL OU NON SINUSAL ?



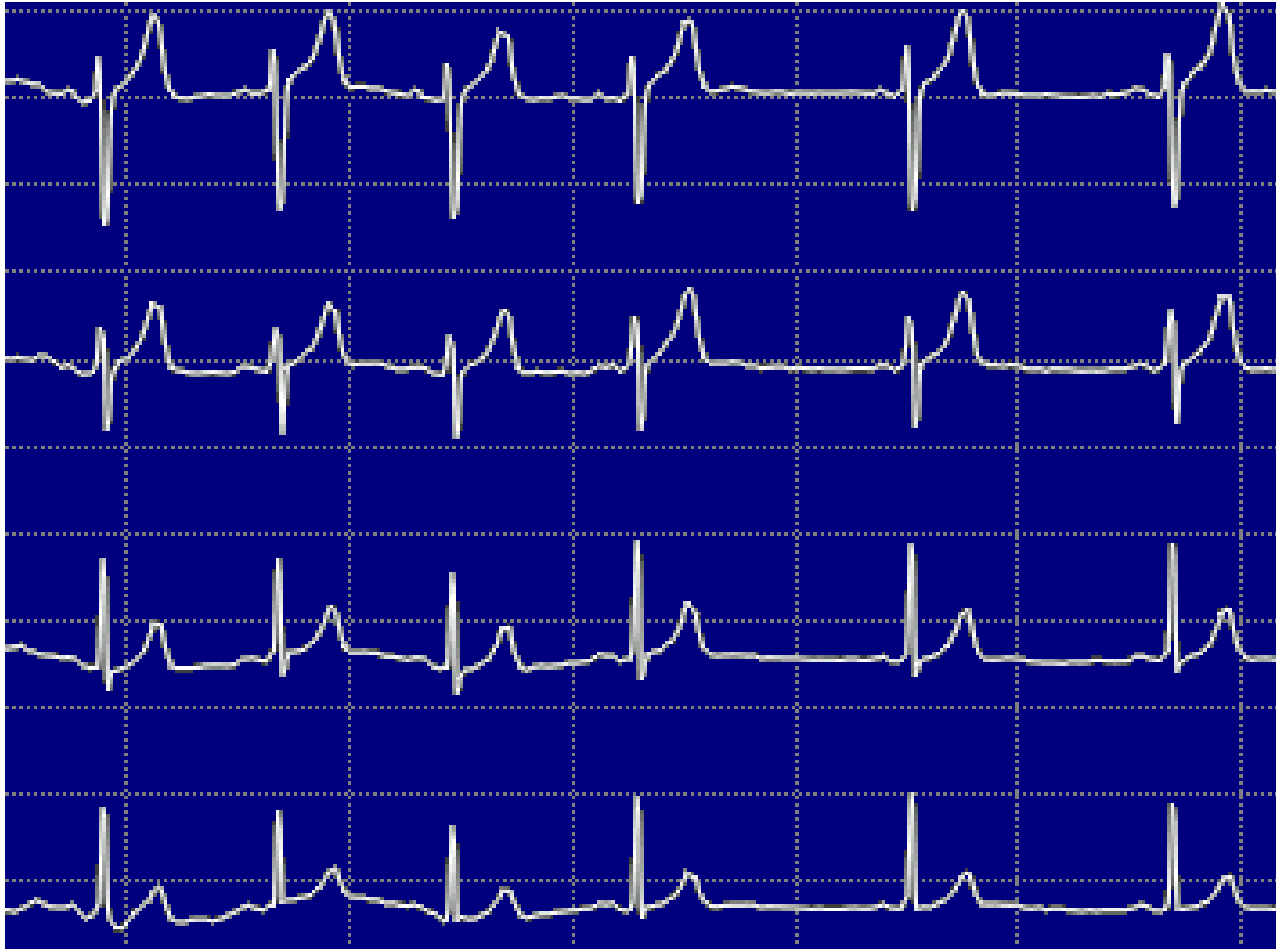
REGULIER

SINUSAL



IRREGULIER

NON SINUSAL



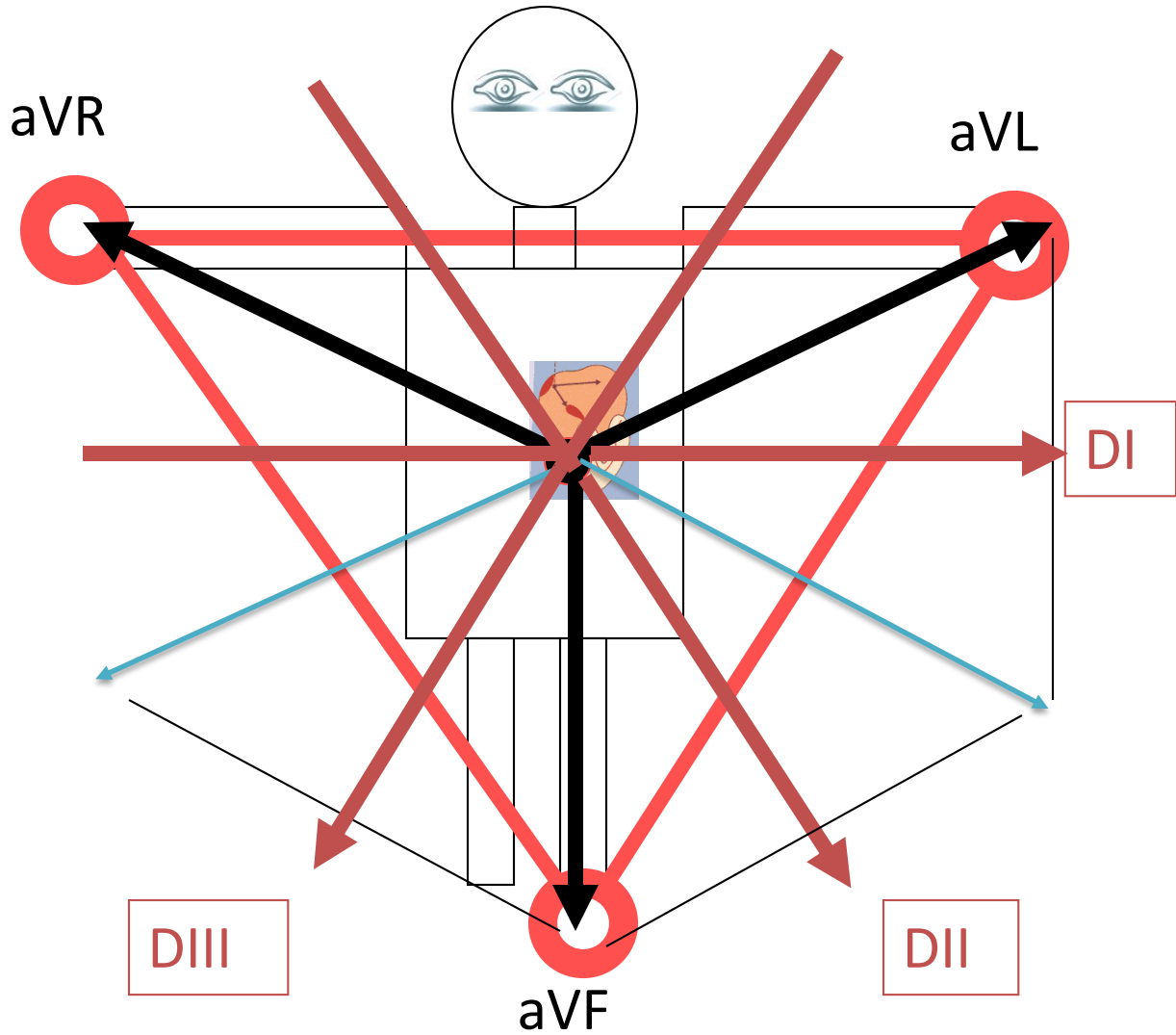
IRREGULIER

SINUSAL

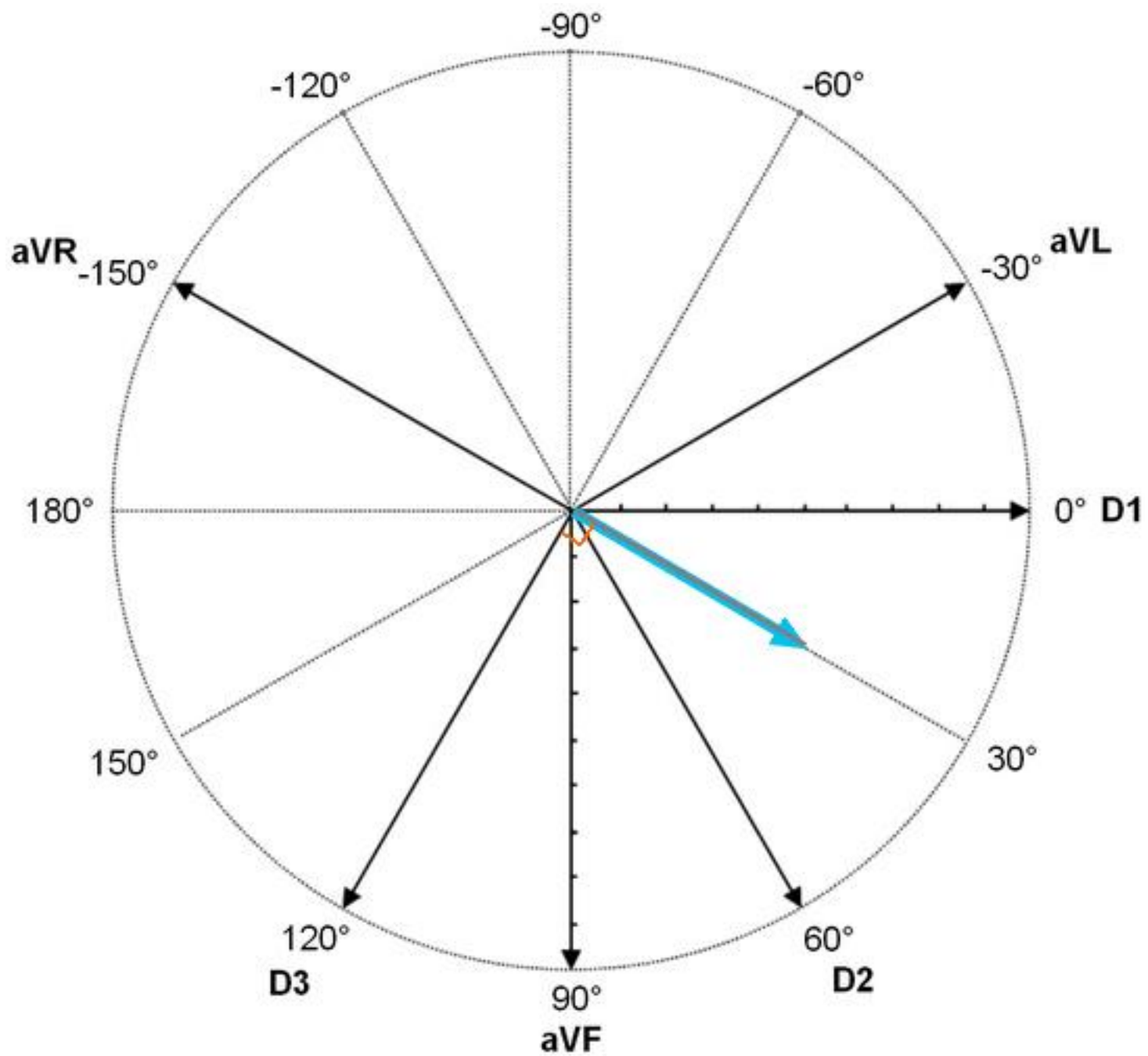
CALCUL de L'AXE du COEUR

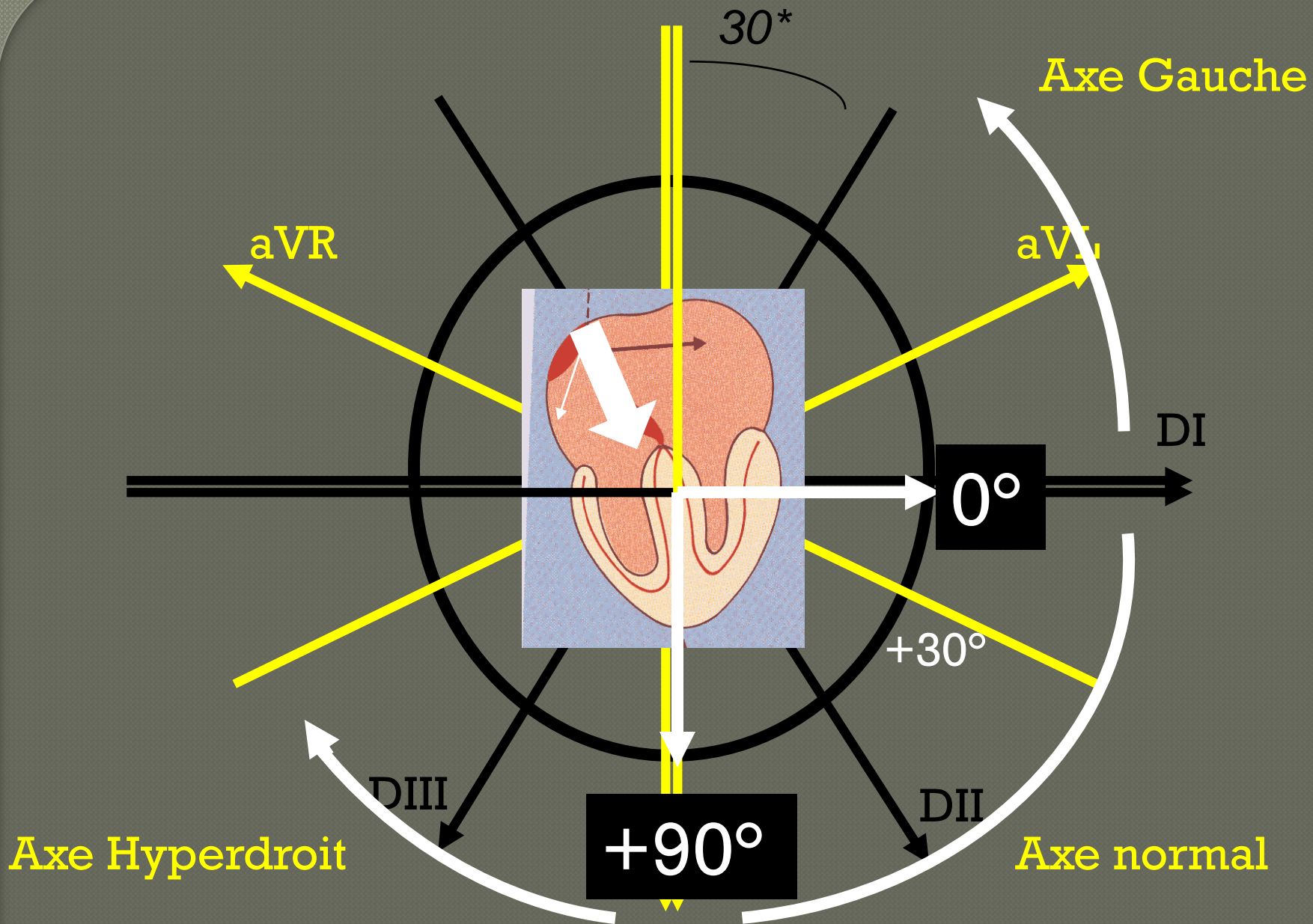
TRIANGLE D'EINTHOVEN

WILSON

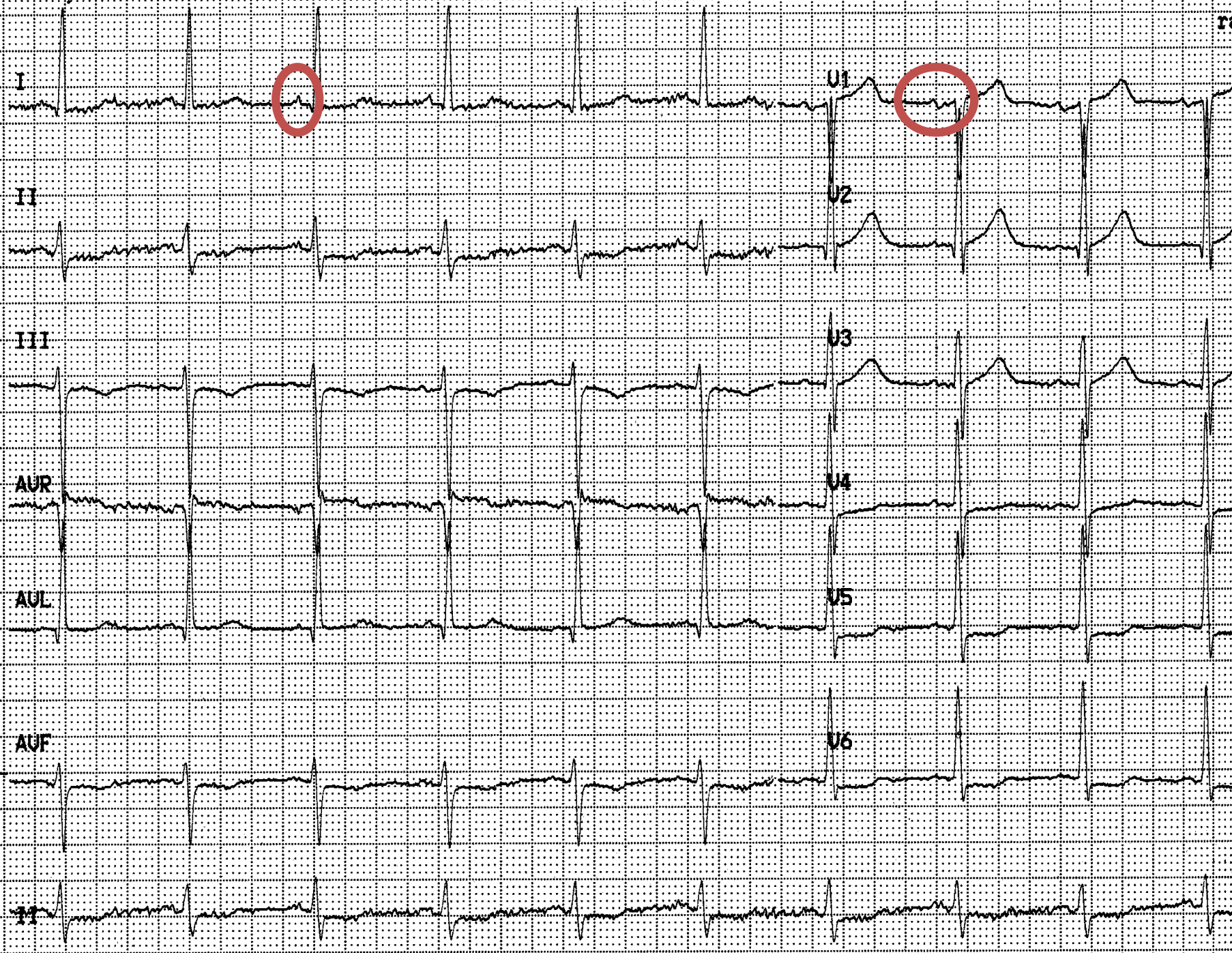


DOUBLE TRIAXE DE BAILEY

