

Clinical Setting: 64 y M with history of CAD, HTN, mild aortic stenosis who presents with lightheadedness.

HR - 55

BP - 100/62

RR - 18

SpO2 - 94% RA

Temp - 99.1 F

This is a case of **Complete Heart Block**.

In this ECG, there is a near-normal rate (50-60'ish), so its understandable for the heart block to be missed on initial glance. But on closer inspection, I see a regular wide complex QRS, with p-waves that don't correlate at all with the QRS. Just with that information, you are most likely looking at complete heart block (3rd degree AV block, or AV dissociation).

If there are questions of 3rd degree vs type II 2nd degree, you can measure out the PR intervals to see if they are stable or changing. Also look for p-waves hidden in the end of the T wave. If there are still uncertainties, don't be scared to get a long rhythm strip (30-60 seconds) to follow the p waves and PR intervals for a longer period of time - occasionally depending on the intrinsic rate of the ventricular pacemaker, the PR interval can be nearly equal in all beats, even with complete heart block, and only reveals the slight changes once you look over a longer time period.

<https://litfl.com/av-block-3rd-degree-complete-heart-block/>