Eg. Atrial fibrillations

Ventricular ectopics.

2)Rhythm → normal= regular i.e, interval between 2 beats is constant.

Abnormal= physiological= normal= sinus arrhythmias =inspiration (no fibres stimulated \rightarrow no parasympathetic stimulation $\rightarrow \uparrow HR$.

= expiration (positive pressure \rightarrow stimulate vagus \rightarrow HR \downarrow

=Pathological irregularity which is predictable.

- 1) **Regulary irregular**= predictable.
 - o pulsus bigemini= there is alternate sinus rhythm followed by le.co.uk ventricular ectopics. Eg, side effect of digoxin.
- 2) Irregulary irregular= interval is unpredictable
 - o Atrial fibrillation= irregular HB bis variable and QRS at variable time.

How good a pulse is felt in lingers

PP=SBP-DBP

Normal= 30-60mmHg

causes

Abnormal=decrease PP=<30mmHg = thready pulse =increase PP= >60mmHg =bounding pulse

> 1) **Low PP**= when SBP is low and DBP is high $SBP(\downarrow) - DBP(\uparrow)$. SBP determined by CO i.e. thready pulse >

> > o Hypovolemia