<table>
<thead>
<tr>
<th>Rate</th>
<th>Rythm</th>
<th>P-Waves</th>
<th>PR Interval</th>
<th>QRS complex</th>
<th>Causes/Tx</th>
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</table>
| **PACs**  
premature atrial contractions | can be brady, tachy or normal | slight interruption in irregularity. | similar for normal beats, have different morphology for the premature complex. Could be hidden in T | normal | consistent, < 0.12 sec | Cause: caffeine, stress, anxiety, pain, hypoxia, ischemic myocardium.  
Tx: monitor for ↑ rate, BB, digitalis |
| **PAT**  
paroxysmal atrial tachycardia | 160-250 (underlying sinus rhythm will be different) | Regular (irregular when PAT starts and stops suddenly) | different from the sinus ones; the P waves within the PAT are consistent | constant and in normal range | consistent, < 0.12 sec | C: similar to PAC + mitral valve prolapse  
Tx: valsalva maneuver, CCB (adenosine, cardiezem), 50-100 cardioversion |
| **Atrial Flutter** | atrial rate 250-350; ventricle rate 3:1 or 4:1 ratio | irregular to fairly consistent | no P waves (flutter waves are present and consistent) | not measurable | consistent, < 0.12 sec; | C: heart disease, PE, valve disease, thyrotoxicosis, cor pulmonale.  
Tx: (if warranted) digitalis, CCB, BB, amiodorone |
| **Atrial Fibrillation** | atrial rate 350-700; vent rate varies a lot (if over 100 = uncontrolled or RVR) | irregularly irregular | no distinguishable P - waves | not measurable | should be < 0.12, but sometimes wider d/t aberrant conduction | C: acute MI, CAD, CHF, cardiomyopathy, hyperthyroid  
Tx: recent onset = digitalis, CCB, BB, amiodarone, 50-100 cardioversion; > 48 hrs = anticoagulants, maybe cardiovert |
| **SVT**  
Supraventricular Tachycardia | > 150 | regular | no distinguishable P - waves | not measurable | consistent, < 0.12 sec | C: stimulants, hypoxia, ischemia, hyperthyroid, febrile state, fluid volume deficit, conduction deficit  
Tx: CCB, adenosine, BB, O2, 50-100 cardioversion |