a Posterior Infarct by performing a back EKG and if we see an ST elevation there then it’s an infarct

- **EXCEPTION 2:** if we have ST depression in the inferior leads then it could be 1 of 3 things so we have to rule out:
  - Right ventricle infarction by performing a Right EKG and checking for ST elevations there. in this case the patient usually comes hypotensive and we have to treat with Saline
  - Posterior Infarct by performing a Back EKG and checking for ST elevations there.
  - Inferior wall Ischemia is the diagnosis if others are ruled out.

- **Q wave:** indicated the presence of an old ischemia

- **Intervals:**
  - **PR interval:**
    - men awwal el P la awwal el R
    - <200 normal (1 big square)
    - if >200 => it causes 1° AV block which is benign
    - if >230 we stop B-blocker since it’s a side effect of B blockers
  - **QRS interval:**
    - the whole complex
    - <120 (3 small squares)
    - if >120 then it’s a bundle block
  - **QT interval:**
    - awwal el Q la ekher el T
    - <440 in females and <460 in males (2 big squares + 1-2 small square)
    - it’s prolonged in:
      - drug induced
      - QT syndrome
    - **QTc:** we need to correct it if:
      - <60 bpm
      - >100 bpm

- **AV Blocks:**
  1. **AV Block:**
    - prolonged QT interval >200
    - if >230 we stop B blocker since it’s a side effect
  2. **AV Block:**
    1. Mobitz type I:
      - increasing PR interval until 1 P will be missed.
      - it’s benign
    2. Mobitz type II:
      - constant prolonged PR interval until 1 is missed
      - this is not benign
      - we need to put a pacemaker
    3. type 2:1 3:1
      - 2 P waves followed by a QRS