



Dr. G the NP

Tranise Goodlow | DNP | APRN | AGACNP-BC

WHAT THE EKG IS REALLY TELLING YOU

***UNDERSTAND KEY
ELEMENTS OF AN EKG AND
WHY THEY MATTER***

Cardiology Concepts Simplified

EKG ELEMENTS

P WAVE

The heart's go signal. The atria fire and push blood into the ventricles. It looks simple, but subtle changes here can tell a much bigger story.

PR INTERVAL

A brief pause between atria and ventricles. Think of it like a traffic light letting the atria finish their job before the ventricles take over. Miss it, and you could miss early signs of conduction problems.

QRS COMPLEX

This is the electrical signal moving down the ventricles. Its width and shape tell you how the ventricles are conducting, and subtle changes can be easy to miss if you don't know what to watch for.

J POINT

Where the QRS hands off to the ST segment. Small but critical. Changes here often signal problems you need to see.

ST SEGMENT

The flat stretch after the big squeeze. Tiny elevations or depressions can indicate ischemia or injury. Knowing normal values alone will not make you confident.

T WAVE

The ventricles reset. The shape, size, and direction all matter. Misreading it can mean missing early warning signs.

QT INTERVAL

Measures the full ventricle cycle from contraction to reset. Too long or too short can be dangerous, but context is everything.

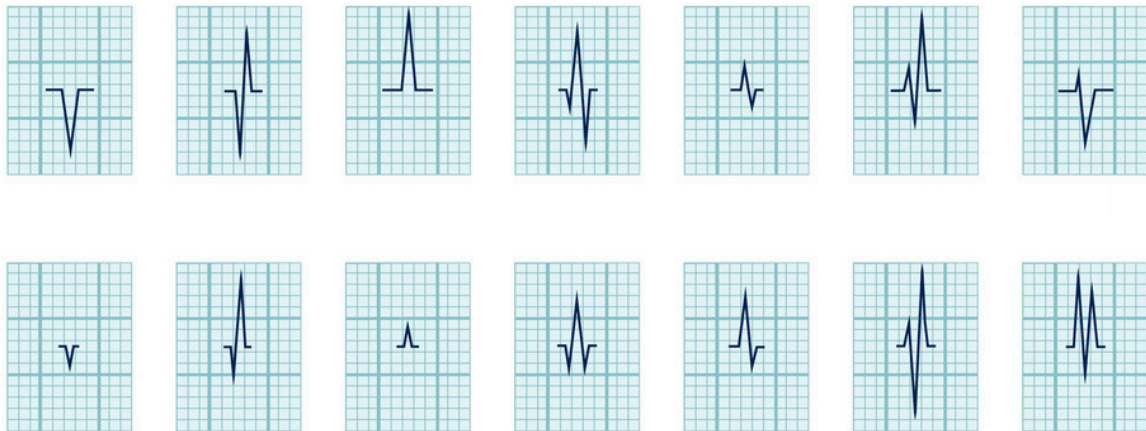
U WAVE

Optional, subtle, and often overlooked. When it appears, it provides insight into the heart's recovery, but seeing it is just the beginning.

QRS MORPHOLOGY



Examples of QRS Morphologies



These are just some of the QRS shapes you'll see in practice. Spotting them is one thing. Understanding what they really mean in the context of the whole heart is where most clinicians get stuck.

The QRS complex is the heartbeat's signature on the EKG. Its shape and timing tell the story of how electricity moves through the ventricles. **Not every QRS has a clear Q wave, R wave, and S wave, and that is completely normal.** Learning to identify each part lets you see patterns that actually matter, not just lines on a page.

The gap? You can notice a difference, but knowing what it really means is where uncertainty turns into insight. Master the QRS with the right system and you move from guessing to reading with clarity and purpose, becoming a rockstar at the bedside and taking your skills and confidence to a whole new level.

COMMON EKG TERMS & DEFINITIONS

Intraventricular Conduction Delay (IVCD)

Electricity is moving slowly down the ventricles, but what does it really mean for your patient? Understanding this separates guessing from knowing.