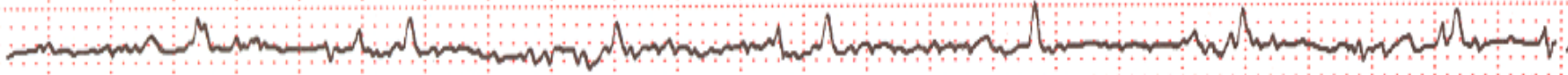




L'ONDE P

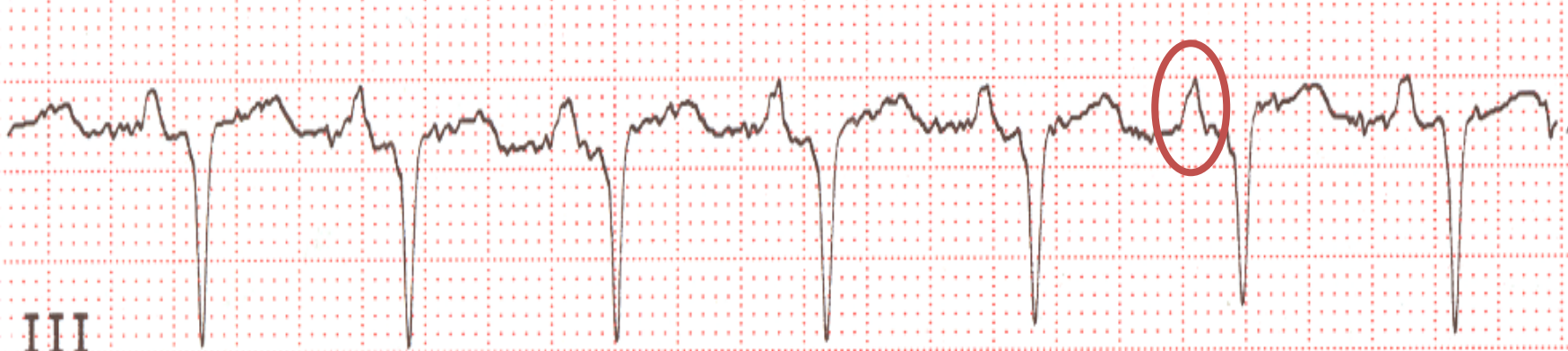


I

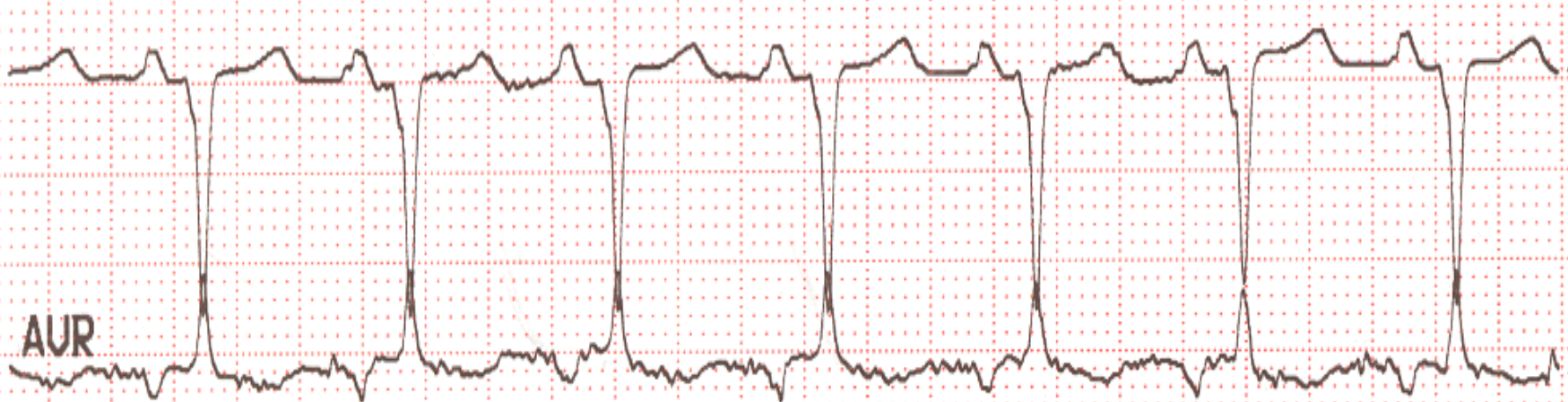


HYPERTROPHIE DE L'OD: P>2mm en HAUTEUR

II

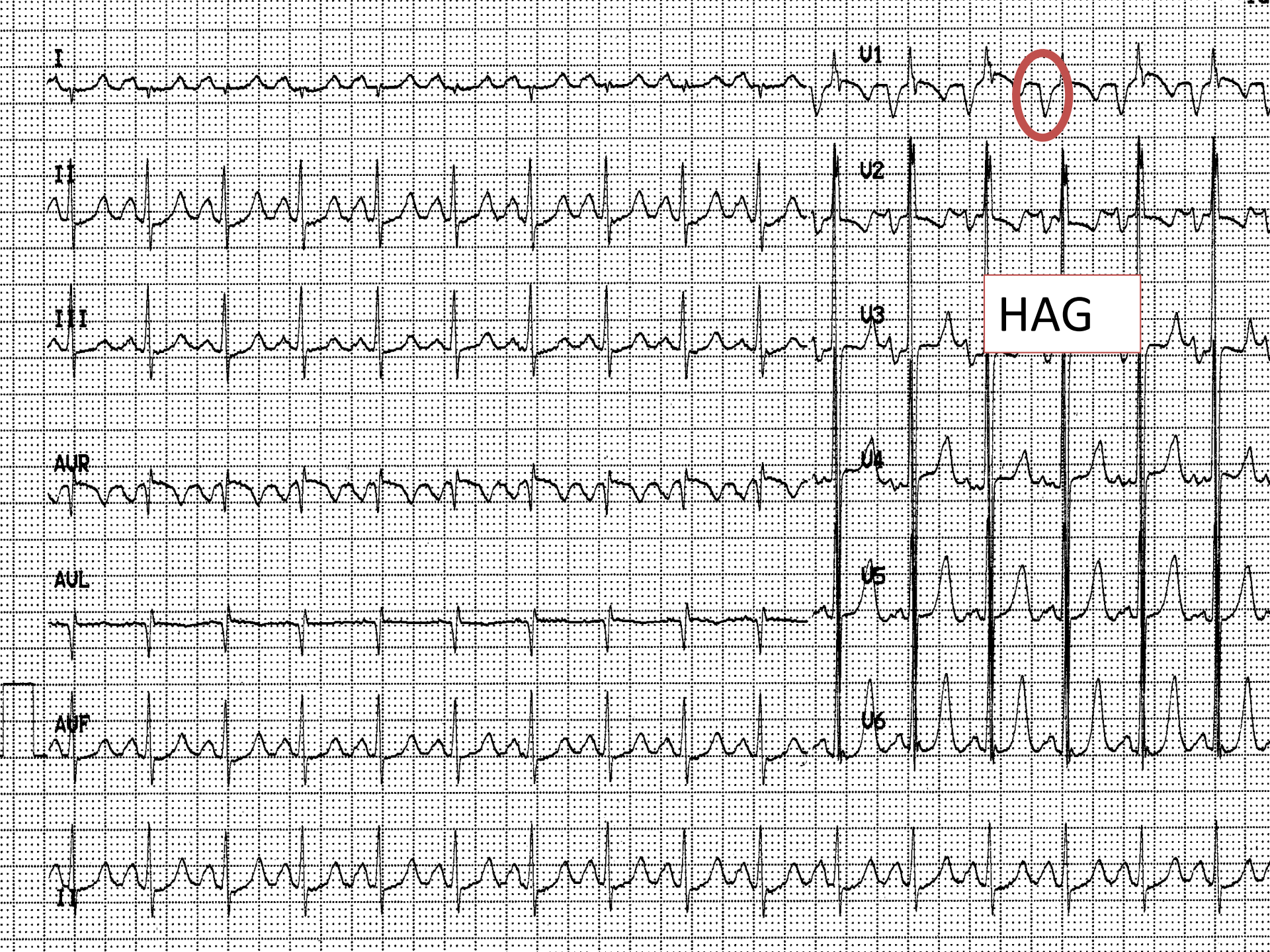


III

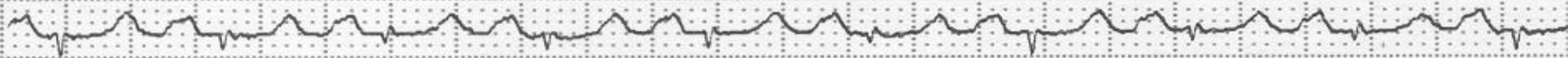


AUR

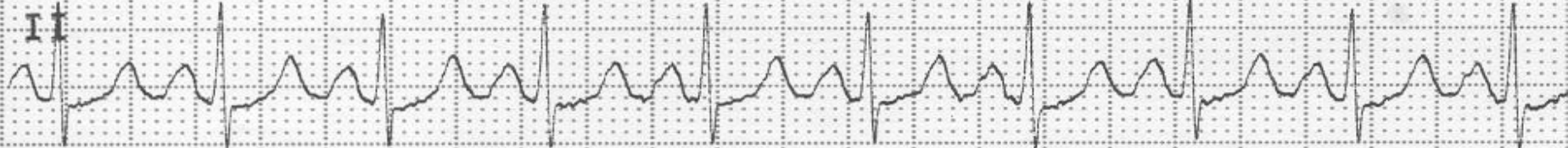




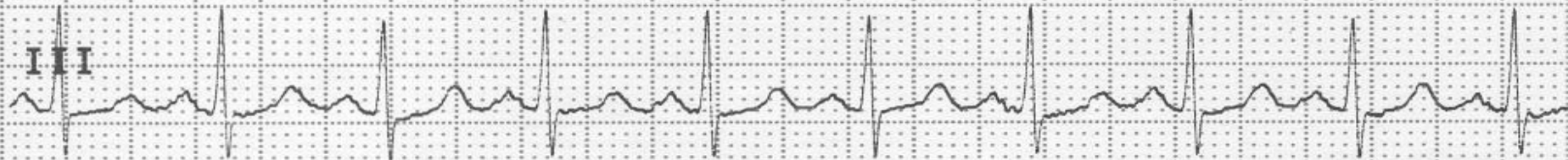
I



