

Report

Name: [REDACTED]

Start time: 29 Jan 2024, 23:40

Sex: Female

Measurement time: 60 s

Age: [REDACTED]

Analysis Time: 30 Jan 2024, 05:51

Sinus Tachycardia, Atrial Fibrillation, PAC (Premature Supraventricular Contraction), Couplet of PAC, PAC Trigeminy, Supraventricular Tachycardia

Suggestion:

HR: 115/min

Sinus Tachycardia

Sinus tachycardia is usually not a primary arrhythmia, and the following measures should be taken: Patients should be mentally relaxed and avoid physical activity. The use of tobacco, alcohol, coffee and tea is not allowed. Besides, it is recommended to remove the influence of drug factors, monitor the heart rate and review ECG.

If sinus tachycardia still exists after the above treatment, it is recommended to visit the hospital to determine the cause of sinus tachycardia, and receive further treatment when necessary.

Atrial Fibrillation

It is suggested to pay timely visits to the Cardiology Department to find out the cause of atrial fibrillation; symptomatic treatment should be given for primary diseases (if any). In addition, antiarrhythmic drugs and anticoagulant therapy should be applied as recommended by the specialist doctors, and radiofrequency ablation and left auricular occlusion should also be considered. Atrial fibrillation can lead to acute heart failure, hypotension, aggravation of angina, difficulty in controlling ventricular rate and other conditions that require immediate cardiopulmonary resuscitation. In the treatment of rapid atrial fibrillation, ventricular rate should be timely controlled to prevent heart failure. In the treatment of slow atrial fibrillation with atrioventricular block above grade II (ventricular rate < 40 beats/ min), a pacemaker should be implanted in time to prevent accidents.

PAC (Premature Supraventricular Contraction)

PAC usually do not require treatment. Treatment should be given when obvious symptoms appear, or when PAC trigger supraventricular tachycardia. Tobacco, alcohol and caffeine may induce PAC. Patients should be encouraged to abstain or reduce their intake. Medications include sedatives, β blockers, calcium antagonists, etc., as instructed.

Couplet of PAC

PAC usually do not require treatment. Treatment should be given when obvious symptoms appear, or when PAC trigger supraventricular tachycardia. Tobacco, alcohol and caffeine may induce PAC. Patients should be encouraged to abstain or reduce their intake. Medications include sedatives, β blockers, calcium antagonists, etc., as instructed.

PAC Trigeminy

PAC usually do not require treatment. Treatment should be given when obvious symptoms appear, or when PAC trigger supraventricular tachycardia. Tobacco, alcohol and caffeine may induce PAC. Patients should be encouraged to abstain or reduce their intake. Medications include sedatives, β blockers, calcium antagonists, etc., as instructed.

Supraventricular Tachycardia

For patients without organic heart disease and no obvious symptoms, the occasional attacks can be relieved naturally, the prognosis is acceptable, and no special treatment is needed.

For patients with organic heart disease, especially with supraventricular tachycardia after myocardial infarction that can easily lead to heart failure and shock, it is necessary to seek medical treatment actively and receive radiofrequency ablation, if feasible.

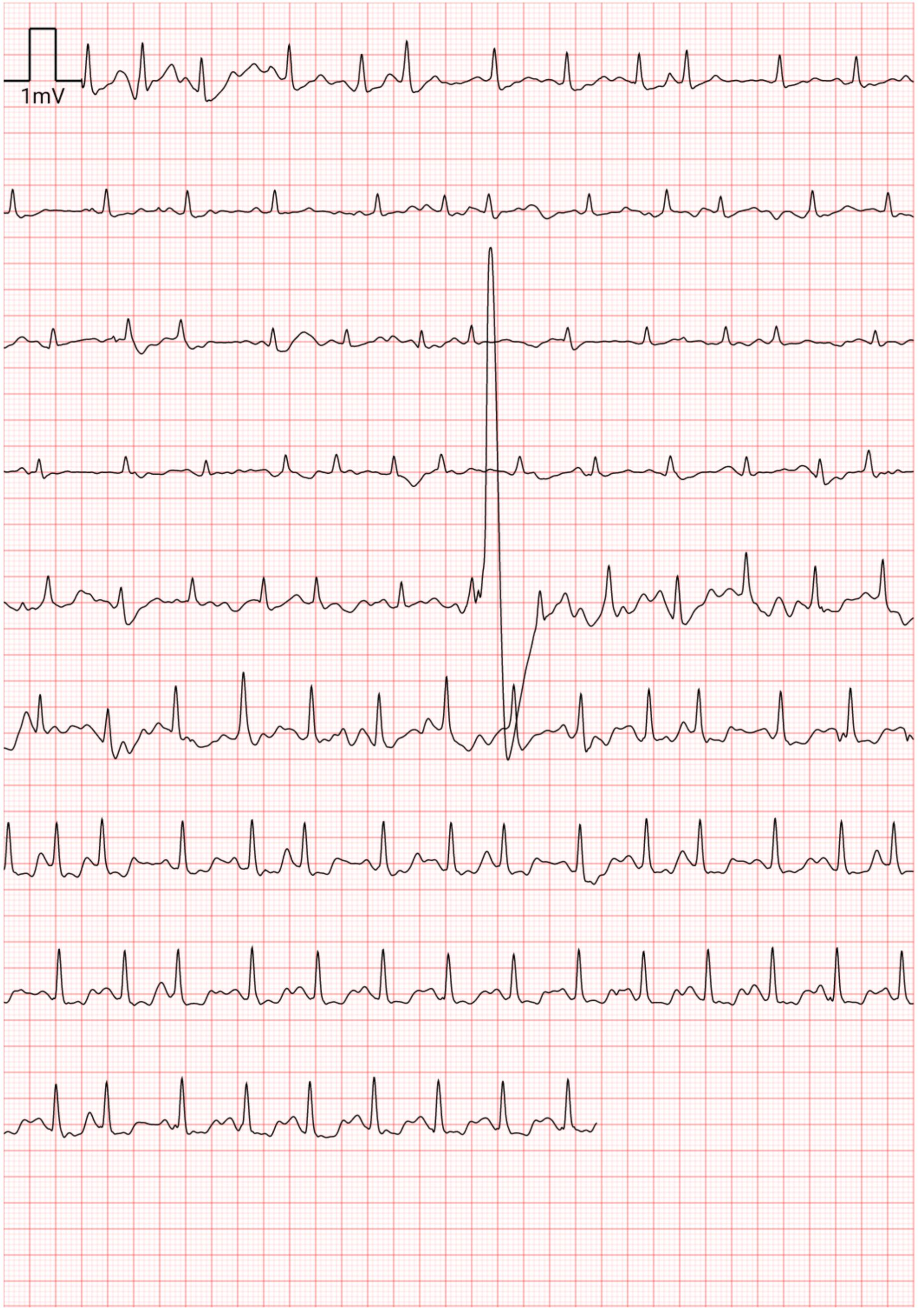
Note:



Lead II

1. Due to the sporadic and transient nature of ECG events, it is normal for each measurement result to be different. It is recommended that you increase the frequency of monitoring and capture incidents in a timely manner.

2. The results of this analysis are only for reference in daily heart health monitoring, they cannot replace the medical diagnosis results, and cannot be used for clinical diagnosis and treatment.



10mm/mV 25mm/s