J Point Elevation

A lift at the start of the ST segment. It can appear in healthy hearts and certain conditions. How do you know when it matters? That's the skill most clinicians never fully grasp.

Left Bundle Branch Block (LBBB)

The left ventricle is conducting slowly, creating a recognizable pattern on the EKG. Seeing it is one thing, but understanding the ripple effect on the heart's activity is where mastery begins.

Left Ventricular Hypertrophy (LVH)

The left ventricle may be thicker than normal, which changes the QRS appearance. Spotting this pattern is useful, but knowing how it fits into the patient's overall story is where real insight comes in.

Premature Atrial Contraction (PAC)

An early beat starts in the atria. You notice it, but what does it actually mean for the rhythm and your patient?

Premature Ventricular Contraction (PVC)

An early beat from the ventricles stands out on the tracing. Catching it is one step. Interpreting its significance in context is what makes it meaningful.

Poor Precordial R Wave Progression (PPRWP)

The R wave doesn't grow as expected from V1 to V6. You can see it, but why it matters (and when it doesn't) is what separates good reads from great reads.

Right Bundle Branch Block (RBBB)

The right ventricle conducts more slowly, producing a distinct pattern. Understanding what it means in the context of the heart's overall activity completes the story.

Right Ventricular Hypertrophy (RVH)

The right ventricle may be working harder than usual. The EKG hints at it, but connecting it to the patient's story and overall heart function is where clarity comes in.

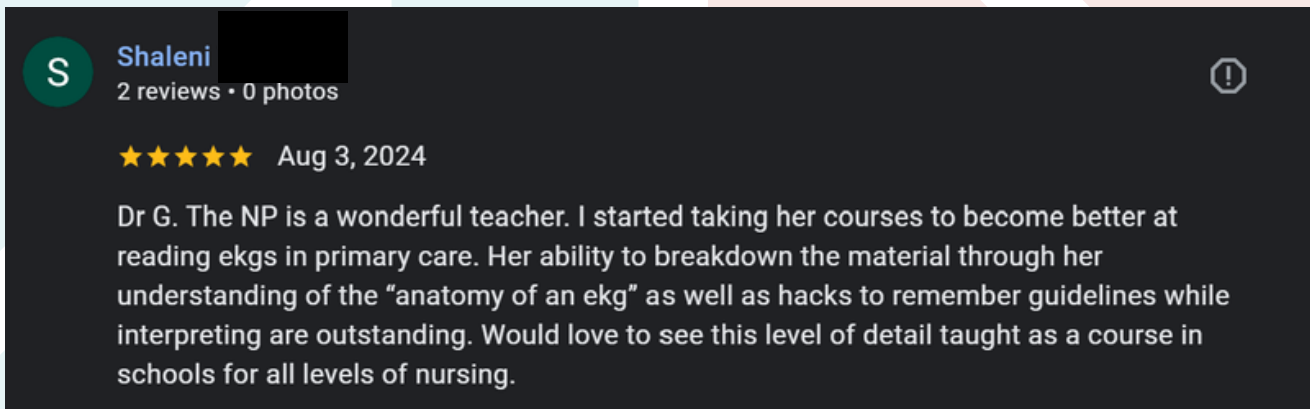


Dr. G the NP

Tranise Goodlow | DNP | APRN | AGACNP-BC

Hi, I'm Dr. G the NP, a board-certified cardiology nurse practitioner. Since 2021, I've been helping clinicians stop second-guessing every EKG and start reading them with clarity, skill, and confidence. This guide gives you a sneak peek into my courses, where cartoons, clever analogies, and real-world examples turn complex EKGs into patterns you can actually recognize and act on. You'll start spotting subtle changes that often go unnoticed, trust your own judgment over unreliable computer reads, and make decisions at the bedside with precision. By the end, uncertainty becomes insight, hesitation becomes action, and you'll see EKGs in a way that finally makes sense.

Check out one of my client testimonials:



Want more tips, tricks, and EKG confidence boosters?

Follow me on Facebook and Instagram, where I share quick, practical insights you can use every day.



You're not alone in this—let's master EKGs together!

Dr. G the NP

<https://drgthenp.com/>