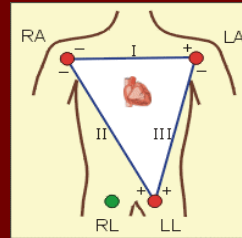
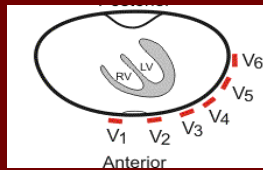


Walls and Leads

WALL	LEAD	CORONARY ARTERY
Inferior	II, III, AVF	RCA
Lateral	I, AVL, V5, V6	Circumflex
Septal	V1, AVR	RCA
Anterior	V2, V3, V4	LAD



Steps to Interpretation

Step 1: Rhythm Analysis

- Interpret ECG rhythm at bottom of 12 lead
- Measure PR, QRS, QT
- Analyze rate, regularity

Steps to Interpretation

Step 2 : Lead Grouping

- Group the leads that reflect each wall of the left ventricle

Inferior Wall – II, III, aVF

Septal Wall – V1

Anterior Wall – V2, V3, V4

Lateral Wall – aVL, I, V5, V6

Steps to Interpretation

Step 3: Assess Each Grouping

Ischemia- ST Depression

Injury- ST elevation

Infarction-possible Q wave

Damage as cardiac tissue depleted of oxygen escalates with time from ischemia, injury to infarction.

Damage will be displayed in only leads facing the injured myocardium

Evolution of an MI

Time	MI	ECG	Effect
Pre MI		T wave inversion	Ischemia
Hrs from onset	Acute	ST elevation Upright T	Myocardial injury
Hours later	Acute	ST elevation Upright T, Q wave	Infarcted and injured tissue
Hours to 2 days	Acute	Q wave, ST decreased with T wave inversion	Infarction almost completed
Weeks	Age indeterminate	Q wave, T wave inversion	Infarction completed
Months to years	Old	Q wave only	Permanent tissue death