

Foundations EKG II - Unit 10, Case 40

26 y/o M with a recent diagnosis of Burkitt lymphoma with known bulky intra-abdominal disease is transferred to the ED directly from the chemo infusion center for diffuse weakness and bradycardia.

HR: 36 BP: 112/60

RR: 18 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

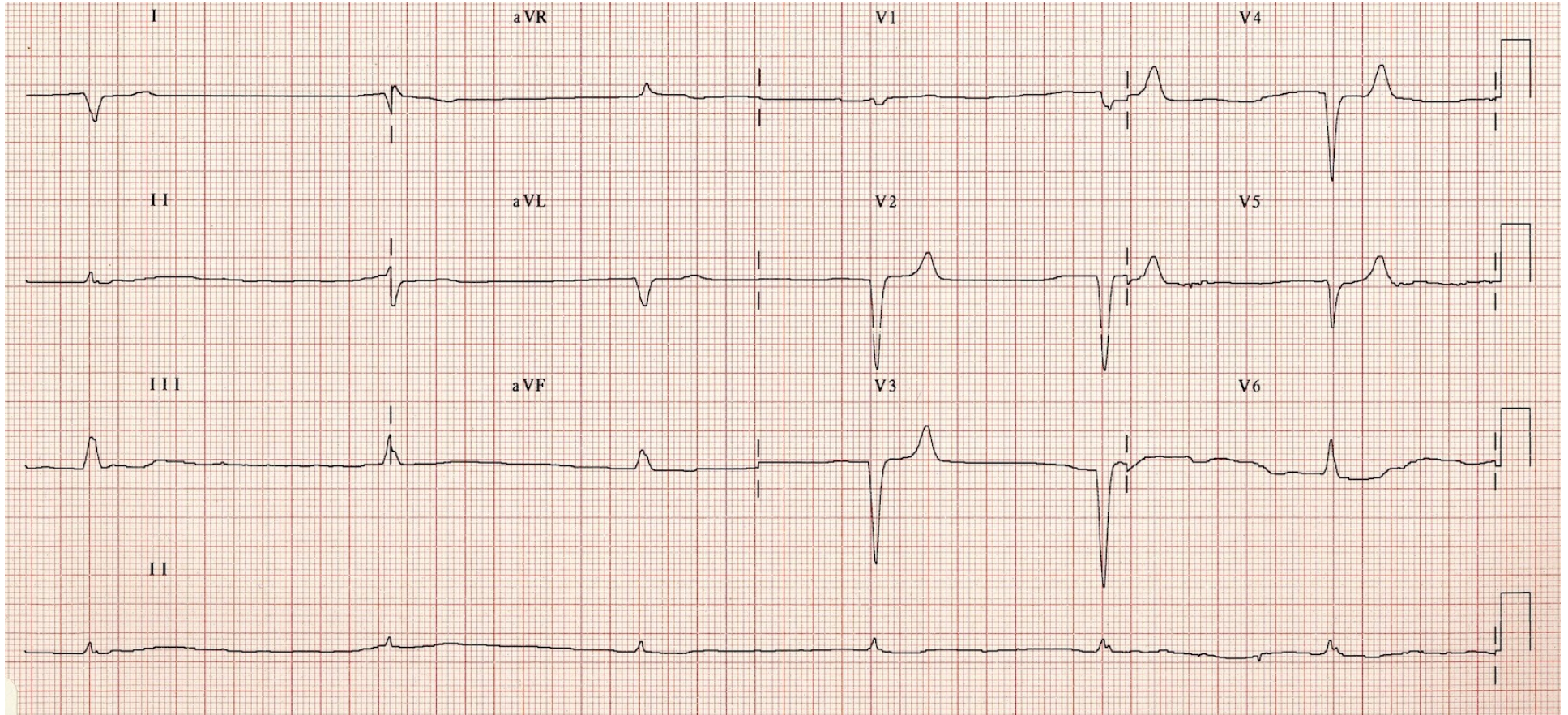
QT Interval

Given this patient's underlying disease, what acute process causing his abnormal EKG are you concerned for?

What stat labs would you like sent?

How should this patient be managed in the ED?

Triage EKG



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