II

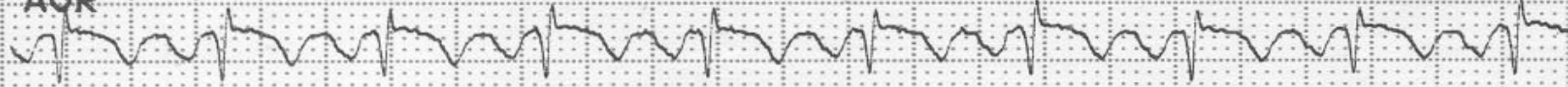


III

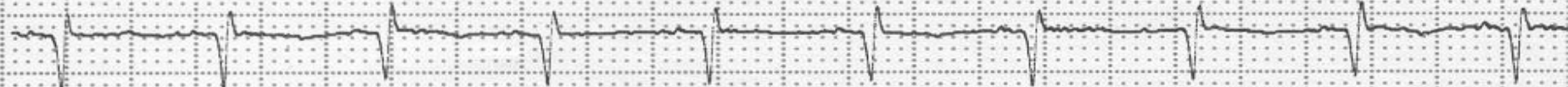


HYPERTROPHIE BIAURICULAIRE: P en DII >2mm en LARGEUR et HAUTEUR

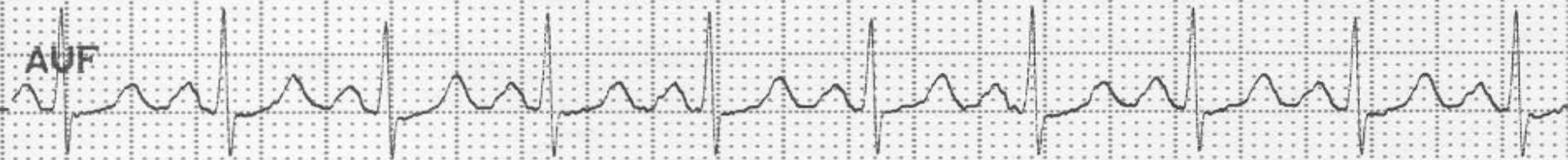
AUR



AUL

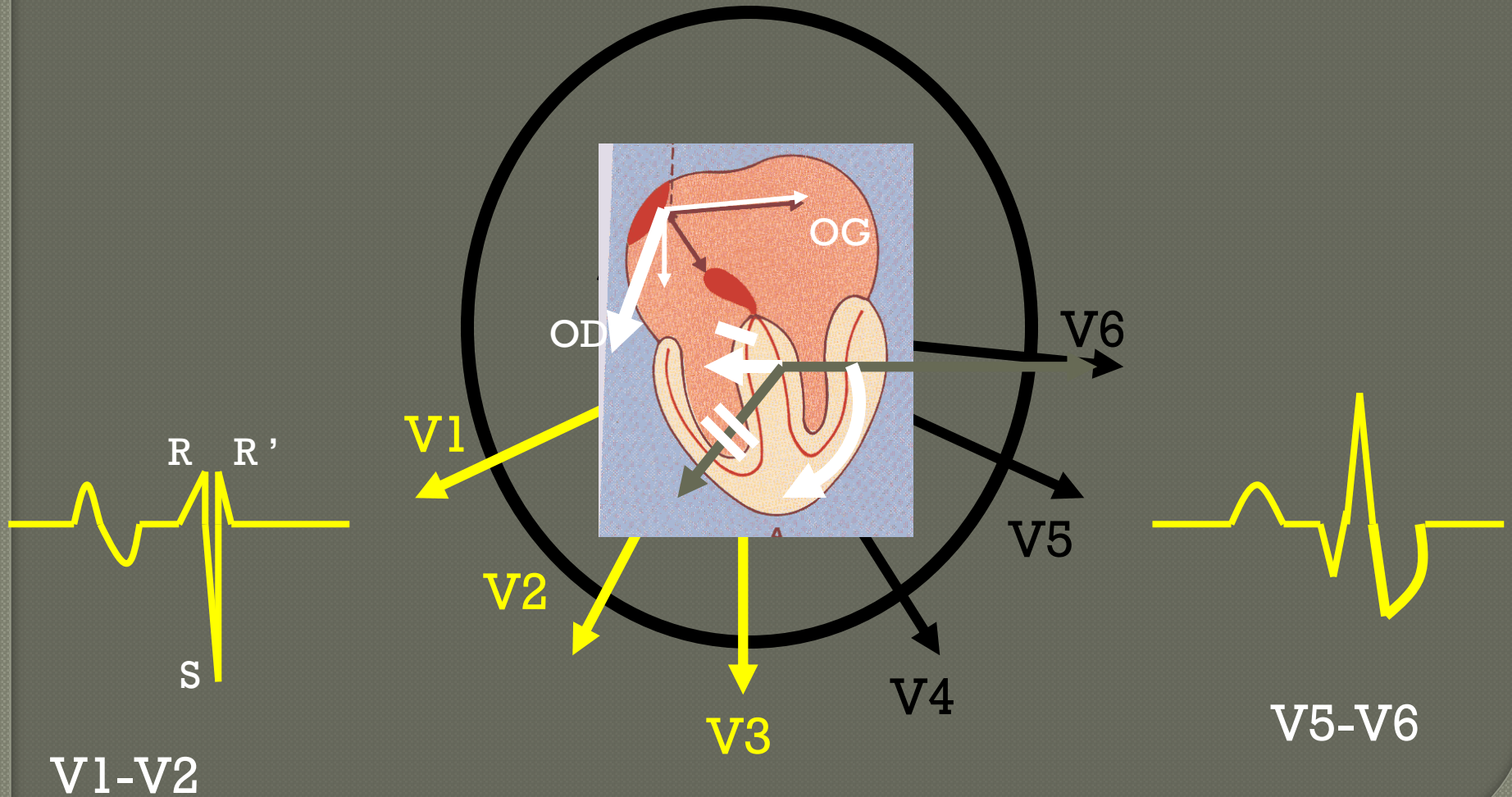


AUF

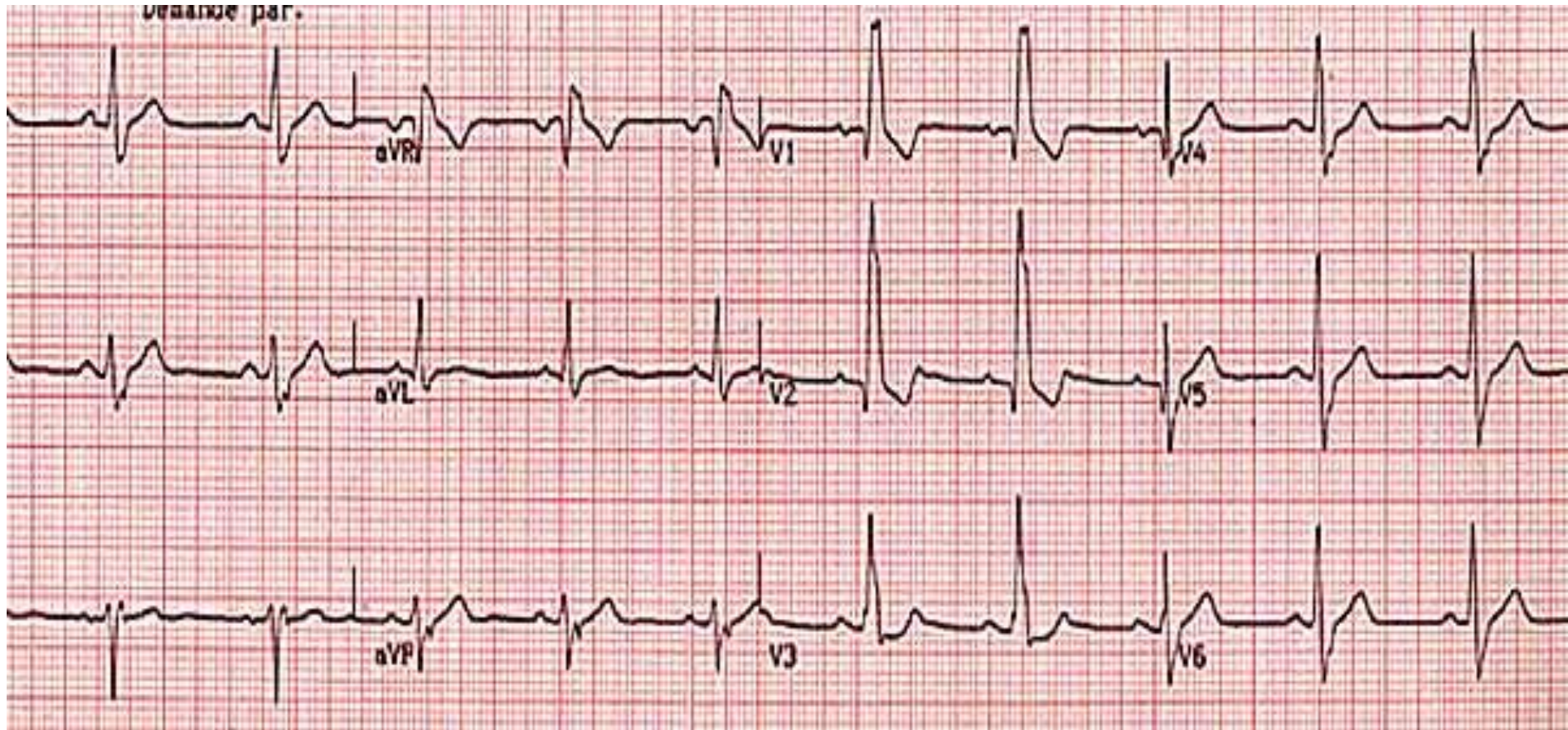


Le Complexe QRS

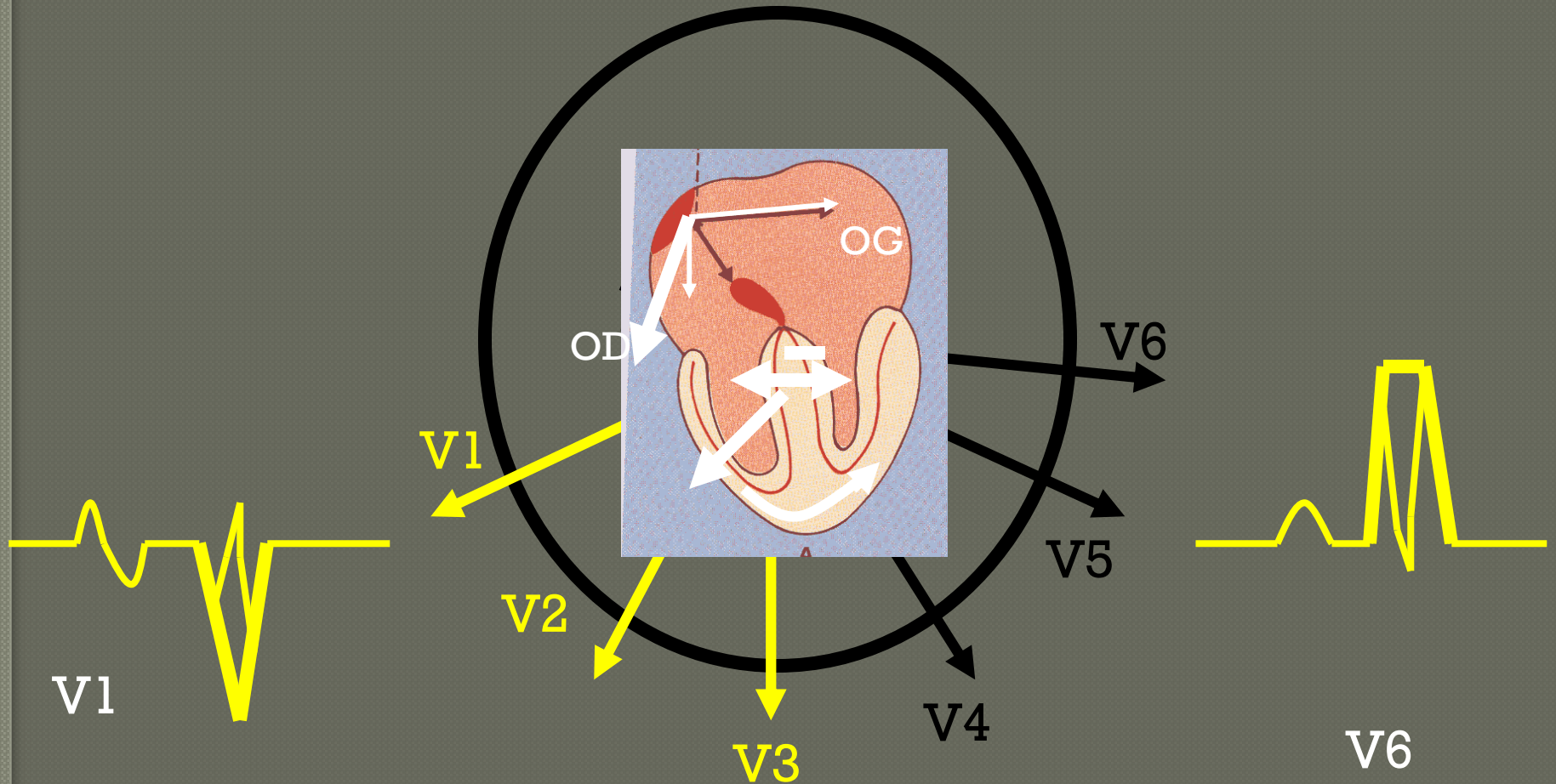
Bloc de Branche Droit



