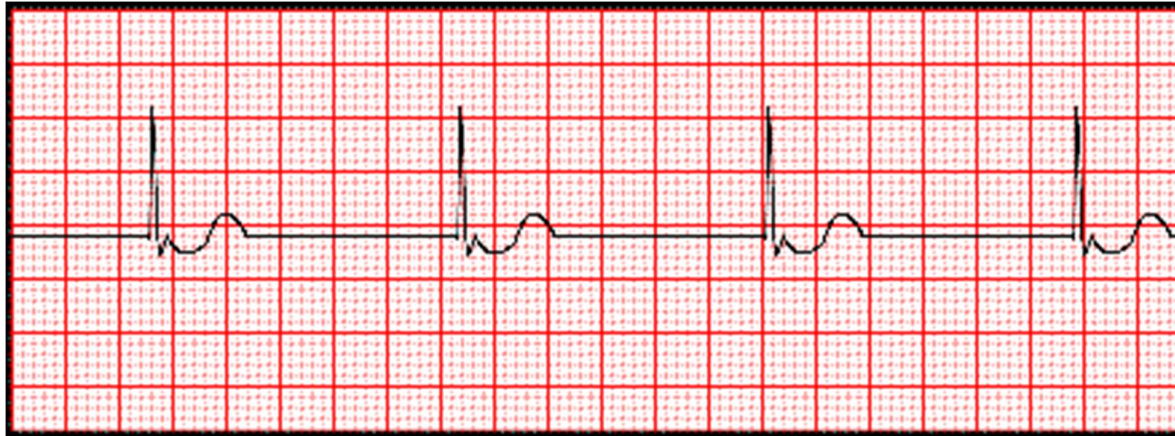
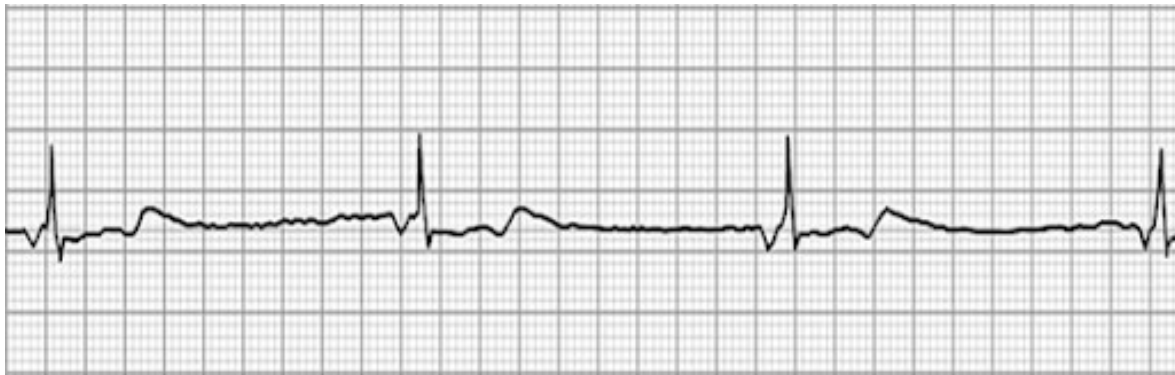


- AV junctional rhythm / tachycardia

- RR interval is usually regular
- Usual junctional rhythm is between 40–60 BPM



AV Junctional Rhythm with retrograde P waves





*Accelerated junctional rhythm (AJR) AT 78 BPM*



*Junctional tachycardia at 120 BPM*

- P wave may precede ( $PR \leq 110$  msec), be buried in, or follow the QRS complex
- QRS is usually narrow, but may be wide if aberrancy or underlying BBB
- Relationship between atrial and ventricular rates may vary:
  - If retrograde (VA) block is present, the atria remain in sinus rhythm and *AV dissociation* will be present
  - If retrograde atrial activation (inverted P waves in II, III, aVF) occurs, a constant QRS-P interval is usually present

Consider digitalis toxicity if AFIB or flutter with a regular RR is seen — this often represents complete heart block with junctional tachycardia.

Junctional tachycardia can be seen in acute MI (usually inferior), myocarditis, digitalis toxicity, and following open-heart surgery.