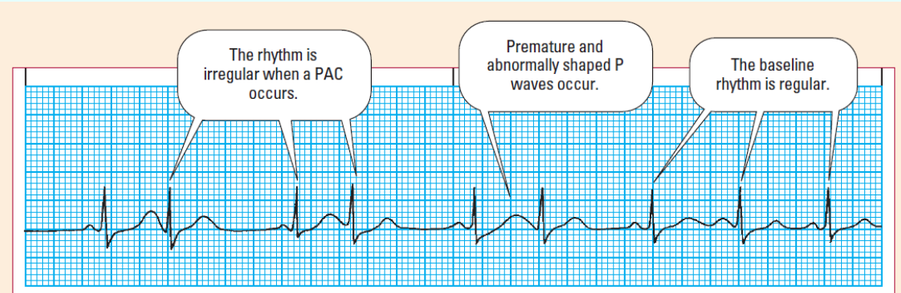
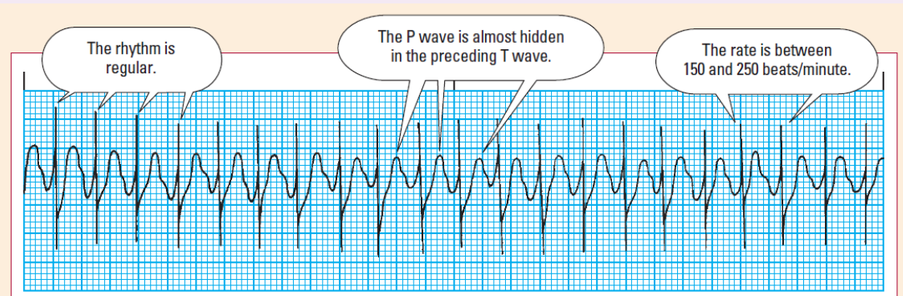
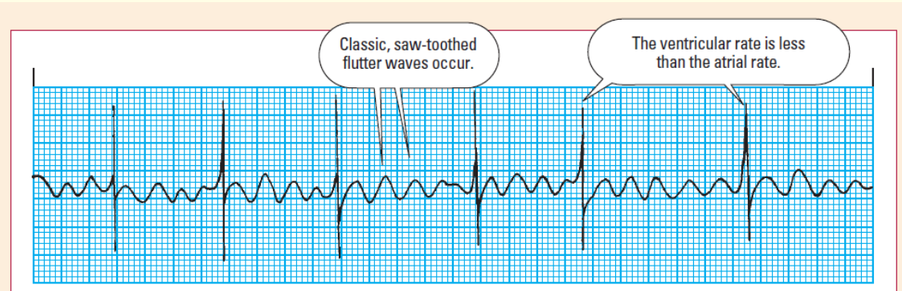
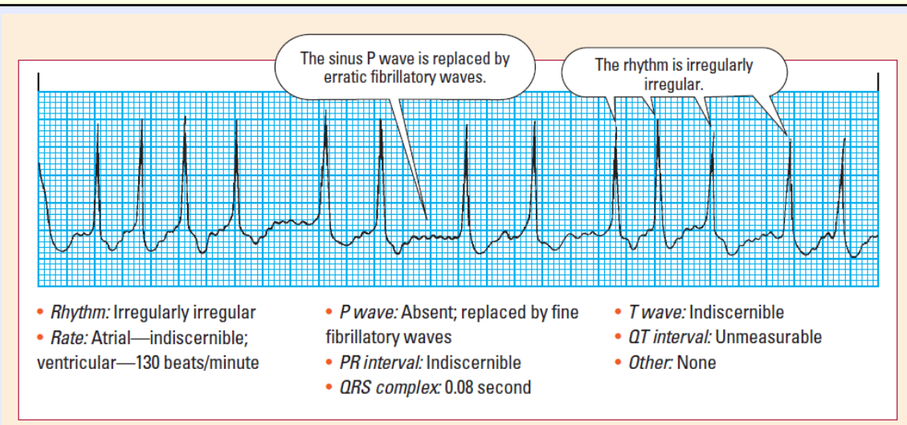
LOCATION	TYPES	RHYTHM	HR	ECG	CAUSES
ATRIAL ARRHYTHMIAS	PREMATURE ATRIAL CONTRACTIONS	IRREGULAR WHEN A PAC OCCURS	90	 • *Rhythm:* Irregular • *Rate:* 90 beats/minute • *P wave:* Abnormal with PAC; some lost in previous T wave • *PR interval:* 0.20 second • *QRS complex:* 0.08 second • *T wave:* Abnormal with some embedded P waves • *QT interval:* 0.32 second • *Other:* Noncompensatory pause (first PAC)	THE SA NODE FIRES AN IMPULSE THEN AN IRRITABLE FOCUS JUMPS IN [يتسمج] FIRING IT'S OWN IMPULSE BEFORE THE SA NODE CAN FIRE AGAIN
	ATRIAL TACHYCARDIA	REGULAR	160-250	 • *Rhythm:* Regular • *Rate:* 0 beats/minute • *P wave:* Almost hidden in T wave • *PR interval:* 0.12 second • *QRS complex:* 0.10 second • *T wave:* Distorted by P wave • *QT interval:* 0.20 second • *Other:* None	THE PACEMAKER IS AN ATRIAL ECTOPIC, NOT THE SA IT IS A SUPRAVENTRICULAR TACHYCARDIA THE RAPID RATE SHORTENS DIASTOLE RESULTING IN LOSS OF ATRIAL KICK REDUSED CARDIAC OUTPUT REDUCED CORONARY PERFUSION ISCHEMIC MYOCARDIAL CHANGES
	ATRIAL FLUTTER	ATRIAL: REGULAR VENTRICULAR: IRREGULAR	250-350	 • *Rhythm:* Atrial—regular; ventricular—irregular • *Rate:* Atrial—280 beats/minute; ventricular—60 beats/minute • *P wave:* Classic saw-toothed appearance • *PR interval:* Unmeasurable • *QRS complex:* 0.08 second • *T wave:* Unidentifiable • *QT interval:* Unidentifiable • *Other:* None	SUPRAVENTRICULAR TACHYCARDIA ORIGINATING FROM AN ATRIAL FOCUS RESULTS FROM CIRCUS REENTRY AND INCREASED AUTOMATICITY AV NODE WON'T ACCEPT MORE THAT 180 IMPULSES
	ATRIAL FIBRILLATION	IRREGULAR IRREGULAR	350-600	 • *Rhythm:* Irregularly irregular • *Rate:* Atrial—indiscernible; ventricular—130 beats/minute • *P wave:* Absent; replaced by fine fibrillatory waves • *PR interval:* Indiscernible • *QRS complex:* 0.08 second • *T wave:* Indiscernible • *QT interval:* Unmeasurable • *Other:* None	ATRIAL ACTIVITY IS NO LONGER REPRESENTED BY P WAVES BUT BY ERRATIC BASELINE WAVES [FIBRILLATORY WAVES]