CNEA

KEY CHOICE

THE INSTITUTE OF CARDIOVASCULAR EXCELLENCE

Gain expertise, confidence, and recognition in your clinical practice.

12 LEAD ECG INTERPRETATION AND CARDIAC DIAGNOSTICS: FOR EXCELLENCE IN PRACTICE

2 DAY CONFERENCE

Topics:

- ⇒ Physiological Basis of ECG Tracing
- ⇒ Determining Axis
- ⇒ RBBB, LBBB & Hemiblocks
- ⇒ Patterns of Hypertrophy
- ⇒ Patterns of injury, ischemia, infarction
- ⇒ Ectopy versus Aberrancy
- ⇒ Enhanced Physical Assessment
- ⇒ Understanding Heart Sounds
- ⇒ The ECG, Echocardiogram, Nuclear Testing , CT and More
- ⇒ Arrhythmia Detection Tools
- ⇒ Pulmonary Artery Catheter Data
- ⇒ Tool for Evaluation of HF

14.0 CE (7.0 CE per day)

DATES AND TIMES FOR LIVE VIRTUAL CONFERENCES:

March 29th & 30th: 8am to 4:30pm MST

April 6th & 7th: 8am to 4:30pm CST

Instructors: Karen Marzlin & Cynthia Webner

Can't Attend One of our Virtual Conferences?

Order the recorded version now at a discounted price and view at your own pace. The program will be available to you by April 22nd.

We take vast and complex information, synthesize it for you, and present relevant and practical applications.

Day 1 Objectives:

1. Differentiate normal from abnormal patterns on each lead of the 12-lead ECG.
2. Determine cardiac axis using lead I and aVF.
3. Contrast the features of right bundle branch block from the features of left bundle branch block.
4. Describe the 12-lead ECG features seen in atrial and ventricular hypertrophy.
5. Recognize normal variants, myocardial mimics, and ECG changes associated with, electrolytes, and medications.
6. Identify patterns of infarct, injury, and ischemia on the 12-lead.
7. Differentiate VT from SVT with aberrancy utilizing morphological clues on the ECG.

Day 2 Objectives:

1. Apply physical assessment skills to enhance the evaluation of cardiac symptoms.
2. Utilize cardiac auscultation to identify abnormal cardiac disorders.
3. Review diagnostic information obtained from the ECG, Echocardiogram, and Nuclear Medicine tests to assist in understanding patient presentation.
4. Contrast the criteria for stress testing to the criteria for nuclear testing and diagnostic cardiac catheterization in a patient presenting with chest pain.
5. Discuss options for arrhythmia detection in the outpatient setting.
6. Utilize data from pulmonary artery catheter to make clinical treatment decisions.
7. Identify testing possibilities for arrhythmias, valvular heart disease, ischemic coronary artery disease and HF though case study application.

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