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 1ry 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