

# Foundations EKG I - Unit 3, Case 10



*48yoM with a PMH of heroin abuse, currently on methadone therapy presents following syncope without a prodrome while at a work meeting.*

HR: 54	BP: 154/108
RR: 12	O2 Sat: 96%

## What is your interpretation of the EKG?

History/Clinical Picture

Rate

Rhythm

Axis

P Waves

Q/R/S Waves

T Waves

U Waves

PR Interval

QRS Width

ST Segment

QT Interval

**Putting the clinical history together with the ECG, what do you think is going on with this patient?**

**Is this high risk or low risk syncope? Should he be admitted or is it safe to discharge him with close follow up?**

**How would you manage him in the ED if he decompensated?**

# Triage EKG