BBD complet

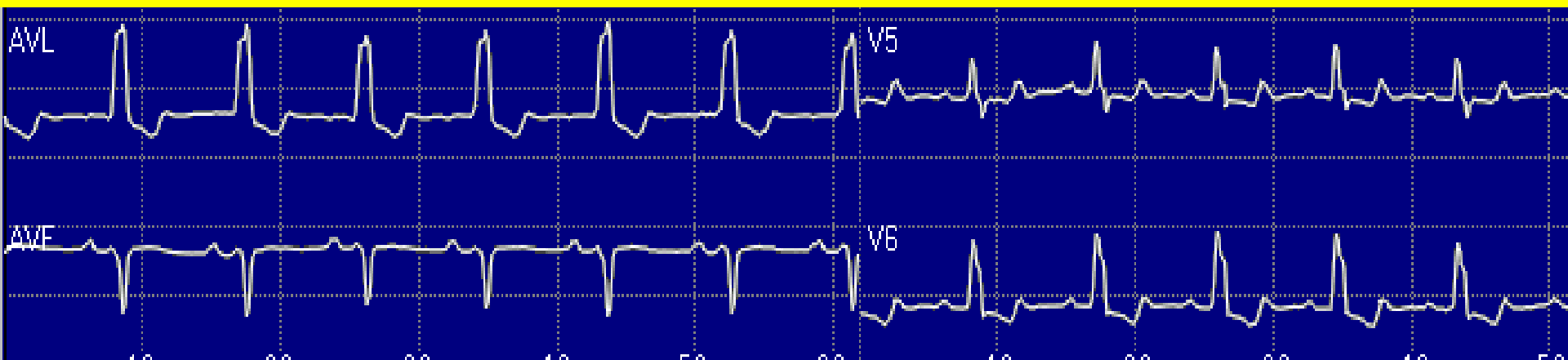


Bloc de Branche Gauche

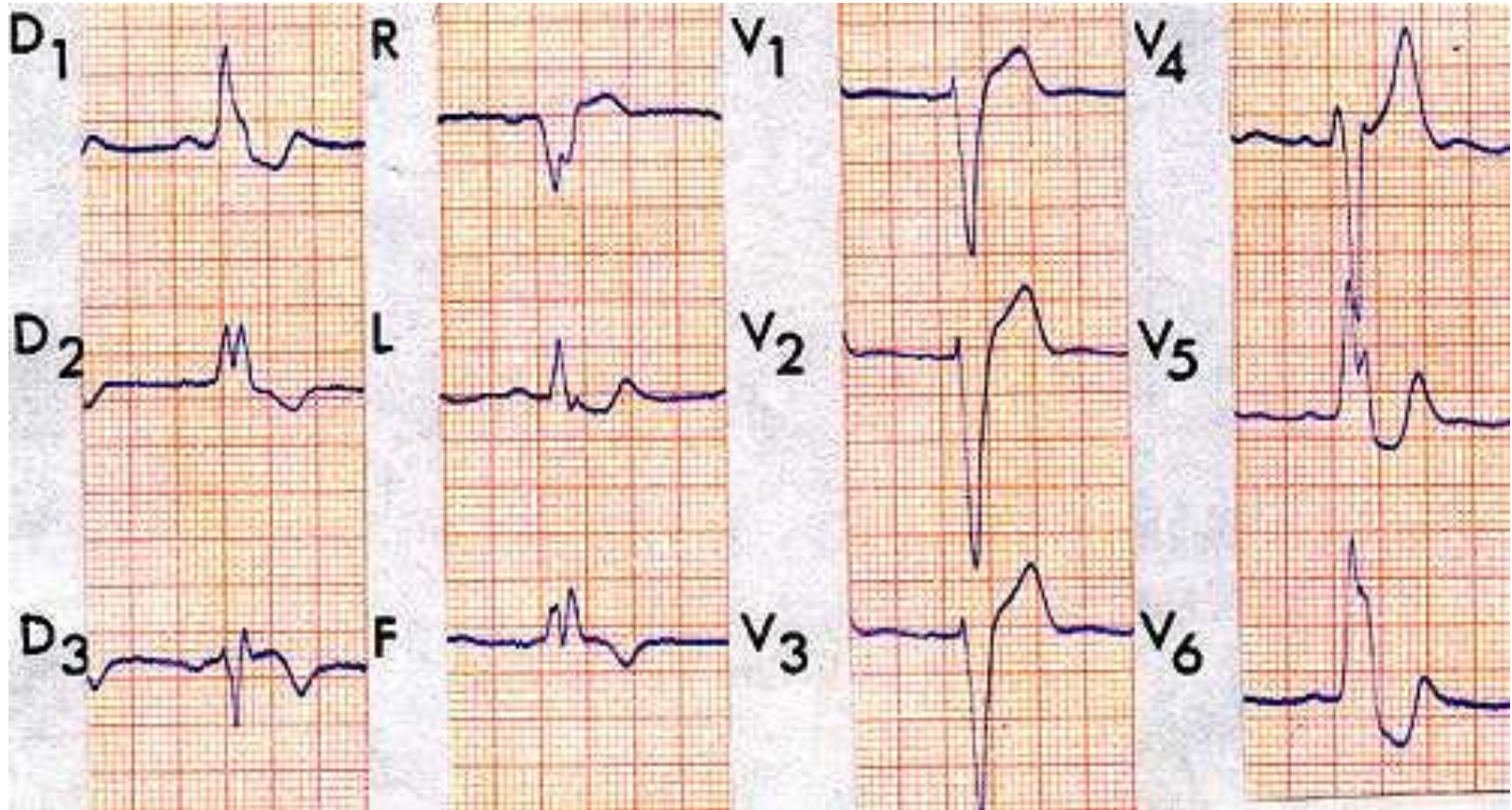




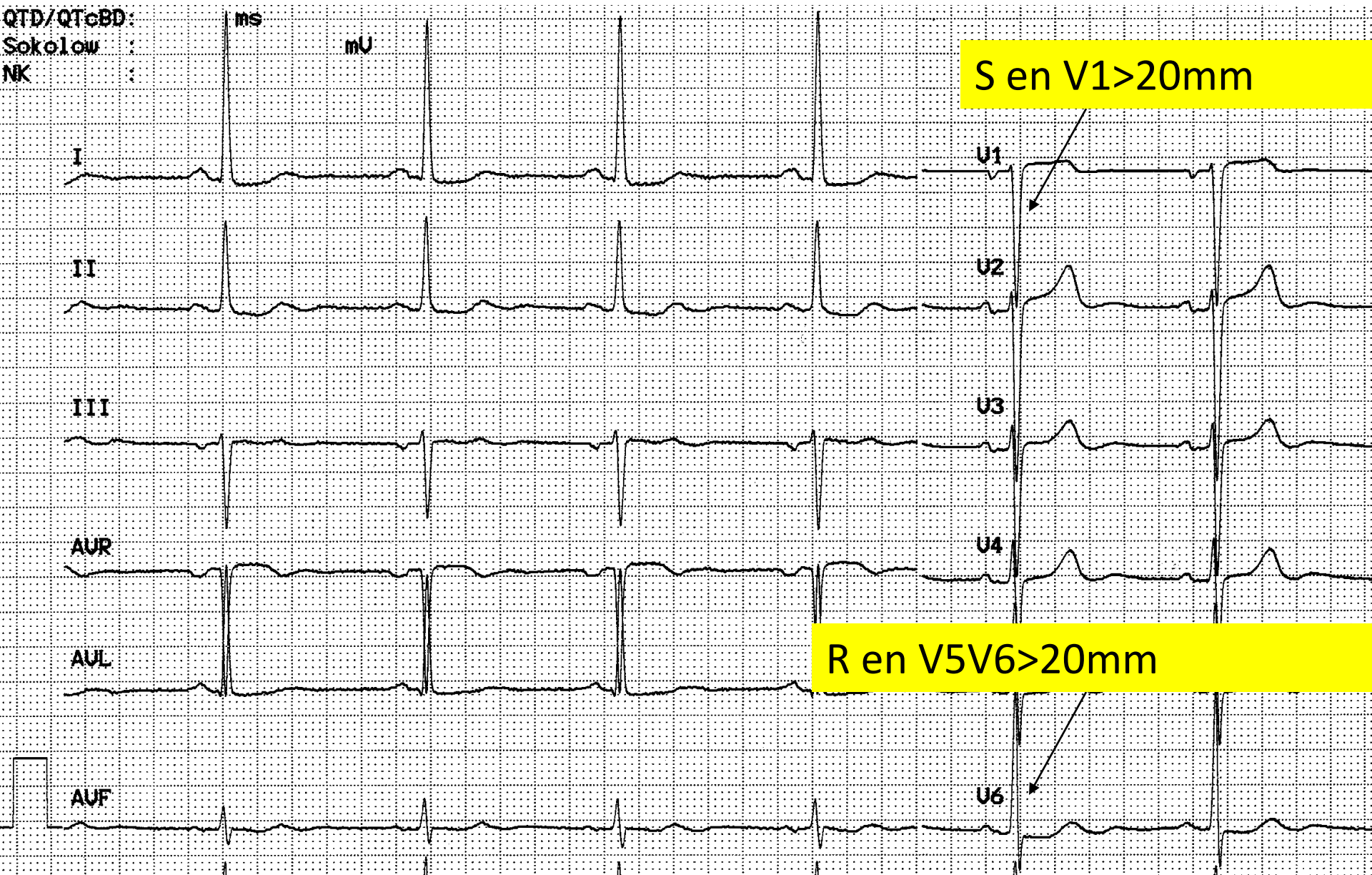
BLOC DE BRANCHE GAUCHE COMPLET

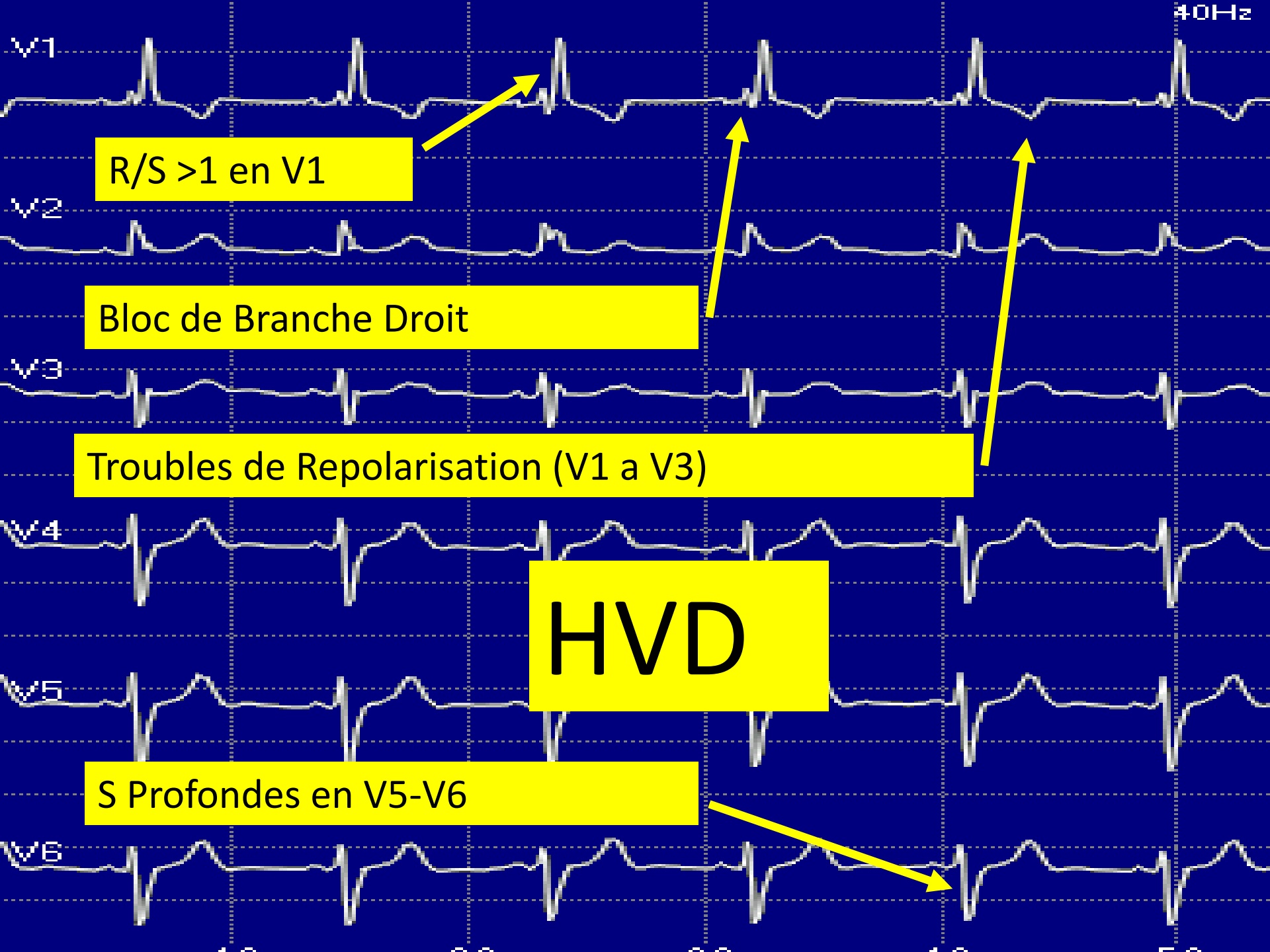


BBGcomplet



HVG Electrique





40Hz

V1

R/S >1 en V1

V2

Bloc de Branche Droit

V3

Troubles de Repolarisation (V1 a V3)

