## Pediatric EKG Quiz

Ilene Claudius, MD, FACEP

Assistant Professor, USC Keck School of Medicine

Children's Hospital, Los Angeles, CA.

iclaudius@verizon.net

- 1. The T wave of which lead is expected to invert on day of life 3-4 in a neonate?
  - a. 1
  - b. AVF
  - c. V1
  - d. V6
- 2. What is the most sensitive sign of ischemia in a pediatric patient?
  - a. ST elevation
  - b. ST depression
  - c. T wave inversion
  - d. Q wave prolongation
- 3. Classic EKG finding in Tricuspid Atresia?
  - a. Peaked T wave
  - b. Peaked p wave
  - c. QT prolongation
  - d. ST elevation
- 4. What percent of patients with IHSS will have an abnormal electrocardiogram?
  - a. 10%
  - b. 30%
  - c. 60%
  - d. 90%
- 5. What is the formula for correcting the QT interval?
- 6. Which are the best leads to pick up a delta wave?
  - a. 1, V5, V6
  - b. 2,3,AVF
  - c. V1, V2
  - d. V5, V6
- 7. Benign cause of ST elevation you may see on pediatric EKGs?
  - a. Ischemia
  - b. Early repolarization
  - c. Left bundle branch block
  - d. Hypokalemia
- 8. Common cyanotic congenital heart lesion, which classically is associated with a normal EKG and cyanosis in the early neonatal period?
  - a. Transposition of the great arteries
  - b. Truncus arteriosus
  - c. Triscuspid atresia

4/04

- d. Tetrology of Fallot
- 9. Surgery commonly associated with PR prolongation on a post-surgical EKG?
  - a. Patent ductus arteriosus
  - b. Coarctation of the aorta
  - c. Ventricular septal defect
  - d. Atrial septal defect
- 10. Another potential EKG findings in patients undergoing the surgery referred to in question 9?
  - a. Sinus bradycardia
  - b. Multifocal atrial tachycardia
  - c. Atrial flutter
  - d. Right bundle branch block