



Fig. 1. An algorithmic approach to bradycardia.

AF: atrial fibrillation; AV: atrioventricular; bpm: beats per minute; HR: heart rate; SA: sinoatrial

<sup>1</sup> P waves best identified in inferior leads or lead V1

<sup>2</sup> Fibrillatory waves may not be apparent in fine AF

<sup>3</sup> P waves may be buried within the preceding T wave

<sup>4</sup> Suspect ectopic P wave if P wave axis is abnormal (e.g. inverted P waves in II, III, aVF)

Aids to distinguish supra- versus infra-Hisian site of atrioventricular block

- Markedly prolonged PR interval favours AV nodal site of block
- Broad QRS favours infra-Hisian site of block
- Autonomic manipulation
  - Supra-Hisian blocks improve with exercise/atropine, and worsen with vagal manoeuvres
  - Infra-Hisian blocks improve with vagal manoeuvres, and worsen with exercise/atropine