V4

HVD

V5

S Profondes en V5-V6

V6

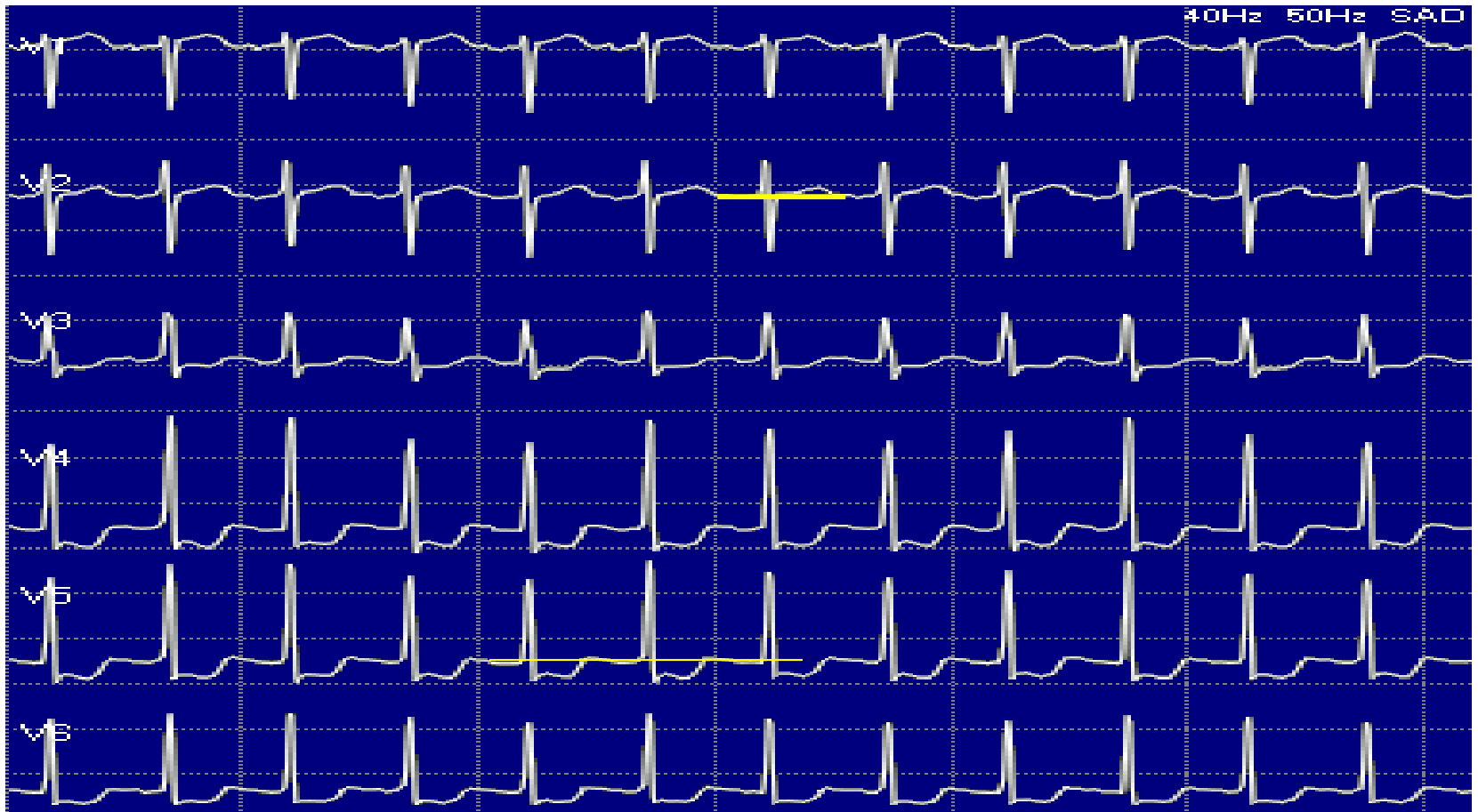
Segment ST

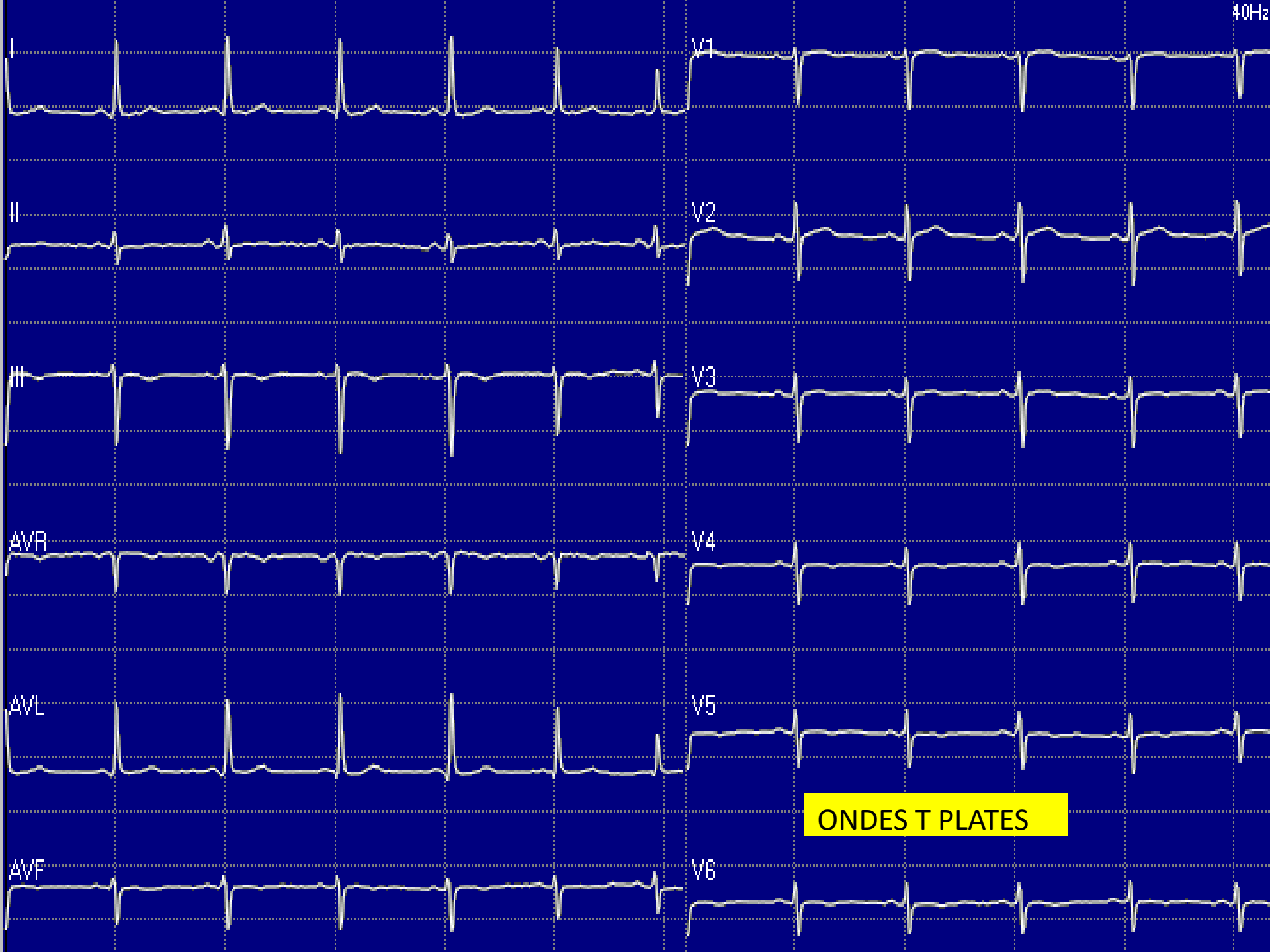
L'Onde T

Troubles de la Repolarisation

SOUS DECALAGE DE ST

LESION SOUS ENDOCARDIQUE





V1

V2

V3

V4

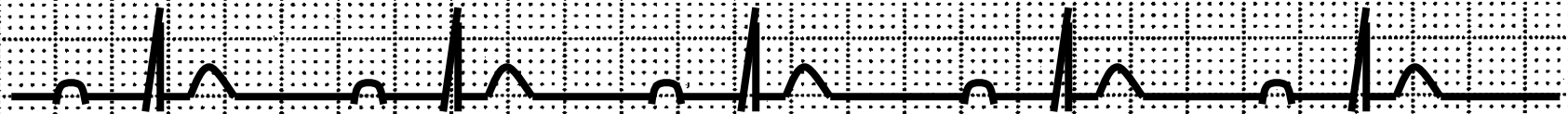
V5

V6

ONDES T PLATES

ESPACE PR

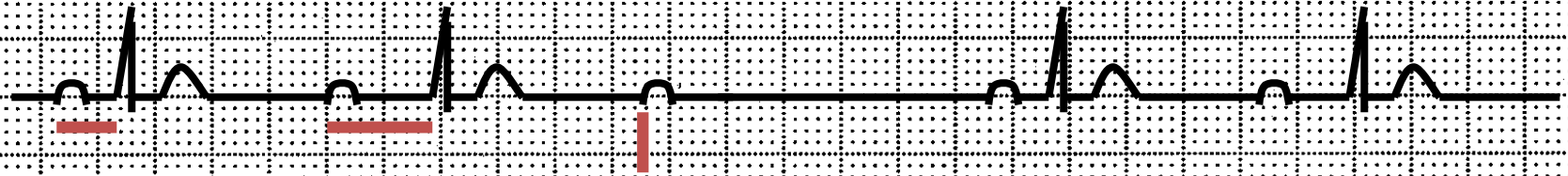
LES BLOCS
AURICULO-VENTRICULAIRES
(BAV)



PR=36/100s

ALLONGEMENT DU PR PERMANENT

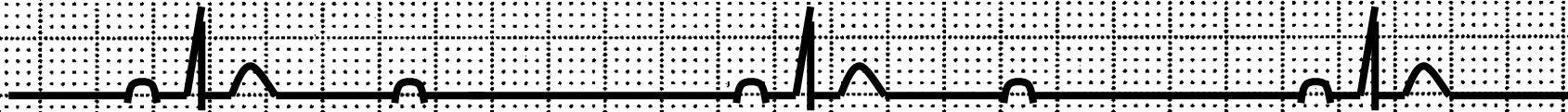
BLOC AURICULO VENTRICULAIRE 1ER DEGRE



ALLONGEMENT PROGRESSIF DU PR JUSQU 'AU BLOCAGE AV

BLOC AURICULO VENTRICULAIRE 2eme DEGRE

TYPE I DE MOBITZ (PERIODES)

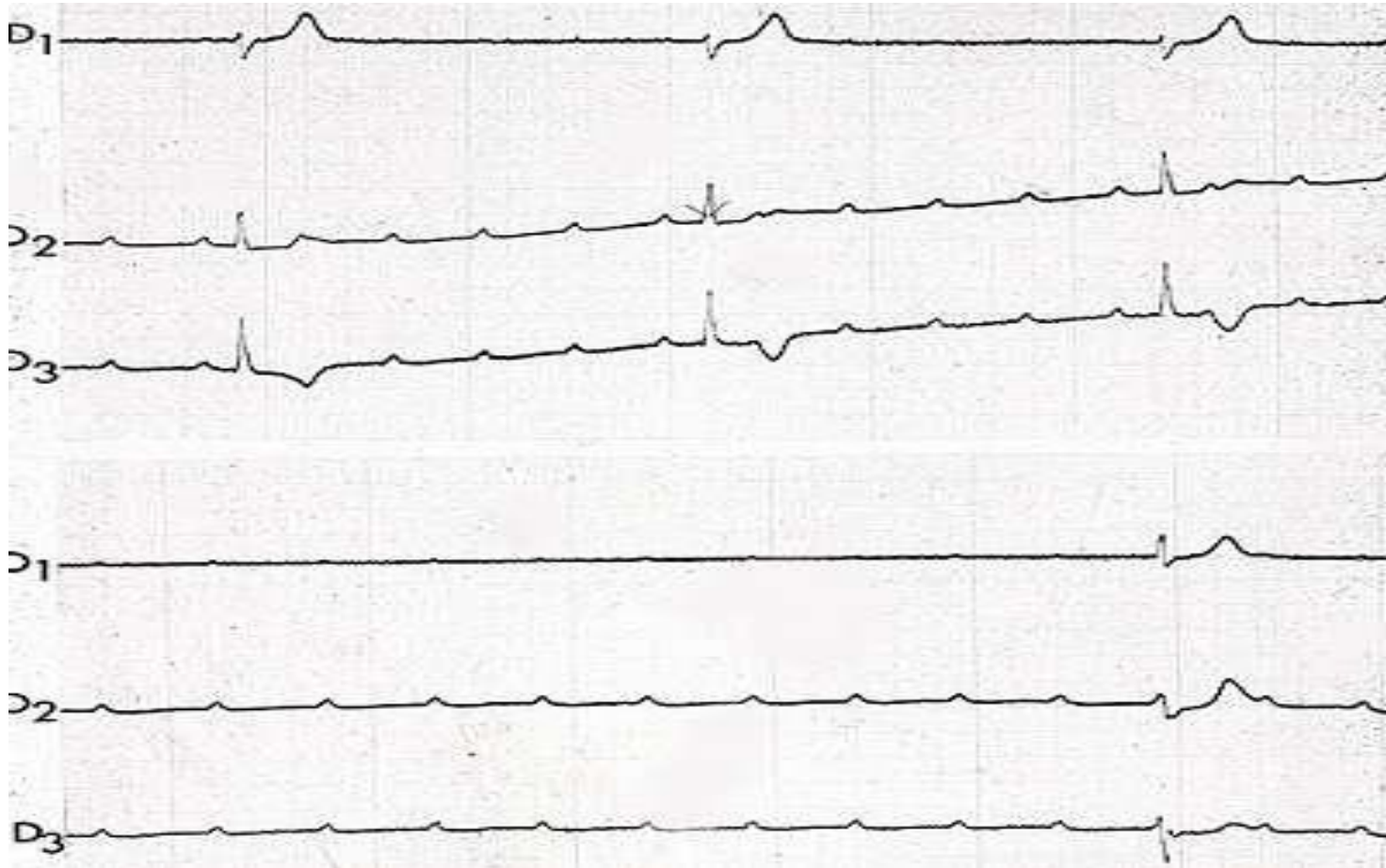


CONDUCTION AV SE FAIT 1 FOIS/2 (OU 3 OU 4)

BLOC AURICULO VENTRICULAIRE 2eme DEGRE

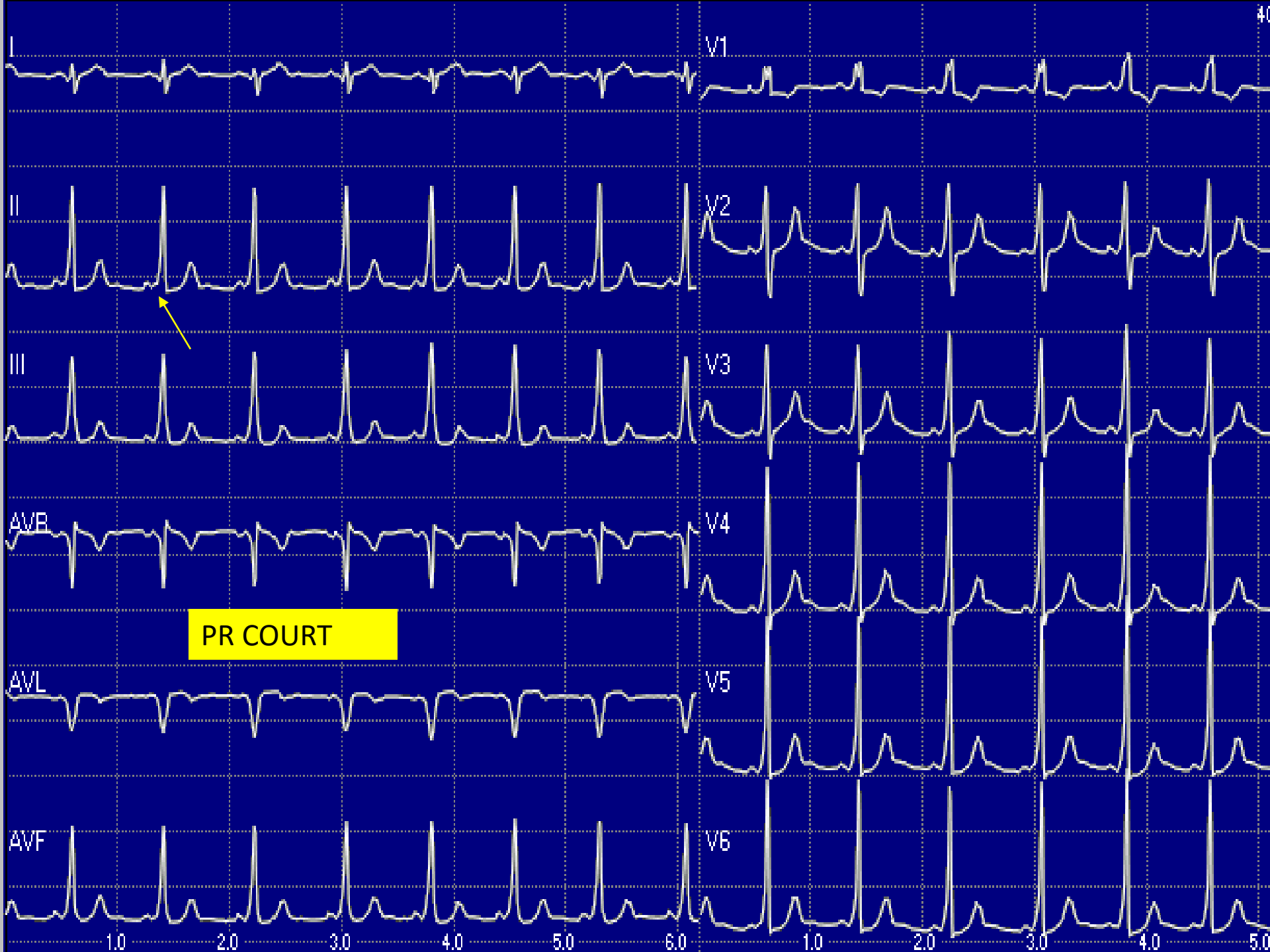
TYPE II DE MOBITZ (PERIODES)

BAV de 3^e degré

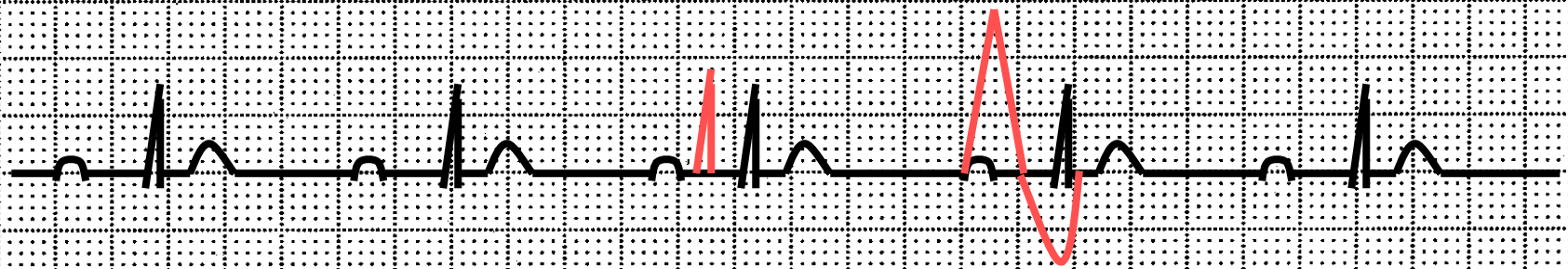


LE SD DU PR COURT

WOLF PARKINSON WHITE



TROUBLES DU RYTHME

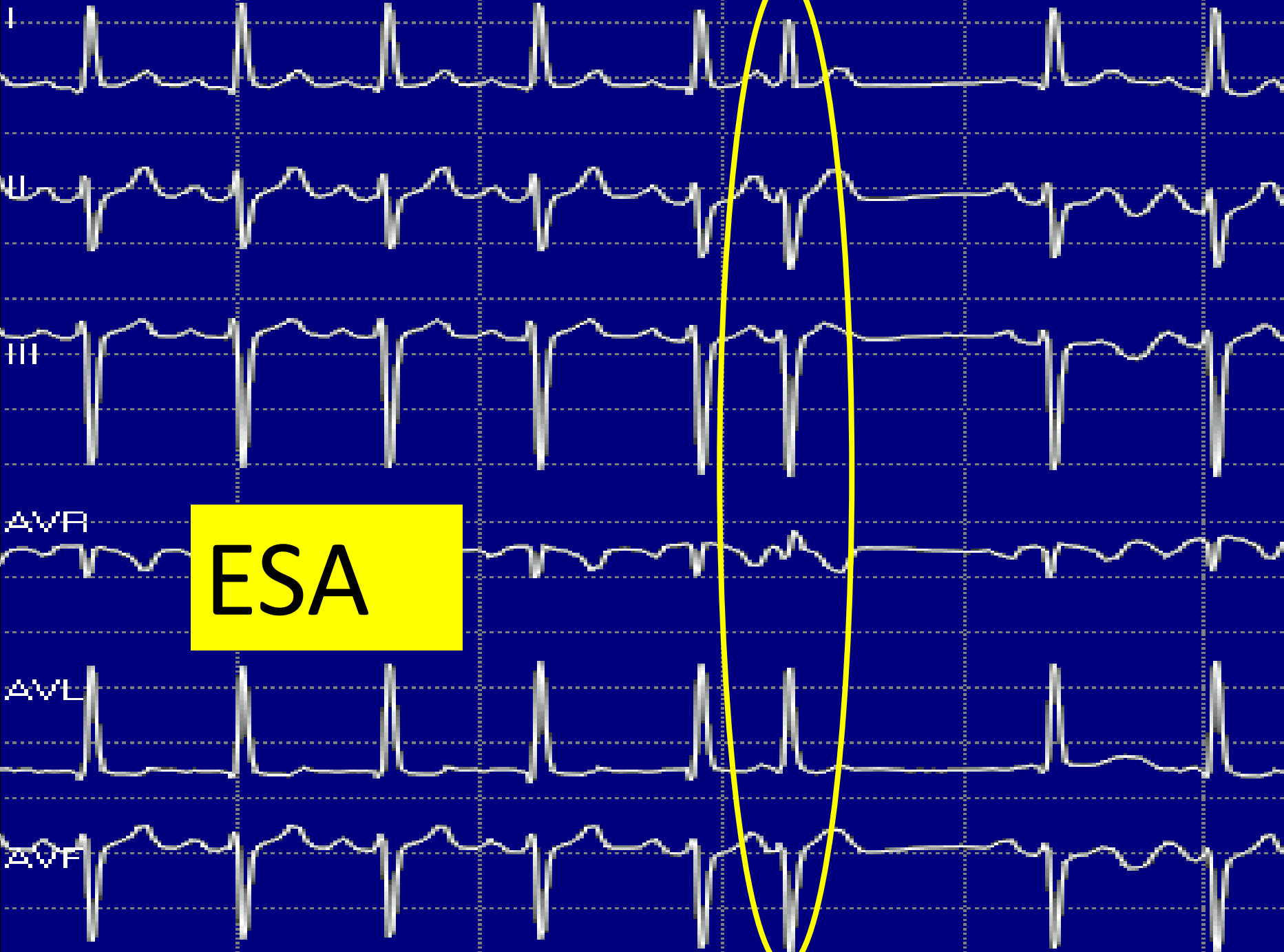


COMPLEXE PREMATURE FIN

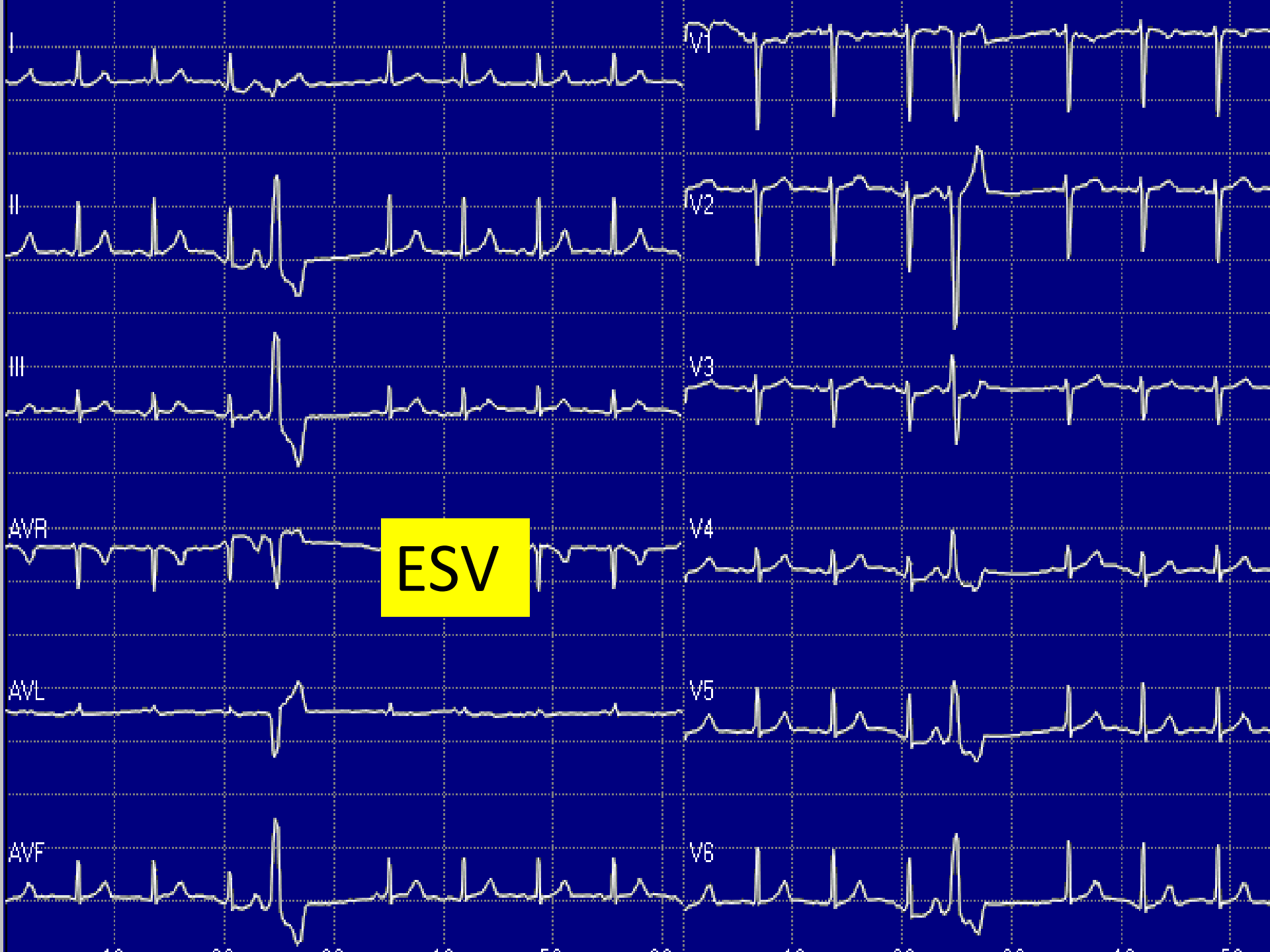
COMPLEXE PREMATURE LARGE

EXTRASISTOLE SUPRA VENTRICULAIRE

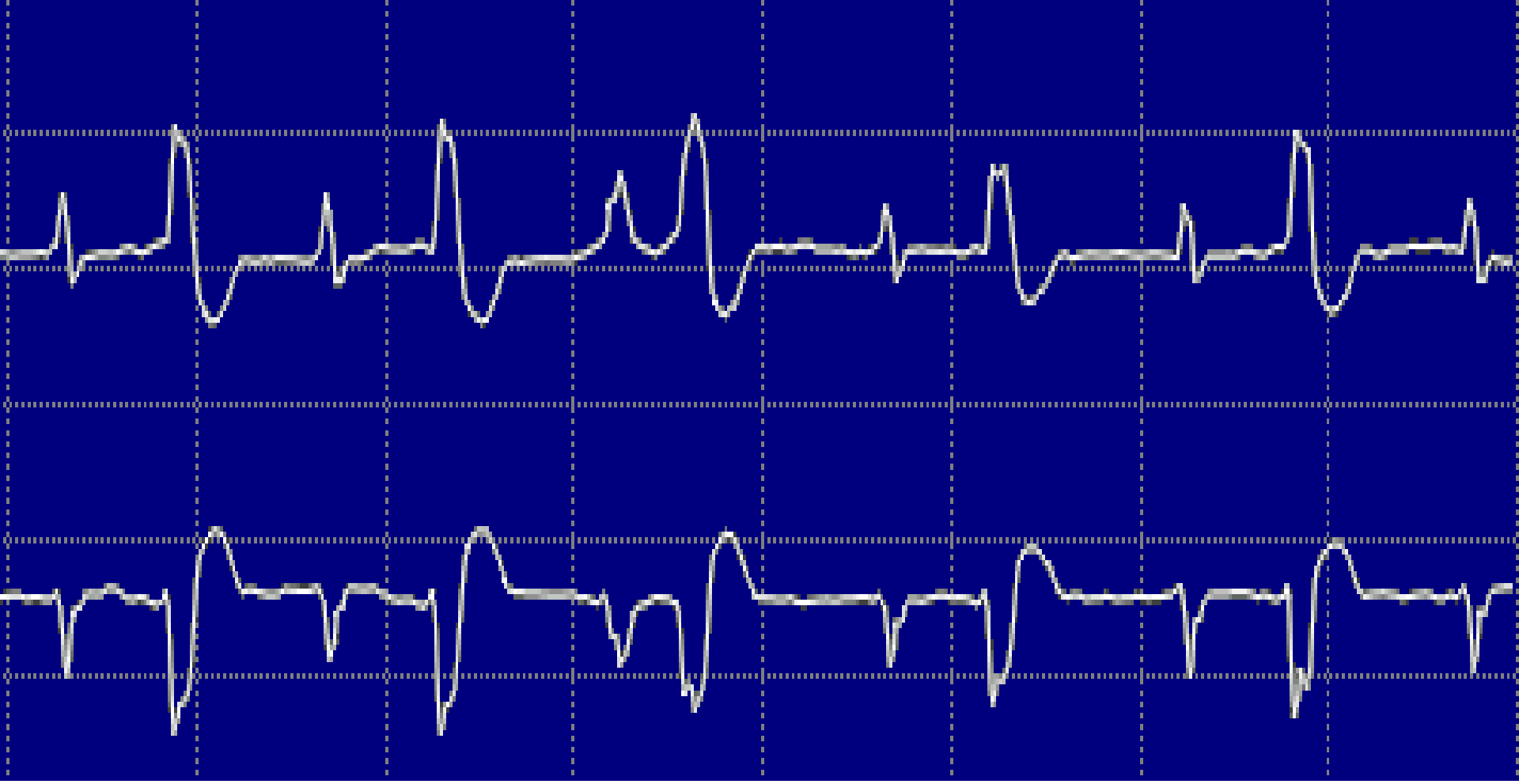
EXTRASISTOLE VENTRICULAIRE



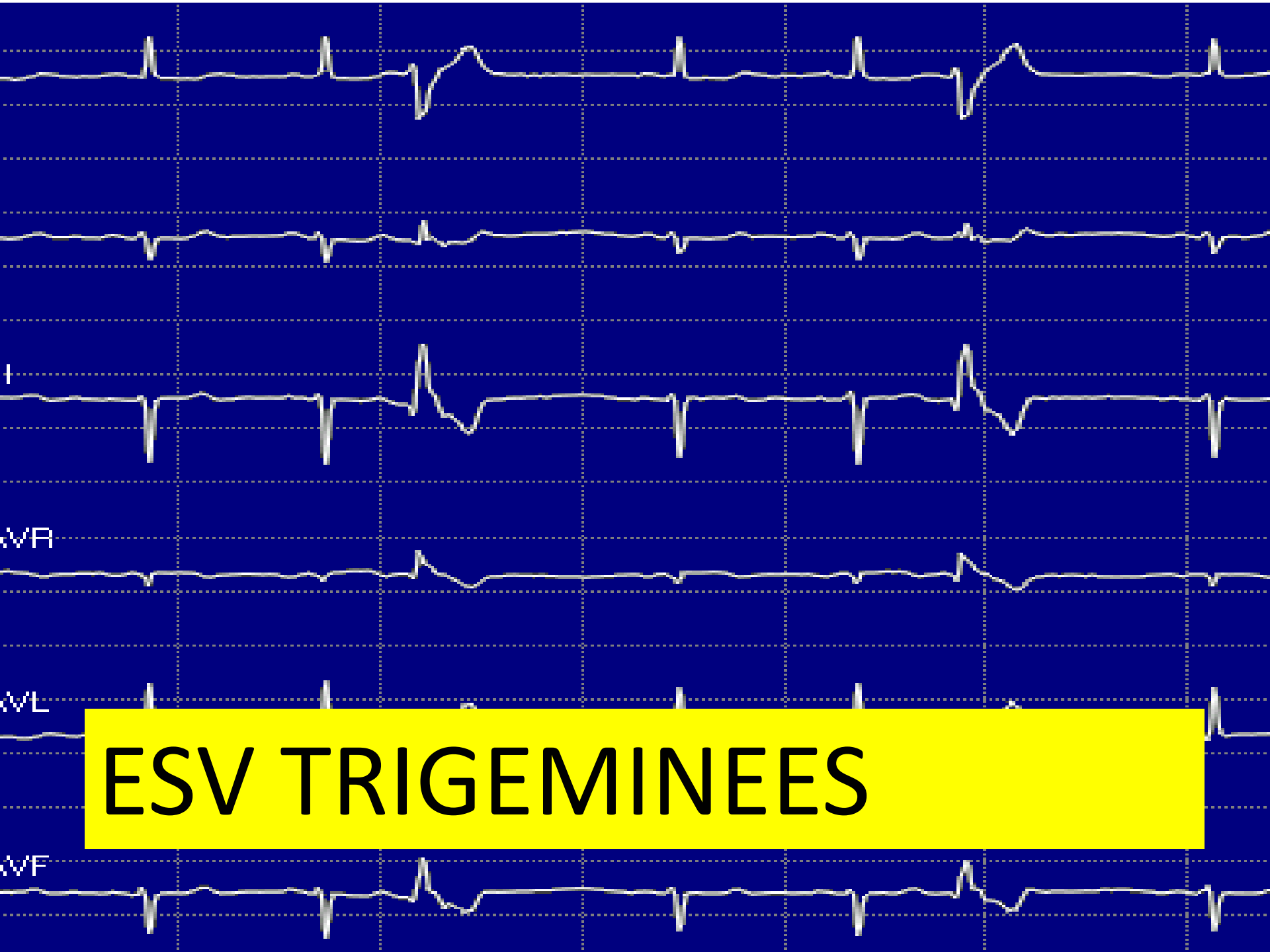
ESA



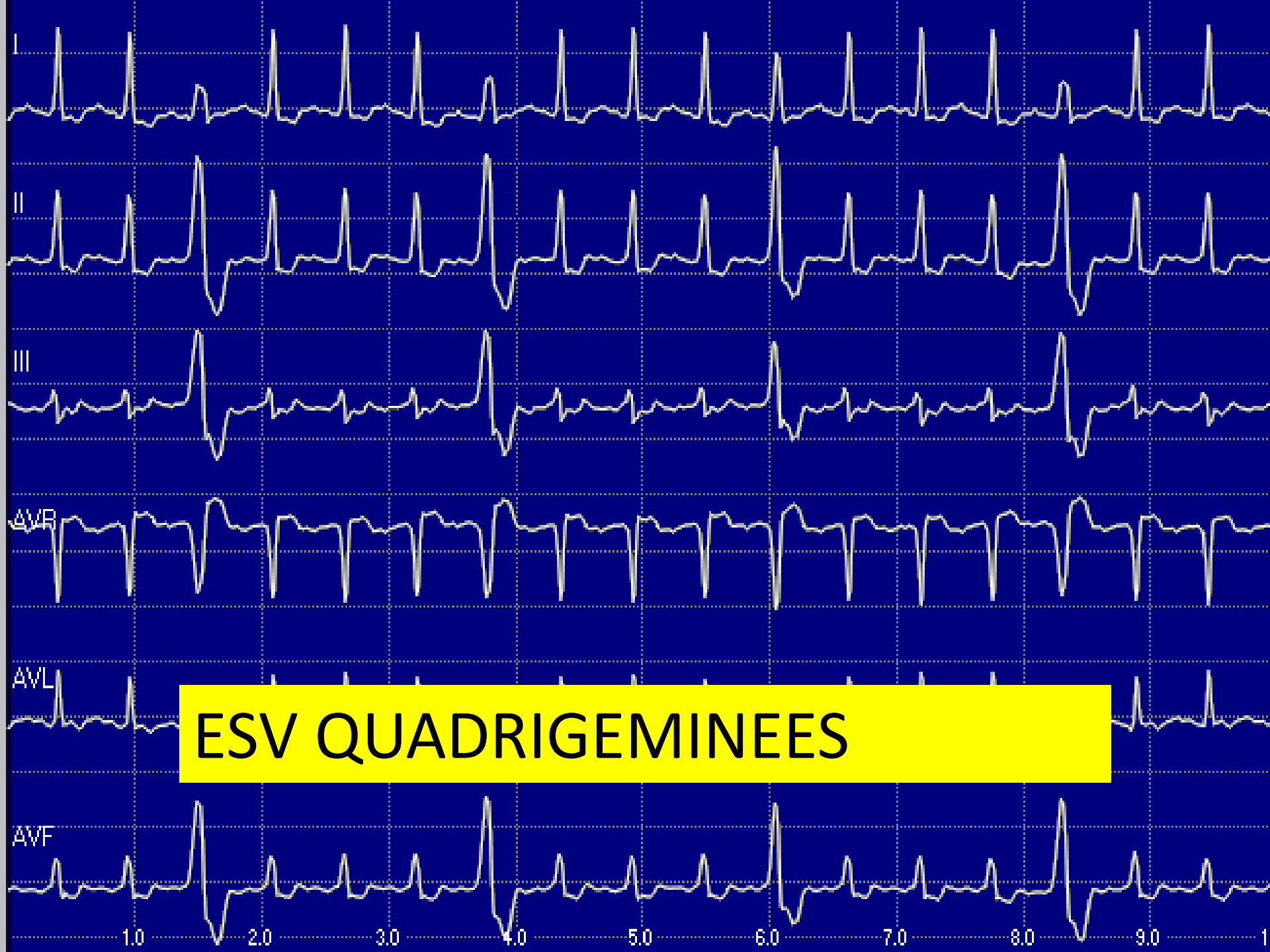
ESV



ESV BIGEMINEES

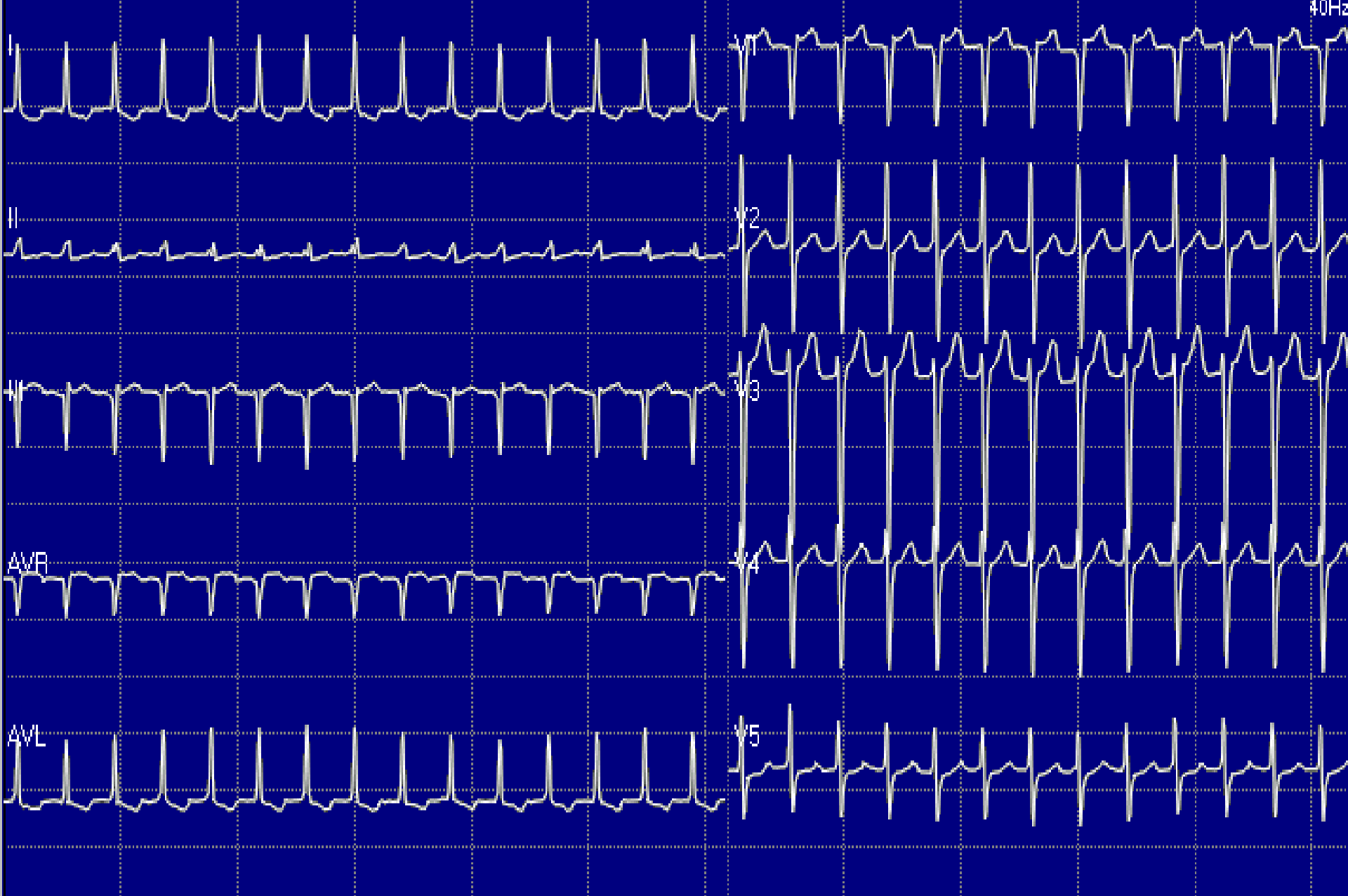


ESV TRIGEMINEES

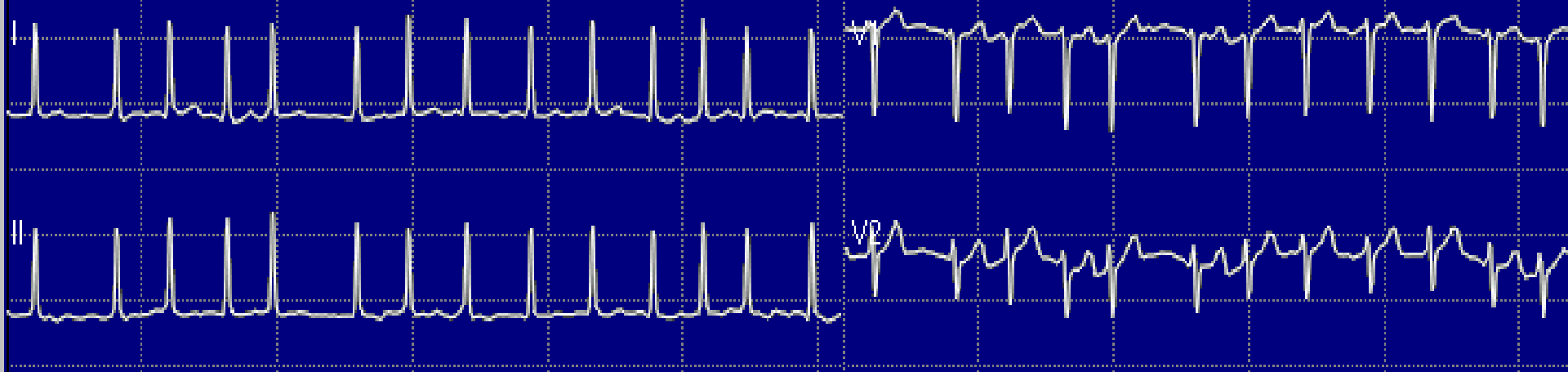


ESV QUADRIGEMINEES

10 20 30 40 50 60 70 80 90 1

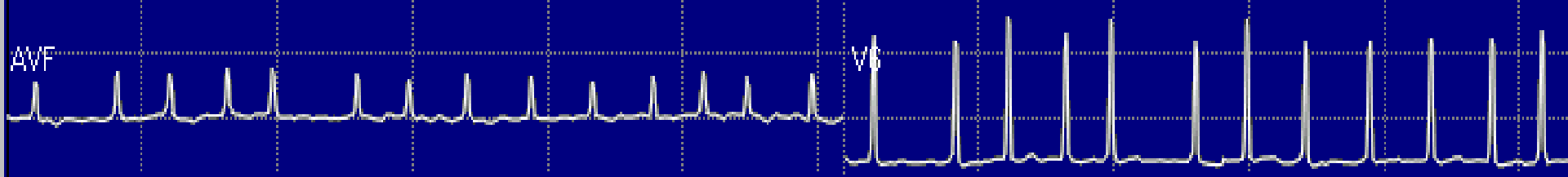
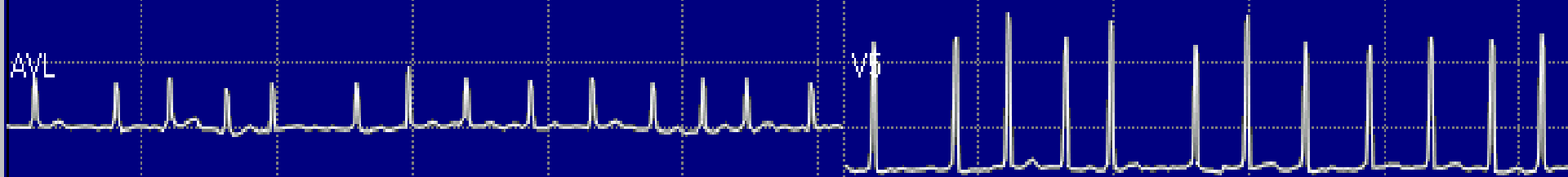
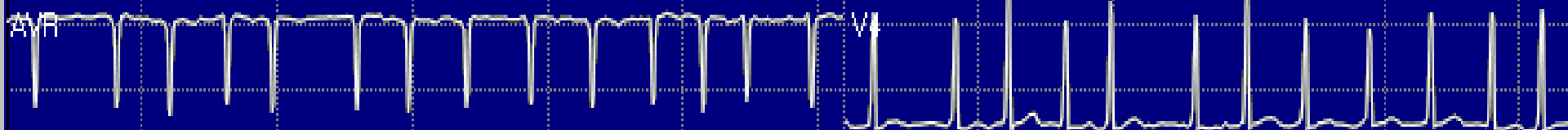


TACHYCARDIE SUPRA VENTRICULAIRE (TSV)



COMPLEXES FINS ET RYTHME IRREGULIER

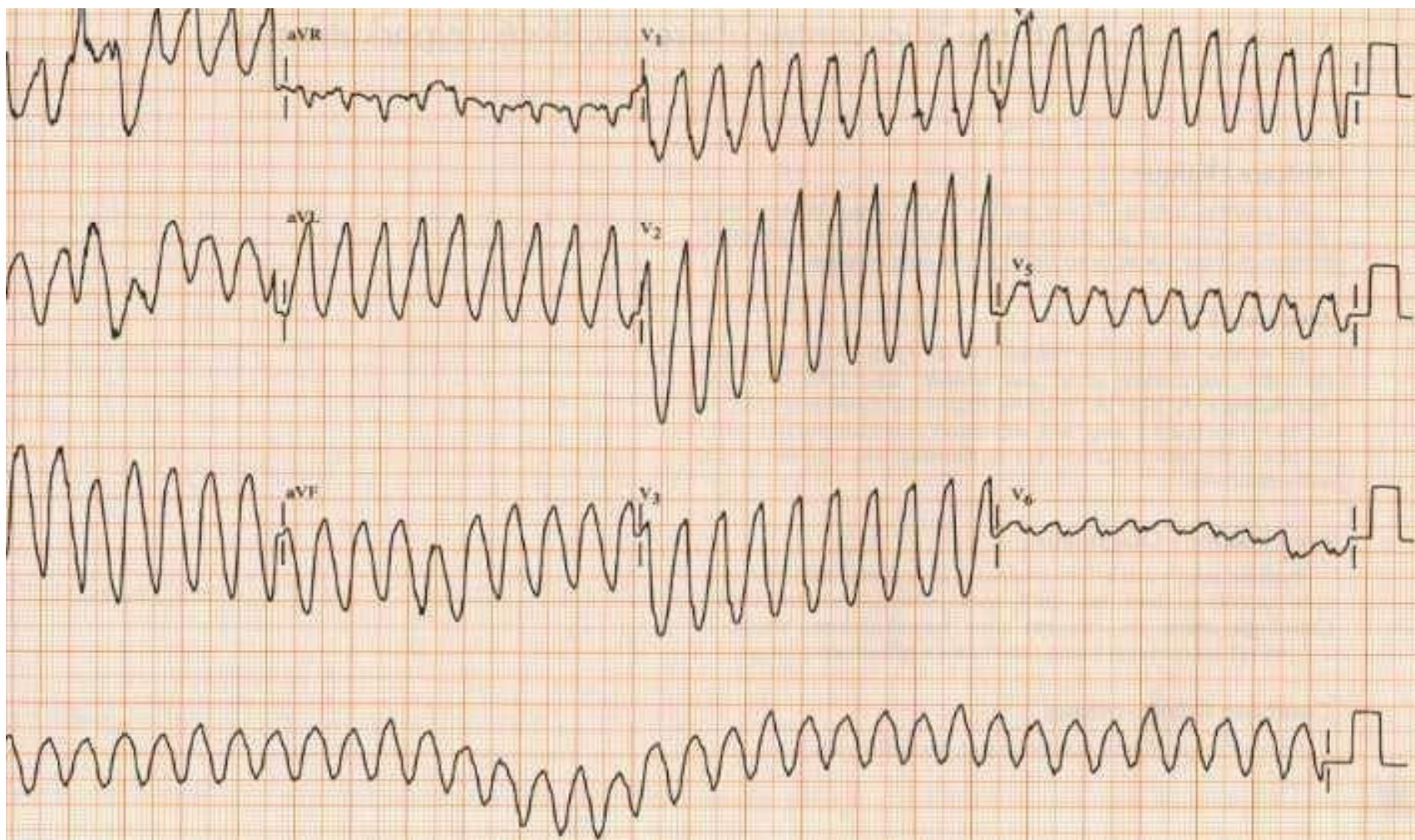
TACHYARYTHMIE ACFA (ABSENCE D'ONDES P)

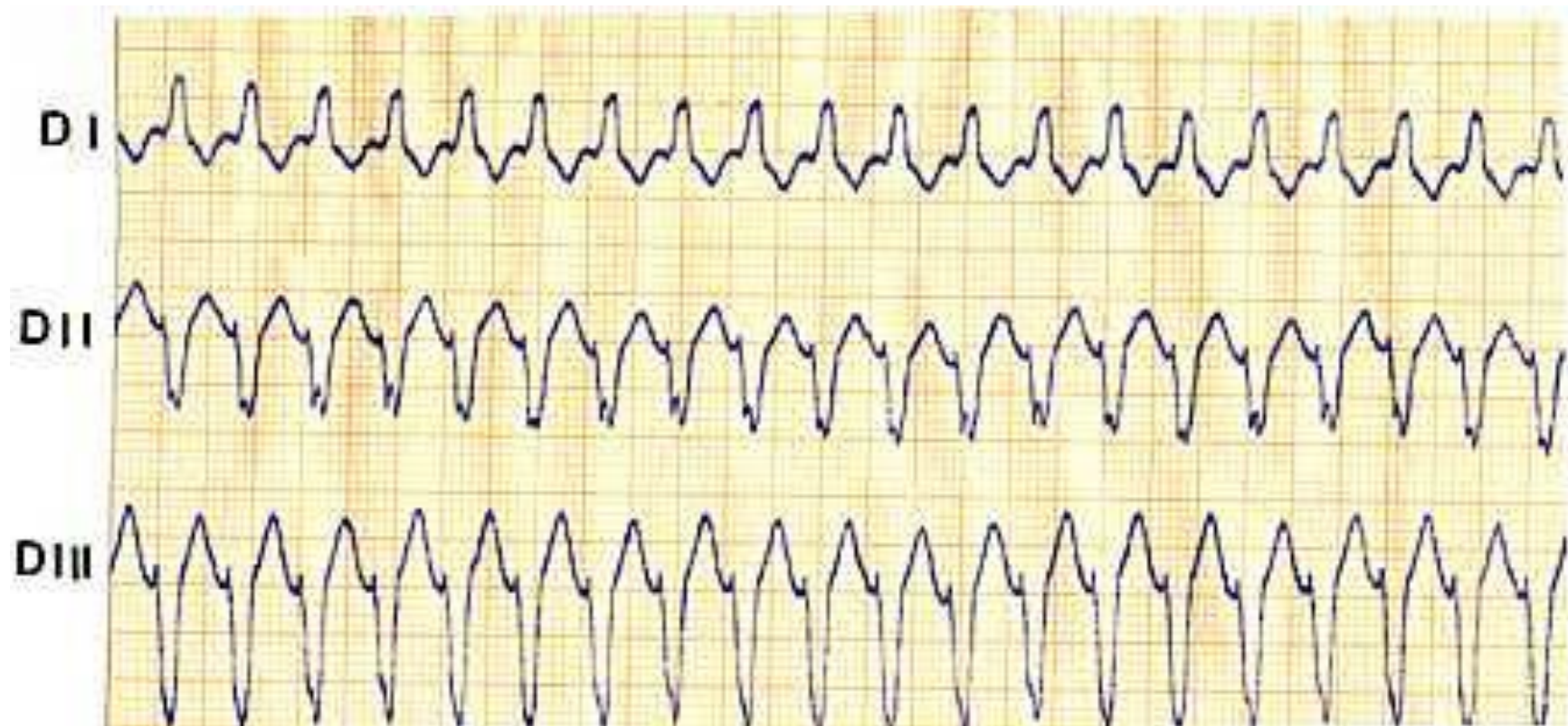


Le flutter auriculaire

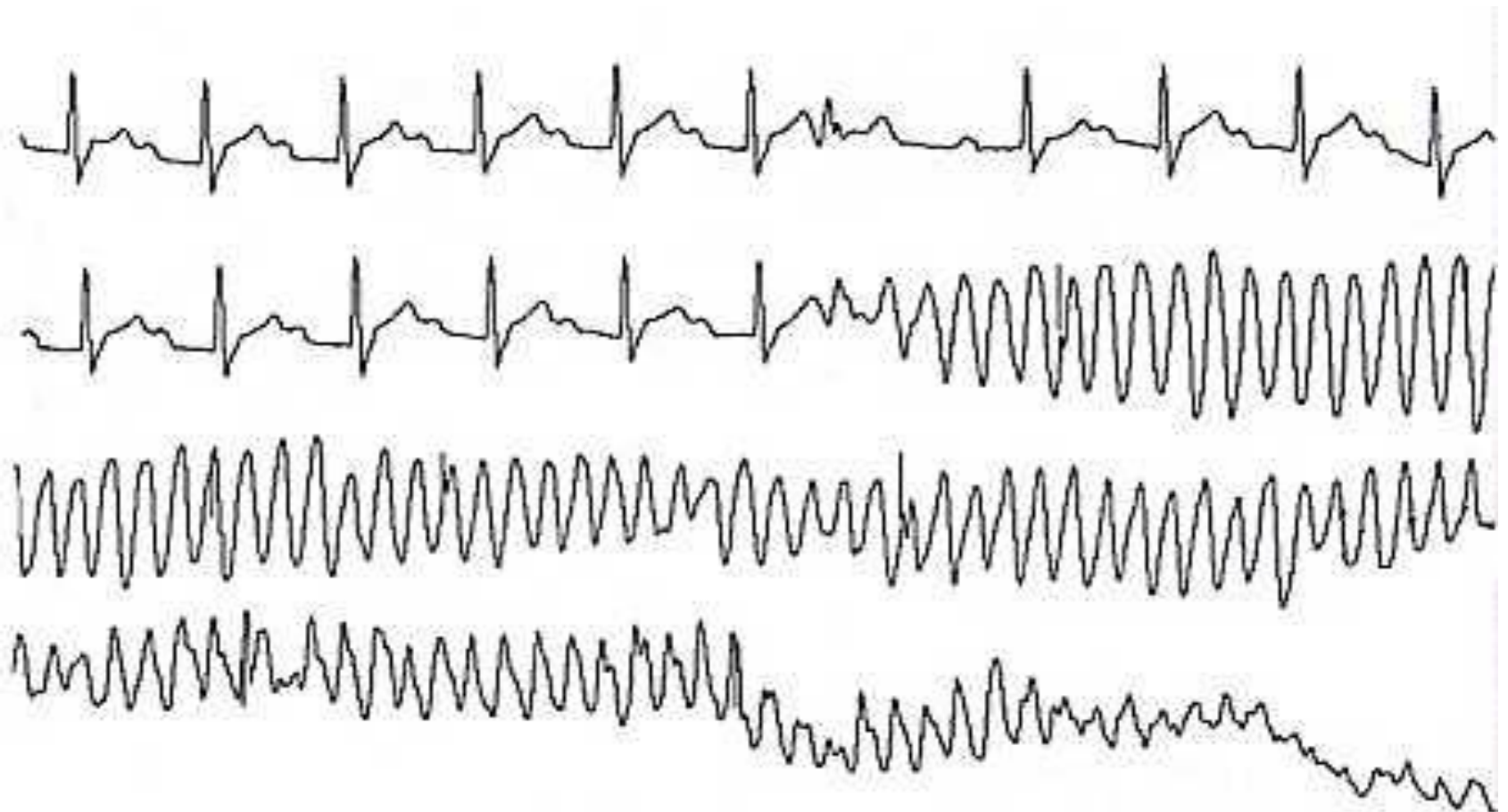


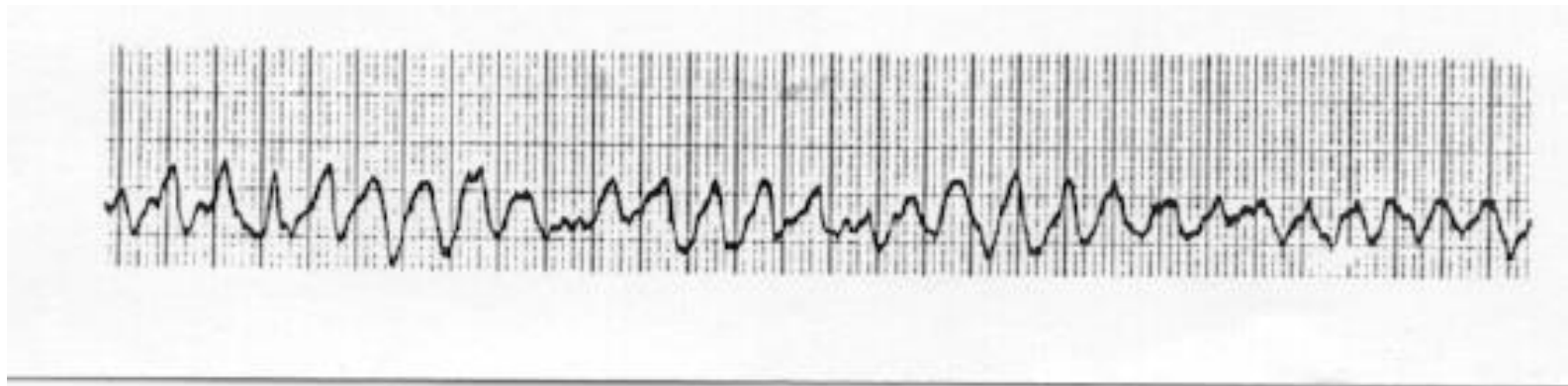
La tachycardie ventriculaire





La fibrillation ventriculaire





Fibrillation ventriculaire